

SERFF Tracking Number: NGLI-126000391 State: Arkansas  
Filing Company: National Guardian Life Insurance Company State Tracking Number: 41938  
Company Tracking Number: NPND2008  
TOI: L071 Individual Life - Whole Sub-TOI: L071.202 Early Duration Reduced Benefit - Level  
Premium - Any Policy Design - Funeral Expense  
Product Name: NPND2008  
Project Name/Number: /

## Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: NPND2008 SERFF Tr Num: NGLI-126000391 State: ArkansasLH  
TOI: L071 Individual Life - Whole SERFF Status: Closed State Tr Num: 41938  
Sub-TOI: L071.202 Early Duration Reduced Benefit - Level Premium - Any Policy Design - Funeral Expense Co Tr Num: NPND2008 State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Authors: Peggy Kratz, Kim Bolinder Disposition Date: 01/29/2009  
Date Submitted: 01/21/2009 Disposition Status: Approved  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Not Filed  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 01/29/2009 Deemer Date:  
State Status Changed: 01/29/2009  
Corresponding Filing Tracking Number:  
Filing Description:  
January 21, 2009

Life & Health Division  
Arkansas Insurance Department  
FILED VIA SERFF

SERFF Tracking Number: NGLI-126000391 State: Arkansas  
Filing Company: National Guardian Life Insurance Company State Tracking Number: 41938  
Company Tracking Number: NPNDFD2008  
TOI: L071 Individual Life - Whole Sub-TOI: L071.202 Early Duration Reduced Benefit - Level  
Premium - Any Policy Design - Funeral Expense  
Product Name: NPNDFD2008  
Project Name/Number: /

Re: National Guardian Life Insurance Company  
NAIC # 66583 FEIN# 39-0493780  
Individual Whole Life Policy NPNDFD2008-AR  
Application 2815PN-I –AR 05/08

The referenced individual life policy is provided for your review and approval. The form and application were previously submitted under SERFF# NGLI-125715187. We withdrew the submission to allow additional time for revisions to the Death Benefit Schedule. This form is new and does not replace any previously approved forms.

This policy will not be illustrated, and will be marketed by licensed agents on a face-to-face basis.

The policy was designed for use in the Preneed market. This is a whole life policy that provides for a scheduled death benefit during the Premium Paying Period. The scheduled death benefit increases monthly. There are three different options for the Premium Paying Period, three, five and seven years. At the end of the Premium Paying Period, the policy is fully paid up. The policy death benefit then increases on a daily basis, based on a declared annual growth rate. The declared annual growth rate is not guaranteed. In addition to the death benefit, the policy includes an unearned premium refund provision.

Within the policy, we have included a Schedule Page for the 7 year Premium Paying Period. The Death Benefit Table, showing the scheduled death benefits, can be found on Page 3a. We have also provided supplementary tables (attached to the Supporting Documentation Tab) showing the scheduled death benefit for all Premium Paying Periods.

The enclosed application form is a guaranteed issue application. We have bracketed the entire Payment Plan section, so that we may delete any plan or payment mode not being offered.

Note that we are continuing to use the 1980 CSO with this product beyond January 1, 2009. This is based on the NAIC's recent approval of the "Preneed Life Insurance Minimum Standards for Determining Reserve Liabilities and Nonforfeiture Values Model Regulation."

Your review and approval of these forms is greatly appreciated.

SERFF Tracking Number: NGLI-126000391 State: Arkansas  
 Filing Company: National Guardian Life Insurance Company State Tracking Number: 41938  
 Company Tracking Number: NPNDFD2008  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.202 Early Duration Reduced Benefit - Level  
 Premium - Any Policy Design - Funeral Expense  
 Product Name: NPNDFD2008  
 Project Name/Number: /

Sincerely,

Kim Bolinder, Policy Forms Specialist  
 National Guardian Life Insurance Company  
 800-626-7931, ext 5335  
 kabolinder@nglic.com

## Company and Contact

### Filing Contact Information

Kim Bolinder, Policy Forms Specialist kabolinder@nglic.com  
 2 East Gilman Street (608) 443-5335 [Phone]  
 Madison, WI 53701 (608) 443-5365[FAX]

### Filing Company Information

National Guardian Life Insurance Company 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  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 policy and its application= \$50  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$50.00	01/21/2009	25167139

