

APPLICATION FOR GUARANTEED ISSUE INDIVIDUAL WHOLE LIFE INSURANCE

4000-I-DC(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

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

*Complete the premium withdrawal authorization

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. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in 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.**

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 1-800-762-9883.

