

Guaranteed Issue Whole Life

NGL's level pay, guaranteed issue, graded death benefit product.

Minimum face amount:	\$2,500
Maximum face amount:	\$25,000
Issue ages:	40-80
Health question:	None - Guaranteed Issue
Graded Death benefit:	Graded death benefit for first 2 years. Beneficiary receives premiums paid plus 10% per year.
Premium period:	Level premiums for life of Insured.

For Agent Use Only

No Direct bill available.

Products may vary by state, see www.MyNGLIC.com for available states.



NEED HELP? CALL 800.988.0826

Premiums Per Thousand - For Face Amounts \$2,500 - \$25,000
(EFT and Credit Card)

Issue Age	Male		Female	
	Monthly	Annual	Monthly	Annual
40	4.25	51.00	3.67	44.00
41	4.42	53.00	3.75	45.00
42	4.50	54.00	3.83	46.00
43	4.67	56.00	3.83	46.00
44	4.83	58.00	4.00	48.00
45	5.00	60.00	4.08	49.00
46	5.17	62.00	4.25	51.00
47	5.42	65.00	4.42	53.00
48	5.58	67.00	4.58	55.00
49	5.83	70.00	4.75	57.00
50	6.00	72.00	4.83	58.00
51	6.17	74.00	5.00	60.00
52	6.42	77.00	5.17	62.00
53	6.67	80.00	5.42	65.00
54	6.83	82.00	5.50	66.00
55	7.08	85.00	5.67	68.00
56	7.33	88.00	5.83	70.00
57	7.58	91.00	6.00	72.00
58	7.92	95.00	6.25	75.00
59	8.17	98.00	6.50	78.00
60	8.50	102.00	6.75	81.00
61	8.83	106.00	7.00	84.00
62	9.25	111.00	7.25	87.00
63	9.67	116.00	7.58	91.00
64	10.17	122.00	7.92	95.00
65	10.75	129.00	8.33	100.00
66	11.25	135.00	8.67	104.00
67	11.83	142.00	9.17	110.00
68	12.58	151.00	9.67	116.00
69	13.25	159.00	10.17	122.00
70	14.08	169.00	10.75	129.00
71	15.00	180.00	11.33	136.00
72	15.92	191.00	12.00	144.00
73	16.83	202.00	12.67	152.00
74	17.83	214.00	13.33	160.00
75	18.83	226.00	14.08	169.00
76	20.75	249.00	14.75	177.00
77	21.92	263.00	15.00	180.00
78	23.00	276.00	16.08	193.00
79	24.08	289.00	17.08	205.00
80	25.25	303.00	18.25	219.00

Monthly Premiums - For Face Amounts \$2,500 - \$25,000 (EFT and Credit Card)

