ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY 2735PN(vL)-IL 08/12 Series 4

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 ❑ Funeral Home ❑ Owner (Default)

PROPOSED INSURED/ANNUITANT ❑ MALE ❑ FEMALE

First Name | MI | Last Name | Phone Number | Social Security Number | Age | Date of Birth

OWNER - Complete only if other than Insured/Annuitant

First Name | MI | Last Name | Social Security Number | Relationship to Insured

OWNER MAILING ADDRESS

Street Address | City | State | Zip | Email Address

Funeral Price $_____ **Face Amount $**_____ **PAYMENT PLAN** ❑ Single Pay Life ❑ Flexible Annuity $_____

Multi Pay Life: ❑ 1 Year ❑ 3 Year ❑ 5 Year ❑ 7 Year ❑ 10 Year

Initial Premium + Multi Pay Premium = Total Premium Amount (with app) **PLAN** ❑ A ❑ B ❑ C ❑ D ❑ E ❑ F ❑ G

$_____ $_____ $_____

PAYMENT MODE ❑ Annual (Not available on 1 Pay) ❑ Semi-Annual ❑ Quarterly ❑ Monthly Direct ❑ EFT* ❑ MC/VISA*- Use Monthly Direct Rates

This Policy will fund a: ❑ Burial ❑ Cremation ❑ Other

*Complete the premium withdrawal authorization

STATEMENT OF HEALTH (To be completed by Proposed Insured - Do not complete for Annuity): Are you currently on oxygen, hospitalized, receiving hospice care, or confined to a nursing home or long term care facility; **or** during the past two years have you been advised by a medical professional to have any surgical procedure that has not been performed; **or** have you been treated or are you being treated (including medication) by a medical professional for any of the following diseases or disorders: ❑ **YES** ❑ **NO**

Congestive Heart Failure	Immune System Disorder	Chronic Obstructive Pulmonary (lung) Disease	Diabetic Coma/Insulin Shock
Heart Disease	Cirrhosis of the Liver	Emphysema	Amputation (caused by disease)
Stroke	Drug or Alcohol Dependency	Amyotrophic Lateral Sclerosis (Lou Gehrig's	Alzheimer's/Dementia
Cancer (other than skin)	Kidney failure (including dialysis)	Disease)	

If the health question is not answered or answered "Yes" and you are applying for a Multi Pay Plan, a Policy with limited death benefits during the early years will be issued. The full death benefit is paid for accidental death.

DIRECTION FOR PAYMENT OF PROCEEDS (DO NOT COMPLETE UNTIL YOU HAVE READ THE LAST PAGE OF THIS FORM FOR IMPORTANT INFORMATION)

Name of Funeral Provider | Street Address | City | State | Zip

Name of Primary Beneficiary | Street Address | City | State | Zip | Relationship to Insured

APPLICANT SIGNATURES

To the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I authorize NGL to share my nonpublic personal information with any Funeral Provider with whom I have a Prefunded Funeral Agreement. 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 that I have read the fraud warning statement on the last page of this form.**

IRREVOCABLE ASSIGNMENT: I elect to assign this Policy subject to the terms of the Irrevocable Assignment of Policy on the last page of this form. Owner Initials _____ (Initial only if the Policy should be irrevocably assigned.)

Signed At | State

Signature of Proposed Insured/Annuitant | 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 last page

DIRECTION FOR PAYMENT OF PROCEEDS: By naming a Funeral Provider under the DIRECTION FOR PAYMENT OF PROCEEDS, you agree to the following: NGL is directed to pay an amount not to exceed the death benefit of the Policy to the Funeral Provider named, if any, on the front of this form. NGL will only pay the Funeral Provider upon receipt of proof that funeral merchandise and services have been provided. **You may change these directions at any time before the funeral is provided by giving written notice to NGL.** In the event that NGL rescinds or declines to issue the Policy, you also assign the following to the Funeral Provider: (1) The right to receive the premium paid upon receipt of proof that funeral merchandise and services have been provided; (2) The right to compromise claims; and (3) The right to agree to rescission.

IRREVOCABLE ASSIGNMENT OF POLICY TO THE NGL AMERICAN TRUST If initialed, you agree to the following: Assignment of Ownership, Death Benefit and Rescission Rights: The Owner hereby irrevocably assigns to the Trustee of the NGL American Trust all incidents of ownership of the Policy, the right to pay the Funeral Provider named in the Direction of Payment of Proceeds all or part of the death benefit payable under the Policy upon receipt of proof that the funeral merchandise and services have been provided, and, if the Insurer, for any reason either rescinds or declines to issue a Policy, all rights, including the following: (1) the right to receive the premium paid (upon receipt of proof that the funeral merchandise and services have been provided), (2) the right to compromise claims and (3) the right to agree to rescission.

The Trustee will pay the Funeral Provider an amount not to exceed the retail price of the funeral provided, but never more than the death benefit. Upon the death of the Insured, if receiving medical assistance, the Trustee is directed to pay the State of Illinois all amounts remaining in the trust, up to an amount equal to the total medical assistance paid by the State on behalf of the Insured.

The Owner acknowledges that by making the assignment irrevocable it cannot be canceled. This assignment does not affect the right of the Owner to cancel the Policy under the Right to Cancel provision. By making this assignment irrevocable, the Owner also acknowledges the following:

1. The assignment of death benefit proceeds is permanent and cannot be changed by the Owner.
2. The Owner has waived all rights under the Policy to surrender for cash, to obtain a loan, to change the Owner, beneficiary (except to name the State of Illinois beneficiary when applying for public assistance), or to receive a refund for any premium paid.
3. The Owner remains responsible for the payment of all insurance premiums when due.
4. **This transfer, once effective, is made to comply with the requirements of state and Federal public assistance programs.**

It is understood and agreed that this irrevocable assignment in no way inhibits the Owner or the next of kin of the Insured from hereafter selecting another Funeral Provider to perform funeral services and provide funeral merchandise in connection with the funeral of the Insured. The Insurer is not a party to this assignment and the sole responsibility of the Insurer is to pay the death benefit proceeds pursuant to the terms of the Policy as amended by this assignment.

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 #*	*%*

ACKNOWLEDGMENT OF PAYMENT: This acknowledges payment from _____ in the amount of $_____ in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

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
For Residents of Illinois
Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

 "Policy" is defined as the insurance policy, certificate or annuity contract for which I am applying.