

SERFF Tracking Number: NGLI-125607895 State: Arkansas
Filing Company: National Guardian Life State Tracking Number: 38710
Company Tracking Number: NGLI-125607895
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: AR-Purple Cross Application Refile
Project Name/Number: /

Filing at a Glance

Company: National Guardian Life

Product Name: AR-Purple Cross Application Refile SERFF Tr Num: NGLI-125607895 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 38710

Sub-TOI: L08.000 Life - Other

Co Tr Num: NGLI-125607895

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Patrick Erwin, Kim Bolinder

Disposition Date: 04/21/2008

Date Submitted: 04/14/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 04/02/2007

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 04/21/2008

State Status Changed: 04/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We have enclosed form 2790-AR 04/08. This form replaces, and is essentially similar to form 2790-11/06 which you approved on December 4, 2006. I have attached a copy of that form with your department's approval stamp.

Although the forms are essentially the same, the following changes were made:

- Under 3. Plan, The Graded Death Benefit Option has been deleted.

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- The language in Field 3a has been revised to reflect that the Graded Death Benefit has been deleted.

Company and Contact

Filing Contact Information

Patrick Erwin, Policy Forms Specialist pcerwin@nglic.com
 P.O. Box 1191 (608) 443-5308 [Phone]
 Madison, WI 53701-1191 (608) 443-5365[FAX]

Filing Company Information

National Guardian Life CoCode: 66583 State of Domicile: Wisconsin
 P.O. Box 1191 Group Code: Company Type: LAH
 Madison, WI 53701-1191 Group Name: State ID Number:
 (800) 626-7931 ext. 5790[Phone] FEIN Number: 39-0493780

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: 1 form @ \$20
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life	\$20.00	04/14/2008	19535253

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/21/2008	04/21/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
ENROLLMENT FORM FOR LIFE INSURANCE/ ANNUITY		Patrick Erwin	04/16/2008	04/16/2008

SERFF Tracking Number: NGLI-125607895 State: Arkansas
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Disposition

Disposition Date: 04/21/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NGLI-125607895 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Prior Approval Document		Yes
Form (revised)	ENROLLMENT FORM FOR LIFE INSURANCE/ANNUITY		Yes
Form	ENROLLMENT FORM FOR LIFE INSURANCE/ANNUITY		Yes

SERFF Tracking Number: NGLI-125607895 State: Arkansas
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 Product Name: AR-Purple Cross Application Refile
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Amendment Letter

Amendment Date:
 Submitted Date: 04/16/2008

Comments:

Please accept this revised version of form 2790-AR 04/08 for review. We have made several other minor changes to the application, including a statment regarding insurable interest in the applicant's signature section.

Please review THIS version of the form.

Thank you,
 Patrick Erwin
 Kim Bolinder

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
2790-AR 04/08	Application/EENROLLMENT Form	EENROLLMENT FORM FOR LIFE INSURANCE/ANNUITY	Revised			2790 11/06	51	AR - 2790-AR 04-08 (Rev).pdf

SERFF Tracking Number: NGLI-125607895 State: Arkansas
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Form Schedule

Lead Form Number: 2790-AR 04/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2790-AR 04/08	Application/ Enrollment Form	ENROLLMENT FORM FOR LIFE INSURANCE/ANNUI TY	Revised	Replaced Form #: 2790 11/06 Previous Filing #:	51	AR - 2790-AR 04-08 (Rev).pdf

ENROLLMENT FORM FOR LIFE INSURANCE/ANNUITY



National Guardian Life Insurance Company • Preeved Service Center
 2 East Gilman Street • PO Box 1031 • Madison, WI 53701-1031

MAIL POLICY TO:

- AGENT
- FUNERAL HOME
- OWNER

1. Proposed Insured/Annuitant (Please Print)

First	M.I.	Last	
Birth Date (mo/day/yr)	Age	Sex F M	Social Security Number
Street			
City	State	Zip	Telephone
Owner		Relationship to Insured	
Street		Social Security Number	
City	State	Zip	Telephone ()