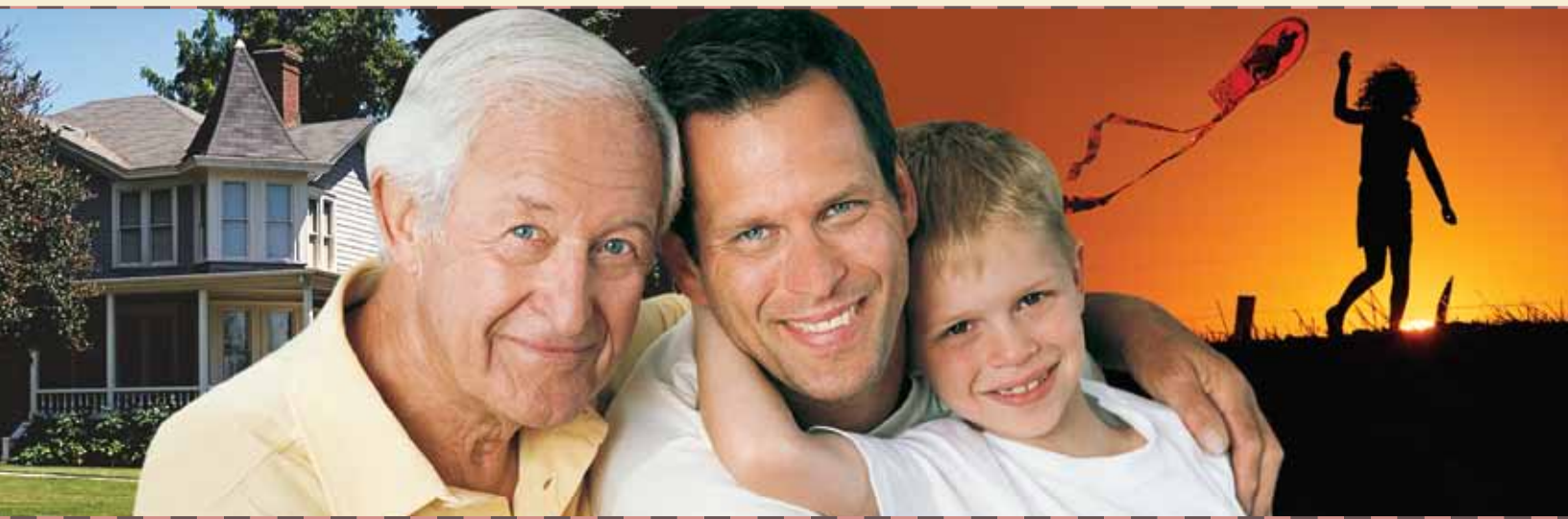
Issue Age	\$5,000		\$10,000		\$15,000		\$20,000		\$25,000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
40	21.25	18.35	42.50	36.70	63.75	55.05	85.00	73.40	106.25	91.75
41	22.10	18.75	44.20	37.50	66.30	56.25	88.40	75.00	110.50	93.75
42	22.50	19.15	45.00	38.30	67.50	57.45	90.00	76.60	112.50	95.75
43	23.35	19.15	46.70	38.30	70.05	57.45	93.40	76.60	116.75	95.75
44	24.15	20.00	48.30	40.00	72.45	60.00	96.60	80.00	120.75	100.00
45	25.00	20.40	50.00	40.80	75.00	61.20	100.00	81.60	125.00	102.00
46	25.85	21.25	51.70	42.50	77.55	63.75	103.40	85.00	129.25	106.25
47	27.10	22.10	54.20	44.20	81.30	66.30	108.40	88.40	135.50	110.50
48	27.90	22.90	55.80	45.80	83.70	68.70	111.60	91.60	139.50	114.50
49	29.15	23.75	58.30	47.50	87.45	71.25	116.60	95.00	145.75	118.75
50	30.00	24.15	60.00	48.30	90.00	72.45	120.00	96.60	150.00	120.75
51	30.85	25.00	61.70	50.00	92.55	75.00	123.40	100.00	154.25	125.00
52	32.10	25.85	64.20	51.70	96.30	77.55	128.40	103.40	160.50	129.25
53	33.35	27.10	66.70	54.20	100.05	81.30	133.40	108.40	166.75	135.50
54	34.15	27.50	68.30	55.00	102.45	82.50	136.60	110.00	170.75	137.50
55	35.40	28.35	70.80	56.70	106.20	85.05	141.60	113.40	177.00	141.75
56	36.65	29.15	73.30	58.30	109.95	87.45	146.60	116.60	183.25	145.75
57	37.90	30.00	75.80	60.00	113.70	90.00	151.60	120.00	189.50	150.00
58	39.60	31.25	79.20	62.50	118.80	93.75	158.40	125.00	198.00	156.25
59	40.85	32.50	81.70	65.00	122.55	97.50	163.40	130.00	204.25	162.50
60	42.50	33.75	85.00	67.50	127.50	101.25	170.00	135.00	212.50	168.75
61	44.15	35.00	88.30	70.00	132.45	105.00	176.60	140.00	220.75	175.00
62	46.25	36.25	92.50	72.50	138.75	108.75	185.00	145.00	231.25	181.25
63	48.35	37.90	96.70	75.80	145.05	113.70	193.40	151.60	241.75	189.50
64	50.85	39.60	101.70	79.20	152.55	118.80	203.40	158.40	254.25	198.00
65	53.75	41.65	107.50	83.30	161.25	124.95	215.00	166.60	268.75	208.25
66	56.25	43.35	112.50	86.70	168.75	130.05	225.00	173.40	281.25	216.75
67	59.15	45.85	118.30	91.70	177.45	137.55	236.60	183.40	295.75	229.25
68	62.90	48.35	125.80	96.70	188.70	145.05	251.60	193.40	314.50	241.75
69	66.25	50.85	132.50	101.70	198.75	152.55	265.00	203.40	331.25	254.25
70	70.40	53.75	140.80	107.50	211.20	161.25	281.60	215.00	352.00	268.75
71	75.00	56.65	150.00	113.30	225.00	169.95	300.00	226.60	375.00	283.25
72	79.60	60.00	159.20	120.00	238.80	180.00	318.40	240.00	398.00	300.00
73	84.15	63.35	168.30	126.70	252.45	190.05	336.60	253.40	420.75	316.75
74	89.15	66.65	178.30	133.30	267.45	199.95	356.60	266.60	445.75	333.25
75	94.15	70.40	188.30	140.80	282.45	211.20	376.60	281.60	470.75	352.00
76	103.75	73.75	207.50	147.50	311.25	221.25	415.00	295.00	518.75	368.75
77	109.60	75.00	219.20	150.00	328.80	225.00	438.40	300.00	548.00	375.00
78	115.00	80.40	230.00	160.80	345.00	241.20	460.00	321.60	575.00	402.00
79	120.40	85.40	240.80	170.80	361.20	256.20	481.60	341.60	602.00	427.00
80	126.25	91.25	252.50	182.50	378.75	273.75	505.00	365.00	631.25	456.25

