

**APPLICATION FOR GUARANTEED ISSUE INDIVIDUAL WHOLE LIFE INSURANCE**

4000-I-CA(v2) 02/14

 **National Guardian Life Insurance Company (NGL)** • Phone 800.762.9883 • 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**

\_\_\_\_\_  
First Name                      MI                      Last Name                      Phone Number                      Social Security Number                      Relationship to Insured

**OWNER MAILING ADDRESS**

\_\_\_\_\_  
Street Address                      City                      State                      Zip                      Email Address

**SECONDARY ADDRESSEE - Where to send copies of lapse notices**

\_\_\_\_\_  
Name                      Street Address                      City                      State                      Zip                      Phone Number

**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**

Limited death benefit during the first two years. Full death benefit thereafter.

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

**EFT\***

Monthly                       Quarterly  
 Semi-Annual                       Annual

\*Complete the premium withdrawal authorization

**APPLICANT REPLACEMENT** - Is the insurance being applied for intended to replace or change any existing life insurance or annuity? If "Yes", complete required replacement form(s).                       YES     NO

**AGENT REPLACEMENT** - 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. **For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**

\_\_\_\_\_  
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.

\_\_\_\_\_  
Agent Signature                      Agent Name Printed                      NGL Agent #

Check here for Agent Split and see below.

**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 1-800-762-9883.