nsured's Name: Producer #: Agent's Name: Phone Number: Special Instructions:	Date Faxed: Number of Pages Faxed:(including this page) Has this application been sent or faxed to NGL before? □ Yes □ No
Agent's Name:	Has this application been sent or faxed
Phone Number:	
Special Instructions:	New application fax: 866.228.9927 Corrected application fax: 608.443.5368
<ul> <li>Assignment Form included? (if required)</li> <li>Insured and owner personal information correct?</li> <li>Insured's age verified by date of birth?</li> <li>Payment plan selected and premium calculations correct</li> <li>Health question(s) marked? (if applicable)</li> <li>Required ancillary forms included? (if applicable)</li> </ul> Signatures - See signature guidelines at www.myrection <ul> <li>If POA, Guardian or legal representative has signed, wear the correction of the state where you are left.</li> </ul>	nglic.com for reference vere legal indicators used? Are legal papers included?
Payments/Authorization Form	
<ul> <li>Electronic withdrawal of premium? Use Authorization for</li> <li>Payment by money order or cashier's check? Please n</li> </ul>	• • •
Faxing a New Application - Send to 866.2	228.9927
<ul> <li>Cover form #2802 p1 and all other forms included?</li> <li>If you need a future draw date, <u>please hold the app</u></li> <li>Please fax original for best legibility and keep until policity</li> </ul>	