Annual Premiums - For Face Amounts \$2,500 - \$25,000

Issue Age	\$5,000		\$10,000		\$15,000		\$20,000		\$25,000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
40	255.00	220.00	510.00	440.00	765.00	660.00	1020.00	880.00	1275.00	1100.00
41	265.00	225.00	530.00	450.00	795.00	675.00	1060.00	900.00	1325.00	1125.00
42	270.00	230.00	540.00	460.00	810.00	690.00	1080.00	920.00	1350.00	1150.00
43	280.00	230.00	560.00	460.00	840.00	690.00	1120.00	920.00	1400.00	1150.00
44	290.00	240.00	580.00	480.00	870.00	720.00	1160.00	960.00	1450.00	1200.00
45	300.00	245.00	600.00	490.00	900.00	735.00	1200.00	980.00	1500.00	1225.00
46	310.00	255.00	620.00	510.00	930.00	765.00	1240.00	1020.00	1550.00	1275.00
47	325.00	265.00	650.00	530.00	975.00	795.00	1300.00	1060.00	1625.00	1325.00
48	335.00	275.00	670.00	550.00	1005.00	825.00	1340.00	1100.00	1675.00	1375.00
49	350.00	285.00	700.00	570.00	1050.00	855.00	1400.00	1140.00	1750.00	1425.00
50	360.00	290.00	720.00	580.00	1080.00	870.00	1440.00	1160.00	1800.00	1450.00
51	370.00	300.00	740.00	600.00	1110.00	900.00	1480.00	1200.00	1850.00	1500.00
52	385.00	310.00	770.00	620.00	1155.00	930.00	1540.00	1240.00	1925.00	1550.00
53	400.00	325.00	800.00	650.00	1200.00	975.00	1600.00	1300.00	2000.00	1625.00
54	410.00	330.00	820.00	660.00	1230.00	990.00	1640.00	1320.00	2050.00	1650.00
55	425.00	340.00	850.00	680.00	1275.00	1020.00	1700.00	1360.00	2125.00	1700.00
56	440.00	350.00	880.00	700.00	1320.00	1050.00	1760.00	1400.00	2200.00	1750.00
57	455.00	360.00	910.00	720.00	1365.00	1080.00	1820.00	1440.00	2275.00	1800.00
58	475.00	375.00	950.00	750.00	1425.00	1125.00	1900.00	1500.00	2375.00	1875.00
59	490.00	390.00	980.00	780.00	1470.00	1170.00	1960.00	1560.00	2450.00	1950.00
60	510.00	405.00	1020.00	810.00	1530.00	1215.00	2040.00	1620.00	2550.00	2025.00
61	530.00	420.00	1060.00	840.00	1590.00	1260.00	2120.00	1680.00	2650.00	2100.00
62	555.00	435.00	1110.00	870.00	1665.00	1305.00	2220.00	1740.00	2775.00	2175.00
63	580.00	455.00	1160.00	910.00	1740.00	1365.00	2320.00	1820.00	2900.00	2275.00
64	610.00	475.00	1220.00	950.00	1830.00	1425.00	2440.00	1900.00	3050.00	2375.00
65	645.00	500.00	1290.00	1000.00	1935.00	1500.00	2580.00	2000.00	3225.00	2500.00
66	675.00	520.00	1350.00	1040.00	2025.00	1560.00	2700.00	2080.00	3375.00	2600.00
67	710.00	550.00	1420.00	1100.00	2130.00	1650.00	2840.00	2200.00	3550.00	2750.00
68	755.00	580.00	1510.00	1160.00	2265.00	1740.00	3020.00	2320.00	3775.00	2900.00
69	795.00	610.00	1590.00	1220.00	2385.00	1830.00	3180.00	2440.00	3975.00	3050.00
70	845.00	645.00	1690.00	1290.00	2535.00	1935.00	3380.00	2580.00	4225.00	3225.00
71	900.00	680.00	1800.00	1360.00	2700.00	2040.00	3600.00	2720.00	4500.00	3400.00
72	955.00	720.00	1910.00	1440.00	2865.00	2160.00	3820.00	2880.00	4775.00	3600.00
73	1010.00	760.00	2020.00	1520.00	3030.00	2280.00	4040.00	3040.00	5050.00	3800.00
74	1070.00	800.00	2140.00	1600.00	3210.00	2400.00	4280.00	3200.00	5350.00	4000.00
75	1130.00	845.00	2260.00	1690.00	3390.00	2535.00	4520.00	3380.00	5650.00	4225.00
76	1245.00	885.00	2490.00	1770.00	3735.00	2655.00	4980.00	3540.00	6225.00	4425.00
77	1315.00	900.00	2630.00	1800.00	3945.00	2700.00	5260.00	3600.00	6575.00	4500.00
78	1380.00	965.00	2760.00	1930.00	4140.00	2895.00	5520.00	3860.00	6900.00	4825.00
79	1445.00	1025.00	2890.00	2050.00	4335.00	3075.00	5780.00	4100.00	7225.00	5125.00
80	1515.00	1095.00	3030.00	2190.00	4545.00	3285.00	6060.00	4380.00	7575.00	5475.00

LEGACY

Safeguard®



National Guardian[®]
Life Insurance Company

Protecting Your Family. Protecting Your Legacy.



Preparing for the Inevitable

Comprehensive planning includes preparing for the inevitable. According to the American Association of Retired Persons (AARP) website,¹ funeral and final expenses can easily exceed \$10,000. So, when the inevitable day comes, how will your family pay for your funeral?

Introducing the NGL Funeral Trust

A packaged plan where a guaranteed issue National Guardian Life Insurance Company (NGL) insurance policy is assigned to a NGL Funeral Trust. This plan is specifically designed to help pay for final expenses, and relieve this burden from your family.

Benefits of a NGL Funeral Trust

- Peace of mind for you and your family
- Guaranteed issue
- Income Tax Free death benefits
- Claims are paid next business day – Without a death certificate²
- Portable to any funeral home in the country
- May help protect funds from all creditors, nursing homes, probate, and Medicaid³
- Multi-Pay options are available

How will your family pay for your funeral?

How a NGL Funeral Trust

Compares to Other Methods of Advanced Funeral Funding

	Benefits paid directly to any Funeral Home	Protected from Probate	Protected from Lawsuits & Creditors	Protected from Income Taxes	Protected from Medicaid Spend Down	Membership in Legacy Safeguard ⁴
Savings	No	No	No	No	No	No
Annuity	No	Yes	Depends on State	No	No	No
Traditional Life Insurance	No	Yes	Depends on State	Yes	No	No
NGL Funeral Trust	YES	YES	YES	YES	YES³	YES

As you can see, a NGL Funeral Trust provides your family with the most protection of any of the advanced funeral funding options.

