

**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*

**SAMPLE APPLICATION**

**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.

\_\_\_\_\_ *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 1-800-988-0826.

**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.