



_____/_____/_____
(DD/MM/YYYY)
DATE

The Manager
Client Services
Guardian Asset Management and Investment Services Ltd
1 Guardian Drive
Westmoorings

Kindly accept this letter as authorization for my Guardian Life Agent _____
AGENT NAME AND NUMBER

to obtain the following on my behalf, for my account
CLIENT ID NUMBER

To collect on my behalf:

- | | Yes | No |
|----------------------------|--------------------------|--------------------------|
| Forms to be signed | <input type="checkbox"/> | <input type="checkbox"/> |
| Receipts for Subscriptions | <input type="checkbox"/> | <input type="checkbox"/> |
| Mutual Fund Statements | <input type="checkbox"/> | <input type="checkbox"/> |
| Cheques | <input type="checkbox"/> | <input type="checkbox"/> |
| Embassy Letters | <input type="checkbox"/> | <input type="checkbox"/> |
| General Correspondences | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> |

To obtain on my behalf:

- | | Yes | No |
|---------------------|--------------------------|--------------------------|
| Account Balances | <input type="checkbox"/> | <input type="checkbox"/> |
| Account Information | <input type="checkbox"/> | <input type="checkbox"/> |

I _____ (Print name of authorized signatory), declare that I am authorized to execute this document. I further certify that my Agent has the authority to request the release of information for the account listed on this form and perform the specific acts and functions listed above. I authorize Guardian Asset Management and Investment Services Ltd. to release the requested information on my account to the above Agent regarding the matters listed above. I understand that Guardian Asset Management and Investment Services Limited reserves the right to verify any authorization request submitted before releasing information or acting on my behalf. I hereby release, hold harmless and indemnify Guardian Asset Management and Investment Services Limited from any liability, claims, demands, causes of action, damages or expenses resulting from

- 1) Any release of information to my Agent pursuant to this authorization
- 2) The unauthorized use of this information by my Agent
- 3) Any actions taken by my Agent pursuant to this Authorization

I understand that I may cancel this authorization at any time by submitting a written request.

CLIENT NAME

CLIENT SIGNATURE

AGENT SIGNATURE

N.B. One form of ID from the client must accompany this authorization letter.