1.) Preplanning Your Funeral Arrangements - www.aarp.org 2.) Over 98% of claims are paid next business day when all necessary claim documentation is received. NGL reserves the right to request a Death Certificate. Some states may vary. 3.) Funds may be excluded from Medicaid spend-down after standard 5 year look back period. We recommend consulting with an elder law attorney to see if this works with your specific needs. 4.) Membership in Legacy Safeguard requires a completed Legacy Safeguard Enrollment Form that outlines terms and conditions. 5.) Legacy Safeguard is not an insurance policy. Actual fees and charges associated with a funeral or other related services offered are not covered by Legacy Safeguard. This is a free benefit and provided to the recipient at no additional cost; this offer is subject to change without notice.



Leave a Lasting Legacy

We believe it is important to leave a legacy, and part of that legacy is to be remembered long after we are gone.

With this in mind, Legacy Safeguard⁵ was created to help you leave a lasting legacy and assist your family through some of the most difficult times in their life. Legacy Safeguard offers many legacy planning and end of life planning benefits designed to help protect your legacy. For a limited time you can become a member in Legacy Safeguard, free of charge, by simply completing a Legacy Safeguard Enrollment Form!

LEGACY SAFEGUARD

Membership Benefits

Legacy Planning Services

- Legacy Planning Guide™ Software — A one-of-a-kind legacy planning software that will help you share with your loved ones your historical information, the lessons you've learned, and the family values you hope they keep. This planning software is easy to use and will help you leave a lasting legacy.
- Legacy Planning Archive™ — Outlines the important information that will be needed to complete the Death Certificate and Obituary. The Legacy Planning Archive also helps you record your final wishes to reduce stress and confusion among your family during a difficult time.

Estate Planning Support

- Estate Planning Attorney Locator — Assists you in locating local Estate Planning & Elder Law Attorneys.
- Free Living Will — You can also create a Free Living Will online. This allows you to communicate your wishes for your end of life plans to your family.
- Discounts on Estate Planning Legal Documents — Members receive discounts on personalized estate planning legal documents that include a Last Will and Testament, a Power of Attorney and other important documents.

End of Life Planning, Guidance & Assistance

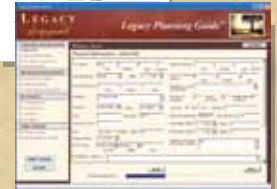
- Legacy Safeguard Advisors — At the time of need, *Legacy Safeguard* advisors are on call to guide your family through the entire planning process. This will help your family evaluate all of the options that are available to them.
- Funeral Home Locator — Can help you in locating several funeral homes and cemeteries in your area.
- End of Life Planning — Our advisors can help your family create a dignified memorial service that celebrates your life. *Legacy Safeguard* can also help your family make informed decisions about how to use the funds that you have set aside to pay for your final arrangements.

Support for Survivors

- Bereavement Travel Assistance — Our advisors can inform your family about bereavement travel options and discounts available to them.
- Grief Counseling Support — We can also recommend grief counseling programs to help your family through the loss of a loved one.

Celebrating Life Events

- Discounts on Flowers, Gift Baskets & Other Celebration Items — As a member of Legacy Safeguard you will also enjoy a 20% discount on flowers, gift baskets, and other items from FTD to celebrate life for any occasion.
- Superior RxCard Walmart Prescription Drug Program — You and any member of your household are entitled to special negotiated pricing on prescription drugs at any Walmart, SAM's Club or Walmart Neighborhood Market Pharmacy.
- Free Family Legacy DVD — Members also receive an exclusive professionally produced Family Legacy DVD that combines your photos with your favorite music.



You're prepared for the possible...
*Now prepare for the **INEVITABLE** with Legacy Safeguard.*



Peace of Mind **with a NGL Funeral Trust**

Since 1910, National Guardian Life Insurance Company (NGL) has consistently been rated one of America's most successful independent mutual life insurance companies. While adhering to the highest standards of quality and integrity, they continually demonstrate a commitment to policy owners, their families and the communities in which they work and live. NGL's well designed products paired with high quality service and dedication allow them to reaffirm their mission of providing financial peace of mind along with trust, value, and convenience.

Insurance coverage provided by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life.

**Premiums Per Thousand
For Face Amounts \$2,500 - \$25,000**

Issue Age	Female		Male	
	Monthly	Annual	Monthly	Annual
40	3.67	44.00	4.25	51.00
41	3.75	45.00	4.42	53.00
42	3.83	46.00	4.50	54.00
43	3.83	46.00	4.67	56.00
44	4.00	48.00	4.83	58.00
45	4.08	49.00	5.00	60.00
46	4.25	51.00	5.17	62.00
47	4.42	53.00	5.42	65.00
48	4.58	55.00	5.58	67.00
49	4.75	57.00	5.83	70.00
50	4.83	58.00	6.00	72.00
51	5.00	60.00	6.17	74.00
52	5.17	62.00	6.42	77.00
53	5.42	65.00	6.67	80.00
54	5.50	66.00	6.83	82.00
55	5.67	68.00	7.08	85.00
56	5.83	70.00	7.33	88.00
57	6.00	72.00	7.58	91.00
58	6.25	75.00	7.92	95.00
59	6.50	78.00	8.17	98.00
60	6.75	81.00	8.50	102.00
61	7.00	84.00	8.83	106.00
62	7.25	87.00	9.25	111.00
63	7.58	91.00	9.67	116.00
64	7.92	95.00	10.17	122.00
65	8.33	100.00	10.75	129.00
66	8.67	104.00	11.25	135.00
67	9.17	110.00	11.83	142.00
68	9.67	116.00	12.58	151.00
69	10.17	122.00	13.25	159.00
70	10.75	129.00	14.08	169.00
71	11.33	136.00	15.00	180.00
72	12.00	144.00	15.92	191.00
73	12.67	152.00	16.83	202.00
74	13.33	160.00	17.83	214.00
75	14.08	169.00	18.83	226.00
76	14.75	177.00	20.75	249.00
77	15.00	180.00	21.92	263.00
78	16.08	193.00	23.00	276.00
79	17.08	205.00	24.08	289.00
80	18.25	219.00	25.25	303.00

Example

Age 65 (Male) \$5,000 Face Amount
 5 x \$10.75 (Monthly Premium per \$1,000)
\$53.75 Total Monthly Premium



National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life.

