

It would be convenient and in my/our interests if Guardian Life Limited (GLL) would remit by way of Electronic Funds Transfer (EFT) any and all monies due and payable to me directly into my/our bank account, details of which are provided above.

In consideration of GLL agreeing to remit payments by EFT to me/us as aforesaid, I/we agree:

1. **THAT** I/we voluntarily and with full knowledge take and assume any and all risk associated therewith;
2. **THAT** GLL shall have no obligation to check or verify authenticity or accuracy of the banking information provided by me/us;
3. **THAT** in acting on the aforesaid banking information GLL shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such banking information may have been incorrect, and I/We shall be bound by any banking information on which GLL may act if GLL has in good faith acted in the belief that such banking information is correct;
4. **THAT** GLL may, in its absolute discretion, decline to act on or in accordance with the whole or any part of the aforesaid banking information pending further enquiry to or further confirmation (whether written or otherwise) by me/us, so however that GLL shall not be under any obligation to so decline in any case, and GLL shall in no event or circumstances be liable in any respect for not so declining; and
5. **TO** release GLL from and indemnify GLL against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to GLL having acted in accordance with the whole or any part of any banking information or having exercised (or failed to exercise) the discretion conferred upon GLL in Clause 4 above.

Dated this ..... day of ....., 20 \_\_\_\_\_

Signed by the accountholder(s) with authority to operate the relevant account(s), or (if a company or other corporate body) signed by its duly authorized officer(s) for and on behalf of

..... Name of Accountholder or Authorized Officer

..... Signature of Accountholder or Authorized Officer

..... (Name of company or other corporate body, if applicable)

..... Name of Accountholder or Authorized Officer

..... Signature of Accountholder or Authorized Officer

**For Official Use Only:** Index by Member/Card#, TRN and Member Name