



PACIFIC GUARDIAN LIFE

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Premium Deposit Fund (PDF) Acknowledgement & Agreement

Before completing this form, please know:

- Use this form to open a PDF account for a specific policy.
- If you are a non-U.S. person, you must submit the applicable Form W-8 with this form to certify your foreign status.

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: Agreement

1. The deposit must be at least the amount of the annual premium and the PDF will be used to pay premiums annually.
2. The interest rate credited to the PDF is declared by the Board of Directors of the Company and is subject to change without notice. In addition, the Company may vary the premium charged for indeterminate premium policies. As a result, the number of advance premiums payable by the fund will vary accordingly.
3. PGL will not accept deposits more than:
 - a. The sum of the required annual premiums for whole life policies;
 - b. The sum of the guideline level premiums for universal life policies;
 - c. The sum of the annual premiums during the initial level premium period for term insurance policies.
4. For policies issued in California, PGL will not accept deposits in excess of:
 - a. The sum of future unpaid premiums on any such policy or
 - b. The sum of ten (10) future unpaid annual premiums on any such policy if such sum is less than the sum of the future unpaid premiums on any such policy.
5. U.S taxpayers will receive a form 1099-INT to report any interest earned in the PDF account.

6. Any unused premium remaining in the PDF account is refundable upon request by the Owner of the policy through the completion of a PFD Closing/Withdrawal form.
7. Upon the death of the Insured, any used portion of the PDF will be paid to the Owner of the policy if the Insured is not the sole Owner of the policy. If the Insured is the sole owner of the policy, the unused portion of the PDF will be paid to the beneficiary(ries) of record under the policy.
8. The PDF will be paid to the Owner of the policy whenever the cash surrender value of the policy, together with the PDF, equals or exceeds the face value of the policy (except where the PDF does not exceed the amount required to convert the policy to another plan) in accordance with the policy's terms.
9. Should the PDF account balance be insufficient to pay the premium at the current bill frequency (annual, semi-annual, quarterly), the billing frequency (in the order of annual, semi-annual, quarterly) will be adjusted such that the remaining PDF account balance can be applied to the policy. Monthly deduction is not allowed through PDF.
10. If your PDF account balance is insufficient to pay premiums on any of the allowed billing frequency modes (annual, semi-annual, quarterly), your PDF account will close unless it is funded again with at least the amount of the annual premium. Any remaining balance will be refunded to you via check and your billing mode will be changed to direct billing.
11. Upon closing of a PDF account due to insufficient balance, you will have a thirty (30) day grace period to reopen the PDF account without completion of a new Premium Deposit Fund (PDF) Acknowledgement & Agreement form. You may do so by contacting us in person or sending a check (in the amount of at least the annual premium) with explicitly stating the payment is for the PDF account.

Section 4: Certification and Signatures

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.

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

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

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 1.800.432.3306. Monday – Friday 8:00 a.m. to 5:00 p.m., Hawaii Standard time.