Rating current as of 05/01/14.

3422 03/14



**Give your family the
gift of peace of mind**

**Guaranteed Issue
Whole Life Insurance**

Why plan for the future?

Like many people, you've probably set aside money over the years to pay for the important events in your life: a new house, a dream vacation, college tuition for children and maybe even a wedding. Planning ahead was a good idea because you could be sure the money would be there when needed.

Final Expenses are no different...

Life insurance is one of the ways you provide for your family, planning ahead with coverage to help with final expenses such as funeral and burial costs, medical bills or outstanding debt. Your family depends on you to help meet their needs and make good decisions about the things that affect their lives.

Don't leave your family with bills to pay.

A funeral today can easily reach over \$9,500 when the purchase of cemetery property and a grave marker are included.* Medical bills, legal costs and other final expenses can add significantly to the financial burden.



Peace of mind protection.

Choose this affordable permanent whole life policy with guaranteed coverage to provide extra security for your loved ones. By prefunding your final expenses today, you can prevent having to place the financial burden on those closest to you and you can be assured that the money will be there to help cover the costs. Give your family the gift of peace of mind.

Benefits of the Guaranteed Issue Whole Life Insurance plan

Our Guaranteed Issue Whole Life insurance plan is an affordable solution for individuals age 40 to 80. You are not required to answer any questions about your health when applying for this policy. Smokers pay no more than non-smokers and you can receive coverage despite having been turned down by other insurance companies.

- Your premiums will never increase
- Your benefit is never reduced because of changes in age or health
- If your premiums are paid, your policy can never be cancelled
- For non-accidental death anytime during the first two policy years, you receive 110% of premiums paid
- Your whole life policy accumulates cash value over time
- Secure coverage by a company with more than 100 years in the industry

National Guardian Life Insurance Company (NGL) is located in Madison, Wisconsin and was formed over 100 years ago in 1910. Consistently rated as one of the country's most successful independent mutual life insurance companies, NGL has an A- (Excellent) rating from A.M. Best.

*According to the National Funeral Directors Association 2009 study.

APPLICATION FOR GUARANTEED ISSUE INDIVIDUAL WHOLE LIFE INSURANCE

ICC14-4000-I 02/14

**National Guardian Life Insurance Company (NGL)** • Phone 800.988.0826 • Fax 866.228.9927
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191**Mail Policy To:** ☐ Agent
☐ Owner**INSURED**☐ **MALE** ☐ **FEMALE**_____
*First Name*_____
*MI*_____
*Last Name*_____
*Phone Number*_____
*Social Security Number*_____
*Age*_____
*Date of Birth***OWNER - Complete only if other than Insured**_____
*First Name*_____
*MI*_____
*Last Name*_____
*Phone Number*_____
*Social Security Number*_____
*Relationship to Insured***OWNER MAILING ADDRESS**_____
*Street Address*_____
*City*_____
*State*_____
*Zip*_____
*Email Address***BENEFICIARY INFORMATION (if more than two please use form 2804FE (Multiple Beneficiary Designation))**
PRIMARY_____
*Name and Address of Primary Beneficiary*_____
*Date of Birth*_____
*Relationship*_____
*Social Security Number***CONTINGENT**_____
*Name and Address of Contingent Beneficiary*_____
*Date of Birth*_____
*Relationship*_____
*Social Security Number***PLAN - Guaranteed Issue - Graded Death Benefit**Immediate full death benefit for accidental death. Limited death benefit for non-accidental death during the first two years.
Full death benefit thereafter.

Face Amount \$ _____ Modal Premium \$ _____ Total Premium Amount (with app) \$ _____

EFT*☐ Monthly ☐ Quarterly
☐ Semi-Annual ☐ Annual**MC/VISA***☐ Monthly

*Complete the premium withdrawal authorization

APPLICANT REPLACEMENT - Do you have any existing insurance policies or annuity contracts?☐ **YES** ☐ **NO**

Will the insurance applied for replace or change any insurance or annuity now or recently in force?

☐ **YES** ☐ **NO**

If "Yes", complete required replacement form(s).

AGENT REPLACEMENT - Does the applicant have any existing insurance policies or annuity contracts?☐ **YES** ☐ **NO**

Will the insurance applied for replace or change any insurance or annuity now or recently in force?

☐ **YES** ☐ **NO****APPLICANT SIGNATURES**I represent that the information provided on this application is true and complete to the best of my knowledge and belief, and agree that (1) this application shall be the basis for and a part of any policy issued; (2) no insurance shall take effect until a policy is issued and delivered to the Applicant and the full first premium received by the Company during the lifetime of the insured. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life. **I acknowledge I have read [or have had read to me] the fraud statement on this form.**_____
*Signed at (City)*_____
*State*_____
*Signature of Proposed Insured*_____
*Date*_____
*Signature of Owner (Required if other than Insured)*_____
*Date***AGENT'S STATEMENT -** I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.☐ Check here for
Agent Split and
see below._____
*Agent Signature*_____
*Agent Name Printed*_____
*NGL Agent #***AGENT SPLIT DESIGNATION:** Please list any agents not included in the **AGENT'S STATEMENT** section.Agent listed in **AGENT'S STATEMENT** % __________
*Additional Agent Signature*_____
*Additional Agent Name Printed*_____
*Additional NGL Agent #*_____
%

ELECTRONIC CHECK DISCLOSURE: When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. In the event that the payment is not honored, NGL has the right to re-present the transaction. For inquiries please call 1-800-988-0826.