2. Beneficiary

Primary	Relationship to Insured
Contingent	Relationship to Insured

3. Plan Information Payment Years

F-Series	Information	Payment Years <i>(circle one)</i>
<input type="checkbox"/> Full Benefit: Single Pay	No health questions required	Single Payment
<input type="checkbox"/> Full Benefit: Multi Pay	Complete Section 3a	3 5 10
T-Series	Information	Payment Years <i>(circle one)</i>
<input type="checkbox"/> Full Benefit: Single Pay	Complete Section 3a	Single Payment
<input type="checkbox"/> Full Benefit: Multi Pay	Complete Section 3a	3 5 7 10
<input type="checkbox"/> Flexible Premium Annuity	No health questions required	Flexible Payment

Funeral Amount: \$ _____ Initial Face Amount: \$ _____
 Initial Payment: \$ _____ Periodic Payment Amount: \$ _____

4. Initial Payment & Billing Information

Billing Mode: <input type="checkbox"/> Direct Bill <input type="checkbox"/> PAC <small>Complete section 4a</small>	Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	PAC Date (mo/day) <small>(3rd - 30th Available)</small>
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4a. Pre-Authorized Check (PAC) Information - please attach a voided check

Name of Bank <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing Number	Account Number
---	----------------	----------------

5. Agreement

I represent that the statement and answers given in this enrollment form are true and complete to the best of my knowledge and belief. I understand that no insurance will be effective until this enrollment form is approved and the certificate is issued. If death occurs prior to issuance of the certificate, benefits payable will be limited to full return of premium paid. I authorize National Guardian Life Insurance Company 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.

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

Signed at City _____ State _____ Date (mo/day/yr) _____
 Proposed Insured's/Annuitant's Signature _____ Owner's Signature (if different) _____

6. 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's Signature _____ Agent's Printed Name _____ Date (mo/day/yr) _____
 Agent # _____ Funeral Home Name _____ Funeral Home # _____

3a. Optional Health Questions

- (To be completed by Proposed Insured)
- Within the past one (1) year have you been diagnosed with, tested positive for or received treatment by a medical professional for any of the following: Yes No
 Dementia or Alzheimer's Disease
 Renal Insufficiency/Kidney Failure
 Congestive Heart Failure, Heart Disease
 Cirrhosis of the Liver
 Loss of limb, finger or toe caused by disease
 Chronic Lung Disease, Emphysema,
 Chronic Obstructive Pulmonary Disease (COPD)
 Acquired Immune Deficiency Syndrome (AIDS)
 Disease of the Central Nervous System, Lou Gehrigs Disease (ALS), Multiple Sclerosis (MS)
 - Within the past two (2) years, have you had, been diagnosed with, or received treatment by a medical professional for any of the following: Yes No
 Stroke, Cerebral Vascular Accident (CVA)
 Organ Transplant
 Cancer or Malignant Tumor
 Heart Attack
 Leukemia or Hodgkin's Disease
 - Have you: (a) been diagnosed as being terminally ill; or (b) been admitted to a hospital two or more times during the past 12 months, or are you currently confined to a hospital; or (c) within the last 6 months been confined to, or been a resident of a rehabilitation center, nursing home, long term care facility, or received hospice care; or (d) been told by a medical practitioner that you should be confined or receive care, but have chosen not to follow that instruction? Yes No

If any of the health questions are answered "Yes", eligibility will be limited to a F-Series Single Pay or Annuity Plan.



ENROLLMENT FORM FOR LIFE INSURANCE/ANNUITY

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.

When you provide a check as payment, you authorize us either to 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. For inquiries please call 1-800-988-0826.

X

Agent Signature

Date

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status:	04/14/2008
Comments:		
Attachments:		
AR COC 2790.pdf		
AR TITLE19.pdf		
AR REG 49.pdf		
AR 04GA-AR.pdf		
Bypassed -Name: Application	Review Status:	04/14/2008
Bypass Reason: Application is included under Form Schedule.		
Comments:		
Satisfied -Name: Prior Approval Document	Review Status:	04/14/2008
Comments:		
This is approval document from previous filing. This application replaces the previously approved application.		
Attachment:		
AR Prior Approval Document.pdf		



CERTIFICATION OF COMPLIANCE

I, Mathew J. Dew, an officer of *National Guardian Life Insurance Company* hereby certify that I have authority to bind and obligate the company by filing this (these) form(s). I further certify that, to the best of my information, knowledge and belief:

