



PACIFIC GUARDIAN LIFE

1440 Kapiolani Boulevard, Suite 1700 • Honolulu, HI 96814
(800) 367-5354 • clientrelations@pacificguardian.com

Premium Deposit Fund (PDF) Account Closing/Withdrawal Form

Before completing this form, please know:

- Use this form to close an existing PDF account attached to a policy.
- Withdrawals \$2,500 and greater will require a notarized signature if not submitted to and signed by your servicing agent. Submissions directly made to a PGL office in person with proof of identification will not require notary.

Section 1: Policy Information

Policy number

Insured - First name

Middle name

Last name

Section 2: Ownership Information

Individual (or individuals, if the policy is co-owned)

Owner - First name

Middle name

Last name

Social Security number

Phone number (Mobile)

Email address

Co-Owner - First name

Middle name

Last name

Social Security number

Phone number (Mobile)

Email address

Trust, Charity, or Business Entity:

Print full name of Trust/Charity/Business entity

Date of Trust (mm/dd/yyyy)

Tax ID number of Trust/Charity/Business

Contact person - First name

Middle name

Last name

Phone number (Mobile)

Email address

Section 3: PDF Account Closing

Full Account Closure

Partial Withdrawal

Withdrawal amount \$ _____

Payment Options: Please select one of the following methods of payment (if no selection is made, check will be the default method):

Send check to policy owner at address on record. (Complete alternate address section on next page if to a different address).

Pay by wire transfer (Complete Section 4 - Bank Information)*.

* A transfer fee (\$20 domestic/\$21 international) will be charged against your withdrawal proceeds.

Apply proceeds to a different policy to pay**: Premium Loan Premium Deposit Fund:

Policy number(s)		\$
		\$

**Any excess value remaining will be paid by check.

Alternate Address for Check Mailing

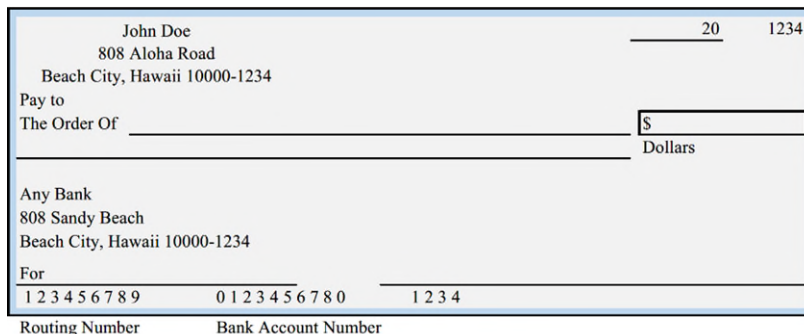
Street Address	City, State	Zip Code

Check this box if this is a new address to be updated.

Section 4: Bank Information

A voided check or bank statement showing account ownership and account number is required.

Account Type: Checking Savings



Bank Routing Number

Bank Account Number

SWIFT Code (Non-US Banks)	Branch Number

Name of Bank

Bank Street Address, City, State, Zip code

Section 5: Wire Transfer Authorization

I (we), the Bank Account Holder(s), hereby authorize:

1. Pacific Guardian Life to initiate credit entries to the deposit account designated above at the Bank named above;
2. If necessary, debit entries and adjustments for any credit entries in error.

I understand that:

1. The origination of electronic withdrawals to my account must comply with the provisions of U.S. law;
2. Pacific Guardian Life requires notification of at least two (2) business days prior to a scheduled payment to either terminate or to prevent a scheduled payment;
3. All information provided in this Wire Transfer Authorization is true and correct.
4. I (we) understand and acknowledge that the Company is relying on such information and that payment may be made solely on the basis of the account number even if the account number identifies a person different from the persons named below; provided, however that I (we) hereby certify that at least one of the persons named above is an owner of the account identified by the account number.
5. I (we) acknowledge and agree that the Company shall not be responsible for any delay arising out of the Company's attempt to reconcile inconsistencies between name and account number, or otherwise investigate suspected irregularities.
6. In consideration for the Company acting on this Wire Transfer Authorization, I (we) agree to indemnify and forever hold harmless, the Company and all of its present and future officers, directors, employees and agents, jointly and severally, their respective heirs, executors, administrators, assigns, insurers, indemnitors, and successors (collectively as the "Company Parties") against any and all liability, cost and expense resulting from any claim, demand, suit, action or cause of action, which may be asserted by or on behalf of any person arising directly or indirectly out of this Wire Transfer Authorization and to further defend Company and Company Parties against any said claim, demand, suit, action or cause of action.
7. This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and Depository a reasonable opportunity to act on it.

Section 4: Certification and Signatures

Social Security or Taxpayer Identification Number of Owner

Under penalty of perjury, I, certify that:

1. The number shown in this document is my correct social security or taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The IRS has notified me that I am no longer subject to back up withholding; and
3. I am a U.S. Citizen or other U.S. person (defined below); and
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.; and
5. I have the right to make this request without the authorization, approval or permission of any court, person, firm or corporation.

If you are not a U.S. citizen or non-U.S residing U.S. resident alien, you must submit the applicable IRS Form W-8 with this form to certify your foreign status and, if applicable, claim treaty benefits. If you are not a U.S. person, your signature below only applies to the provisions of this document other than the provisions contained in this Owner Tax certification section.

Form W-9 and Form W-8 and their instructions are available upon request or on irs.gov.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Executed this _____ day of _____, 20____ at _____, _____, _____.
Day Month Year City State Country

****For signature requirements – see page 4**

Signature of Owner		Date (mm/dd/yyyy)
X		
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name
Signature of Co-Owner		Date (mm/dd/yyyy)
X		
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name

Servicing Agent's Signature	Print Agent Name	Agent Code	Date (mm/dd/yyyy)

Notarization:

This form must be notarized for withdrawals of \$2,500 and greater if not submitted to and signed by your servicing agent. Submissions directly made to a PGL office in person with proof of identification will not require notary.

State of: _____

County of: _____

On _____, 20____, _____ personally appeared before me,
Month, Date Year Name of Principal

- who is personally known to me
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary _____ **Date (mm/dd/yyyy)** _____

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

Notary Seal:

Owner type	Signature requirement
Individual acting on behalf of the Owner	The full name of the Owner's fiduciary or Agent and the legal documentation of the authority to act (e.g. power of attorney, guardianship papers, etc.).
Trust	Signatures, followed by the word "Trustee," of all required Trustees.
Partnership	The full name of the firm should be printed with the signature of all general partners (not limited partners). Partnership Resolution or Partnership Records is required.
Sole Proprietorship	The full name of the business should be printed with the signature of the Owner followed by the word "Owner".
Corporation/Charity	The signature and title of one officer (other than the insured). Most common authorized officers include: CFO, President, Vice President, Treasurer, Corporate Secretary, Principal (LLC), Managing Member (LLC), or Loan Officer (on behalf of collateral assignee). Corporate Seal, Board Resolution or Certification of Corporate Records is required.

How to submit this form

Mail:
Pacific Guardian Life
Attn: Client Relations Department
1440 Kapiolani Blvd., Suite 1700
Honolulu, HI 96814

Email:
clientrelations@pacificguardian.com

Fax:
1.800.946.1295

Pacific Guardian Life is here to help

You can reach us at 1.800.367.5354. Monday – Friday 8:00 a.m. to 5:00 p.m., Hawaii Standard time.