FRAUD WARNING STATEMENT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.



Replacement Form

National Guardian Life Insurance Company • Settlers Life Insurance Company • PO Box 1191 • Madison WI 53701-1191
Phone 800.988.0826 • Fax 608.443.5368 • www.nglic.com

STATE OF NEBRASKA

NOTICE REGARDING REPLACEMENT REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one – or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

Name of Applicant (Print)

Existing Company

Applicant's/Insured's Signature

Existing Company Information:

Policy Number: _____

Amount: _____

Issue Date: _____

Replacing Agent Signature

NATIONAL GUARDIAN LIFE INSURANCE GROUP

Replacing Company

Date

Type of Proposed Policy



Irrevocable Assignment of Ownership to NGL Estate Planning Trust (herein called "Trust")

National Guardian Life Insurance Company (NGL)
PO Box 1191 • Madison WI 53701-1191 • Phone: 800.988.0826

Insured _____

For Home Office Use Only

Policy Number _____

Owner (If other than Insured) _____

Trust Beneficiary for excess proceeds _____

Effective 45 days from the date NGL receives this form, I hereby assign ownership of this policy to the Trust.

I understand that by transferring ownership of this policy to the Trust, as of the effective date:

1. This policy is accepted by the Trust subject to all the terms of the Trust which, if the Trust is the primary beneficiary on the policy, includes payment of the policy proceeds for the funeral, burial and cremation expenses for the Insured, as listed below;
2. The change of ownership is permanent and, except as stated herein, I renounce my power to control ownership of the policy;
3. I give up any remaining right to cancel the policy and receive a return of premium under the Right to Cancel provision;
4. I waive all rights under the policy to surrender it for cash, or to obtain a loan against the policy;
5. I give up the right to change the beneficiary on this policy or riders, if any;
6. I give up the right to change the Trust Beneficiary;
7. Any proceeds received by the Trust in excess of the amount required to cover the cost of the approved goods and services for the Insured's funeral, burial or cremation will be paid to the Trust Beneficiary named at the time of this assignment if any, otherwise, to the estate of the Insured;
8. It is my personal obligation to pay all premiums due on this policy (if any) and, if my failure to pay premiums results in the lapse of the policy, the Trust will have no obligation to pay my funeral or burial expenses; and
9. My ability to qualify for state and federal public assistance is not guaranteed.

I may obtain a full copy of the Trust, at any time, upon written request to:

National Guardian Life Insurance Company (NGL) • Two East Gilman Street • Madison WI 53703

Signature of Owner

Date

The Trust accepts this assignment and agrees to use the proceeds of the Policy for the payment of funeral expenses.

By: _____

Date

Authorized Expense Directive

Insured hereby expressly authorizes and directs Trustee to expend Trust assets to service or product providers in payment of expenses related to the provision of the following services and/or products.

List of possible goods and services qualifying for reimbursement

Basic Services of Funeral Director & Staff

Other Professional Funeral Services

Embalming

Other Care of Deceased

Dressing/Cosmetology/Casketing

Funeral Home Facilities and/or Staff Services

Viewing/Visitation

Funeral Service

Memorial Service

Graveside Service

Other

Cremation

Other Funeral Merchandise

Clergy Honorarium

Death Certificates

Musicians

Temporary Marker

Stationery Package

Obituary Notices

Flowers

Clothing

Open/Close

Casket

Alternative Container

Outer Burial Container

Other Services

Transportation Equipment & Driver

Transfer of Deceased

Funeral Vehicle/Hearse

Car/Limousine

Utility/Service Vehicle

Other

Cemetery Charges



Application Checklist and Fax Cover Page

National Guardian Life Insurance Company (NGL) • PO Box 1191 • Madison WI 53701-1191
Phone 800.988.0826 • Fax 866.228.9927

Insured's Name: _____

Date Faxed: _____

Producer #: _____

Number of Pages Faxed: _____ (including this page)

Agent's Name: _____

Phone Number: _____

**Has this application been sent or faxed
to NGL before? ☐ Yes ☐ No**

If yes, please fax to this number 608.443.5368

Special Instructions: _____

Sending Applications - Fax or Mail (Please only choose one)

- ☐ Assignment Form included? (if required)
- ☐ Insured and owner personal information correct?
- ☐ Insured's age verified by date of birth?
- ☐ Payment plan selected and premium calculations correct?
- ☐ Health question(s) marked? (if applicable)
- ☐ Required ancillary forms included? (if applicable)

Signatures - See signature guidelines at www.mynglic.com for reference

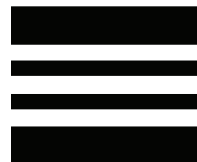
- ☐ If POA, Guardian or legal representative has signed, were legal indicators used? Are legal papers included?
- ☐ Check for all signatures.
- ☐ Was the application signed in the state where you are licensed?

Payments/Authorization Form

- ☐ Electronic withdrawal of premium? Use Authorization form #2802 p2, complete one for each insured.
- ☐ Payment by money order or cashier's check? Please mail only.

Faxing a New Application - Send to 866.228.9927

- ☐ Cover form #2802 p1 and all other forms included?
- ☐ If you need a future draw date, please hold the application until that date.
- ☐ Please fax original for best legibility and keep until policy issued. NGL imaged copy will be sent with policy.