1. The accompanying form(s) as identified by the attached listing complies with all applicable provisions of the **ARKANSAS** Statutes and with all applicable administrative rules of the Commissioner of Insurance;
2. These form(s) do not contain any inconsistent, ambiguous, or misleading clauses;
3. These form(s) do not contain specifications or conditions that unreasonably or deceptively limit the risk purported to be assumed in the general coverage of the policy form(s);
4. The only variations from a form currently on file with the Commissioner of Insurance and the only unconventional policy provisions are clearly marked or otherwise indicated on the attached form(s) or in an attachment; and
5. The attached form(s) are in final printed format or typed facsimile and will be offered for issuance or delivery in **ARKANSAS** after approval by the Commissioner of Insurance, except for hypothetical data and other appropriate variable material.

CERTIFICATION OF READABILITY

I, Mathew J. Dew, an officer of the *National Guardian Life Insurance Company*, certify that the Flesch scores for the submitted forms are listed below:

<u>Forms</u>	<u>Flesch Scores</u>
2790-AR 04/08	51.2

Mathew J. Dew
Signature

April 14, 2008
Date

Mathew J. Dew
Vice President and General Counsel
Company Officer

Individual responsible for this filing:

Name: Kim Bolinder
Title: Policy Forms Specialist

Phone #: (608) 443-5335
Email: kabolinder@nglic.com



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

I, **Mathew J. Dew**, an officer of *National Guardian Life Insurance Company*, hereby certify that, to the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

Mathew J. Dew

Signature

April 14, 2008

Date

Mathew J. Dew

Vice President & General Counsel – Company Officer

Individual responsible for this filing:

Name: KIM BOLINDER

Title: Form Filing Specialist

Phone #: (608) 443-5335

Email: kabolinder@nglic.com



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

I, **Mathew J. Dew**, an officer of *National Guardian Life Insurance Company*, hereby certify the following:

- Our company is in compliance with Arkansas Code Ann. 23-79-138. Our policy issue system is set up so that the required notice providing information on the Arkansas Department of Insurance is automatically included with each policy issued in the state of Arkansas.
- Similarly, our policy issue system automatically generates the required Life and Health Guaranty Association Notice with each policy issued in Arkansas, in compliance with Regulation 49.

Mathew J. Dew

Signature

April 14, 2008

Date

Mathew J. Dew

Vice President & General Counsel – Company Officer

Individual responsible for this filing:

Name: KIM BOLINDER

Title: Form Filing Specialist

Phone #: (608) 443-5335

Email: kabolinder@nglic.com

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

(Continued on reverse side)

COVERAGES

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



NGL Insurance Group

November 15, 2006

Rate and Form Filings
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RECEIVED

NOV 23 2006

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

APPROVED

DEC 04 2006

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

RE: National Guardian Life Insurance Company
NAIC # 66583 FEIN# 39-0493780

Enrollment Form 2790 11/06

We have enclosed enrollment form **2790 11/06**. This form replaces, and is essentially similar to, form 2790 08/06, which your department approved on September 26, 2006. (I have included a copy of that correspondence, with your department's approval stamp, in this filing.)

Although the forms are essentially similar, some minor changes were made.

- The biggest change to the form was cosmetic; fields were changed or moved to allow for all questions to fit on one side of a sheet of paper.
- Our field requesting an e-mail address has been *deleted*.
- The language in Field 3a, question 3 has been *revised*.
- The language in Field 6 (Agreement) has been *revised*.

Enrollment form **2790 11/06** will be used in conjunction with the same policy forms and/or certificates as outlined in our previous filing.

We have enclosed the following:

- Final print copies of all forms
- Certification of Compliance and Readability
- Filing fee of **\$20.00**

Sincerely,

Patrick Erwin, Policy Forms Specialist
National Guardian Life Insurance Company
(800) 626-7931, extension 5308
pcerwin@nglic.com

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 Filing Company: National Guardian Life State Tracking Number: 38710
 Company Tracking Number: NGLI-125607895
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: AR-Purple Cross Application Refile
 Project Name/Number: /

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	ENROLLMENT FORM FOR LIFE INSURANCE/ANNUITY	04/14/2008	2790-AR 04-08.pdf

