

**BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**

Home Office: 700 South Street, Pittsfield, MA 01201

Berkshire Life Insurance Company of America is a wholly owned stock subsidiary of
The Guardian Life Insurance Company of America, New York, NY

Disability Buy-Out Insurance Supplement to the Application for Insurance

I. Proposed Insured Information

a. Proposed Insured

First	Middle Initial	Last Name
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b. Social Security Number

c. Date of Birth (mm/dd/yyyy)

2. Premium Structure Level Step Rate**3. Disability Buy-Out Insurance**

a. Funding:

 Lump Sum Monthly Down Payment*Indemnity/Benefit Amount*Monthly: \$

 Lump Sum: \$

Indemnity/Benefit Period

 months*Elimination/Waiting Period*

 months*Occupational Class*

b. Supplemental Benefits

 Presumptive Permanent Disability Benefit
(include with all monthly and down payment plans) *Future Purchase Option*Monthly: \$

 Lump Sum: \$

c. Type of buy-sell agreement
(in force or to be drafted): Cross Purchase Entity Purchase
 Trusteed Cross Purchase*Status of buy-sell agreement:* In force and dated

 Date to be drafted by

d. Owner Information

*Name of owner (first name, middle
initial and last name) or name of trust,
company or other owner:*

Address

(If mailing address is PO Box, include street address as well.)

City

State

ZIP

Social Security #/Tax ID #

Disability Buy-Out Insurance Supplement to the Application for Insurance | Continued

Owner's Relationship to Proposed Insured

Please complete the following if owner is a trust:

Date of Trust (mm/dd/yyyy)

Complete Names of Trustees

e. Give names of all other stockholders or partners. (If there are any on whom Disability Buy-Out (DBO) is not carried or proposed, explain in the *Application for Insurance, Part 1, Remarks and Special Requests, Section 9.*)

Name and Title	Percentage Owned	Amount of DBO in Force	Amount of DBO Proposed
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

f. Does a familial relationship exist among any of the above stockholders or partners?

Yes No If yes, describe:

g. What is the current Fair Market Value of the business organization?

\$

h. Indicate type of business organization:

Professional Corporation/Personal Service Partnership
 Commercial Business

i. Describe business valuation method in detail (separately provide all supporting schedules and information)

j. Business Financial

		Actual Year-To-Date	Actual Filed Last Calendar Year	Actual Filed Two Calendar Years Ago
1. Total Assets	\$			
2. Total Liabilities	\$			
3. Business Net Worth (1-2)	\$			
4. Gross Annual Sales		\$	\$	\$
5. Net Profit After Taxes		\$	\$	\$