Premium Withdrawal Authorization

Complete One Premium Withdrawal Authorization for Each Insured

National Guardian Life Insurance Company (NGL) • PO Box 1191 • Madison WI 53701-1191
Phone 800.988.0826 • Fax 866.228.9927

Credit Card:

- ☐ VISA
☐ MASTERCARD

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXP. DATE

M	M	Y	Y

or

Bank Account Information:

Financial Institution (Bank Name): _____

Routing # (lower left corner of check):

--	--	--	--	--	--	--	--	--	--

Bank Account # (lower middle of check):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Authorization: I authorize National Guardian Life Insurance Company (NGL) to make:

- ☐ A one-time initial
☐ **A one-time initial and ongoing monthly**
☐ Ongoing Monthly only

withdrawal(s) from my bank account/credit card specified above. **By signing below, I certify that I have read the withdrawal authorization disclosures on the reverse side of this form.**

☐ Checking ☐ Savings* ☐ Credit Card **Draft Date for Ongoing Withdrawal (1st-28th):** _____

Amount of Initial Premium Withdrawal: _____ Amount of Ongoing Withdrawal: _____

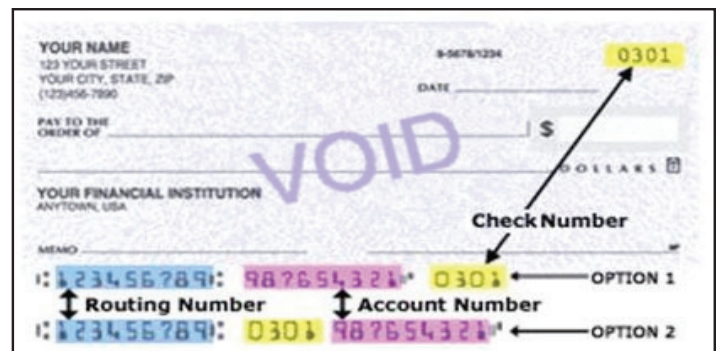
Insured's Full Name (Please Print): _____
First Middle Initial Last

Accountholder/Cardholder's Name: _____
First Last

Accountholder/Cardholder's Signature: _____ Date: _____

***FOR SAVINGS ACCOUNTS, PLEASE CONTACT YOUR BANK TO VERIFY EFT IS ALLOWED AND TO VERIFY ROUTING AND ACCOUNT NUMBERS**

FOR INITIAL AND ONGOING
WITHDRAWALS FROM A BANK ACCOUNT,
PLEASE TAPE A VOIDED CHECK HERE
AND COMPLETE
THE FINANCIAL INSTITUTION,
ROUTING NUMBER AND BANK
ACCOUNT NUMBER.



Withdrawal Authorization Disclosures:

Initial Premium Withdrawal: I authorize National Guardian Life Insurance Company (NGL) to make a one time withdrawal from my bank account/credit card for the amount provided on this form, not to exceed the amount indicated in my policy contract. The draw will be started on the date the application is approved, but the actual date of withdrawal can vary due to holidays/weekends and is dependent on my Financial Institution. This withdrawal is for the purpose of collecting the initial premium for my policy. I authorize the financial institution to process the withdrawal as if I had signed it. In the event that the payment is not honored, NGL has the right to re-present the transaction. NGL also has the right to revoke this method of payment at any time.

Ongoing Monthly Credit Card Withdrawal: I authorize National Guardian Life Insurance Company (NGL) to remit the premiums due through my credit card indicated for the amount and date provided on this form or as stated in the policy contract I will receive. Unless indicated the draw will occur monthly. This authority will remain in full force and effect until the stated expiration date of the card or until I revoke this authorization with five day advance written notice. NGL has the right to revoke this method of payment at any time. This withdrawal is authorized only if I have selected ongoing withdrawals on the reverse side of this form.

Ongoing Monthly Electronic Funds Transfer (EFT): I authorize National Guardian Life Insurance Company (NGL) to electronically debit my bank account for the amount and date provided on this form or as stated in the policy contract I will receive. The actual date of deduction can vary due to holidays/weekends and is dependent on my Financial Institution. This authorization is to remain in effect until canceled. This method of payment can be canceled with five day advance written notice. In the event that the payment is not honored, NGL has the right to re-present the transaction. This method of payment will not change any of the provisions of my policy and unless indicated the draw will occur monthly. NGL has the right to revoke this method of payment at any time. This withdrawal is authorized only if I have selected ongoing withdrawals on the reverse side of this form.

Electronic Check Disclosure: When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. For inquiries please call 1-800-988-0826.



Multiple Beneficiary Designation

National Guardian Life Insurance Company (NGL) • PO Box 1191 • Madison WI 53701-1191
Phone 800.988.0826 • Fax 608.257.2136 • www.nglic.com

Insured's Name _____ App/Policy Number _____

Date of Birth _____ Social Security Number _____

Beneficiary Designation:

Beneficiary Information #1

Name	Relationship to Insured	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	% of Proceeds
Address	Date of Birth	SSN	

Beneficiary Information #2

Name	Relationship to Insured	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	% of Proceeds
Address	Date of Birth	SSN	

Beneficiary Information #3

Name	Relationship to Insured	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	% of Proceeds
Address	Date of Birth	SSN	

Beneficiary Information #4

Name	Relationship to Insured	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	% of Proceeds
Address	Date of Birth	SSN	

Community Property State Consent for residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin. If you are married, live in a community property state, and name someone other than your spouse as beneficiary, you should have your spouse sign below to waive his or her rights to any community property interest in the benefit to avoid delays at claim time.