ENROLLMENT FORM FOR LIFE INSURANCE/ANNUITY



National Guardian Life Insurance Company • Preeved Service Center
 2 East Gilman Street • PO Box 1031 • Madison, WI 53701-1031

MAIL POLICY TO:

- AGENT
- FUNERAL HOME
- OWNER

HOLD FOR COMPANION FORM

1. Proposed Insured/Annuitant *(Please Print)*

First	M.I.	Last	
Birth Date (mo/day/yr)	Age	Sex F M	Social Security Number
Street			
City	State	Zip	Telephone
Owner		Relationship to Insured	
Street		Social Security Number	
City	State	Zip	Telephone ()

2. Beneficiary

Primary	Relationship to Insured
Contingent	Relationship to Insured

3. Plan Information Payment Years

F-Series	Information	Payment Years <i>(circle one)</i>
<input type="checkbox"/> Full Benefit: Single Pay	No health questions required Complete Section 3a	Single Payment 3 5 10
<input type="checkbox"/> Full Benefit: Multi Pay		
T-Series		
<input type="checkbox"/> Full Benefit: Single Pay	Complete Section 3a Complete Section 3a	Single Payment <i>(circle one)</i> 3 5 7 10
<input type="checkbox"/> Full Benefit: Multi Pay		
<input type="checkbox"/> Flexible Premium Annuity	No health questions required	Flexible Payment

Funeral Amount: \$ _____ Initial Face Amount: \$ _____
 Initial Payment: \$ _____ Periodic Payment Amount: \$ _____

4. Initial Payment & Billing Information

Billing Mode: <input type="checkbox"/> Direct Bill <input type="checkbox"/> PAC <small>Complete section 4a</small>	Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	PAC Date (mo/day) <small>(3rd - 30th Available)</small>
--	---	--

4a. Pre-Authorized Check (PAC) Information - *please attach a voided check*

Name of Bank <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing Number	Account Number
---	----------------	----------------

5. Agreement

I represent that the statement and answers given in this enrollment form are true and complete to the best of my knowledge and belief. I understand that no insurance will be effective until this enrollment form is approved and the certificate is issued. If death occurs prior to issuance of the certificate, benefits payable will be limited to full return of premium paid. I authorize National Guardian Life Insurance Company to share my nonpublic personal information with any Funeral Provider with whom I have a Prefunded Funeral Agreement.

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

Signed at City _____ State _____ Date (mo/day/yr) _____

Proposed Insured's/Annuitant's Signature _____ Owner's Signature (if different) _____

6. 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's Signature _____ Agent's Printed Name _____ Date (mo/day/yr) _____

Agent # _____ Funeral Home Name _____ Funeral Home # _____

3a. Optional Health Questions

(To be completed by Proposed Insured)

1. Within the past one (1) year have you been diagnosed with, tested positive for or received treatment by a medical professional for any of the following: Yes No
 Dementia or Alzheimer's Disease
 Renal Insufficiency/Kidney Failure
 Congestive Heart Failure, Heart Disease
 Cirrhosis of the Liver
 Loss of limb, finger or toe caused by disease
 Chronic Lung Disease, Emphysema,
 Chronic Obstructive Pulmonary Disease (COPD)
 Acquired Immune Deficiency Syndrome (AIDS)
 Disease of the Central Nervous System, Lou Gehrigs Disease (ALS), Multiple Sclerosis (MS)
2. Within the past two (2) years, have you had, been diagnosed with, or received treatment by a medical professional for any of the following: Yes No
 Stroke, Cerebral Vascular Accident (CVA)
 Organ Transplant
 Cancer or Malignant Tumor
 Heart Attack
 Leukemia or Hodgkin's Disease
3. Have you: (a) been diagnosed as being terminally ill; or (b) been admitted to a hospital two or more times during the past 12 months, or are you currently confined to a hospital; or (c) within the last 6 months been confined to, or been a resident of a rehabilitation center, nursing home, long term care facility, or received hospice care; or (d) been told by a medical practitioner that you should be confined or receive care, but have chosen not to follow that instruction? Yes No

If any of the health questions are answered "Yes" or if the Proposed Insured is physically or mentally unable to answer the questions, eligibility will be limited to a F-Series Single Pay or Annuity Plan.