As the Insured's spouse, I do hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to the proceeds of such insurance under applicable community property laws.

Signature of Spouse

Date

Signature of Policy Owner _____ Date _____

Note: Please contact your legal/financial advisor regarding any affects this policy may have on Medicaid eligibility.

Instructions for Designating a Beneficiary

- A primary beneficiary receives the claim proceeds in the event of the Insured's death. If more than one beneficiary is named, proceeds will be split equally unless otherwise specified. List full name and relationship of the beneficiary. If the beneficiary is not related to you, show relationship as "friend".
- We strongly encourage you to name a contingent beneficiary. The contingent beneficiary receives the claim proceeds in the event that the primary beneficiary(s) does not survive the Insured. If more than one beneficiary is named, proceeds will be split equally unless otherwise specified.
- To name an Estate, write "Estate of the Insured" in the beneficiary designation on the form. (Upon the death of the Insured, a copy of executor papers from Probate Court will be required before proceeds are paid to the Estate).
- It is inadvisable to name a beneficiary who is a permanent resident of a foreign country. If a foreign resident is named, furnish a full address.
- It is inadvisable to name a minor child. Upon death, legal guardianship papers will be required from court. A legal guardian is not the person with custody of the child, unless specifically named a guardian or custodian by the courts. If a minor child is named, please indicate the date of birth and if proceeds should be held on deposit until the child is the age of majority.
- To name all children the insured currently has, and all future children they may have, list "All Children of the Insured Equally". In the event a child does not survive the insured, proceeds will be split equally between the surviving children.
- To name all children of the insured and all future children, including in the event a child does not survive the insured list "All children of the Insured Equally per Stirpes". If a child does not survive the insured, the portion of that child's proceeds will then be split to their surviving children (the insured's grandchildren).
- It is inadvisable to name "per my last will and testament". If you wish to name the same individuals who are named in your will, but you want benefits paid directly instead of passing through your estate, then you should name the individuals on the form in the same manner as under your will.
- If the beneficiary designation does not fit on the form provided, please submit an additional Beneficiary Designation form(s) and indicate each by adding page numbers such as '1 and 2'.



Simple Enrollment Process

Legacy Safeguard can help you leave a lasting legacy and provide your family with end of life planning, guidance and assistance, at the time of need. To receive your complimentary membership in Legacy Safeguard please complete, sign and return the enrollment form below to take advantage of all the Legacy Safeguard Classic membership benefits.

Member Information

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Member's Name	Date of Birth (MM-DD-YYYY)	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Spouse's Name	Date of Birth (MM-DD-YYYY)	Gender
<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	
Phone Number	Email Address	

Acknowledgement of Terms & Conditions

Please sign below to acknowledge that you have read, understand and agree to the Terms & Conditions of the Legacy Safeguard Classic Membership.

<input type="text"/>	<input type="text"/>
Signature	Date (MM-DD-YYYY)

Provided By:

<input type="text"/>
Agent's Name
<input type="text"/>
Phone Number
<input type="text"/>
Email Address
<input type="text"/>
Insurance Company Name
<input type="text"/>
Agent Number

Return by mail: Legacy Safeguard • P.O. Box 270523 • Flower Mound, TX • 75027 **Return by fax:** 214-224-0922

TERMS & CONDITIONS - Legacy Safeguard is a legacy and end of life planning consumer advocacy service provided by Legacy Safeguard, LLC. Member understands and agrees that by completing and returning this enrollment form the Member will receive a limited free online membership in the Legacy Safeguard service. Legacy Safeguard is not an insurance policy. Actual fees and charges associated with a funeral or other related services offered are not covered by Legacy Safeguard. This is a free benefit and provided to the recipient at no additional cost; this offer is subject to change without notice. Member may choose to purchase additional services, including but not limited to, additional membership opportunities in Legacy Safeguard. Member also agrees that they can be contacted by Legacy Safeguard at anytime to receive additional information about merchandise and services offered by Legacy Safeguard, its affiliates and other companies that Legacy Safeguard partners with. Member agrees to indemnify, defend, and hold harmless Legacy Safeguard, its affiliates, officers, agents, contractors, and employees, from any claim arising in any manner, directly or indirectly, out of or in connection with terms of this agreement or any other agreement between the parties to this agreement regardless of the cause of fault or failure to comply with any of the provisions of the aforementioned agreement, which includes, but is not limited to, the negligence of either party to this agreement. Member further agrees to indemnify, defend, and hold harmless Legacy Safeguard, its affiliates, officers, agents, contractors, and employees from any and all claims and/or causes of action set forth by or against Member and/or a third-party for the actions or omissions of Member and/or any third-party that arises out of or are in any way connected with that which is addressed herein.



FREE *Legacy Safeguard* Member Sponsorship Form

At *Legacy Safeguard* we believe that part of leaving a lasting legacy is helping others leave one too! With this in mind, we would like to offer your friends and family free membership in *Legacy Safeguard* to help them have the same opportunity you have in leaving a lasting legacy. Please complete the form below and we will offer your loved ones free membership in *Legacy Safeguard*.

Member Name: _____ **Phone Number:** _____



Yes, I would like to sponsor my friends and family to become a member in *Legacy Safeguard*.

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone Number: _____

Email: _____

Relationship: _____

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone Number: _____

Email: _____

Relationship: _____

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone Number: _____

Email: _____

Relationship: _____

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone Number: _____

Email: _____

Relationship: _____

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone Number: _____

Email: _____

Relationship: _____

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone Number: _____

Email: _____

Relationship: _____