SERFF Tracking Number: NGLI-126000391 State: Arkansas  
Filing Company: National Guardian Life Insurance Company State Tracking Number: 41938  
Company Tracking Number: NPND2008  
TOI: L071 Individual Life - Whole Sub-TOI: L071.202 Early Duration Reduced Benefit - Level  
Premium - Any Policy Design - Funeral Expense  
Product Name: NPND2008  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/29/2009	01/29/2009

*SERFF Tracking Number:* NGLI-126000391      *State:* Arkansas  
*Filing Company:* National Guardian Life Insurance Company      *State Tracking Number:* 41938  
*Company Tracking Number:* NPNDFD2008  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.202 Early Duration Reduced Benefit - Level  
Premium - Any Policy Design - Funeral Expense  
  
*Product Name:* NPNDFD2008  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 01/29/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NGLI-126000391 State: Arkansas  
 Filing Company: National Guardian Life Insurance Company State Tracking Number: 41938  
 Company Tracking Number: NPNDFFD2008  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.202 Early Duration Reduced Benefit - Level  
 Premium - Any Policy Design - Funeral Expense  
 Product Name: NPNDFFD2008  
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Death Benefits Exhibit		Yes
Form	LIMITED PAY WHOLE LIFE POLICY		Yes
Form	APPLICATION FOR LIFE INSURANCE/ANNUITY		Yes

SERFF Tracking Number: NGLI-126000391 State: Arkansas  
 Filing Company: National Guardian Life Insurance Company State Tracking Number: 41938  
 Company Tracking Number: NPNDFD2008  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.202 Early Duration Reduced Benefit - Level  
 Premium - Any Policy Design - Funeral Expense  
 Product Name: NPNDFD2008  
 Project Name/Number: /

## Form Schedule

Lead Form Number: NPNDFD2008-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NPNDFD2008-AR	Policy/Contract	LIMITED PAY WHOLE LIFE POLICY Certificate	Initial		56	NPNDFD2008-AR Rev.pdf
	2815-I-AR 05/08	Application/Enrollment Form	APPLICATION FOR LIFE INSURANCE/ANNUITY	Initial			2815PN-I-AR 05-08.pdf



A Mutual Company Incorporated in 1909  
 Two East Gilman Street • PO Box 1191  
 Madison WI 53701-1191 • Phone 800-988-0826

**LIMITED PAY WHOLE LIFE POLICY  
 WITH REDUCED BENEFITS IN EARLY POLICY YEARS**

<b>AGREEMENT</b>	<p>This insurance policy provides life insurance for the Insured shown on the Schedule. The death benefit will be paid to the Beneficiary upon the death of the Insured, subject to terms of this policy including any assignment of rights or benefits made by You. If this policy is assigned in connection with a prearranged funeral plan, cancellation of the plan does not automatically cancel the policy.</p> <p>For information or service on this policy, please contact Your agent representing National Guardian Life Insurance Company or Our Home Office in Madison, Wisconsin.</p>
<b>30-DAY RIGHT TO CANCEL</b>	<p>You can cancel this policy by delivering, mailing or wiring a written notice to National Guardian Life Insurance Company, PO Box 1191, Madison, WI 53701-1191 and by returning the policy before midnight of the thirtieth (30<sup>th</sup>) day after the date You receive this policy. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for this policy to You within ten (10) days after We receive notice of cancellation and the returned policy. If We do not return all premiums within thirty (30) days from the date of cancellation, We will pay interest from the date of cancellation as required by the law of Your state.</p> <p align="center"><b>THIS IS A LEGAL CONTRACT BETWEEN YOU AND US        READ YOUR CONTRACT CAREFULLY.</b></p>

Executed at Madison, Wisconsin on the Issue Date.

*Sherril A. Kiczak*  
 Secretary

*J. Johnson*  
 President

**Monthly Increasing Death Benefit During The Premium Paying Period**

**Premiums Payable For Period Specified On The Schedule Or Until Prior Death**

**Participating**

<b>GUIDE TO YOUR POLICY</b>			
Definitions	2	Policy Loan Provisions	5
Schedule of Benefits	3	Nonforfeiture Provisions	5
Death Benefit Table	3a	Owner and Beneficiary	6
Policy Summary	4	General Provisions	6
Premium Payment	4	Basis of Values	6
Death Benefit	5		

## DEFINITIONS

<b>Age</b>	The Insured's Age last birthday on the Issue Date is shown on the schedule. If the Insured's birthday is on the Issue Date, the Age shown will be the age on that birthday. Any other Age, like Age 65, means the annual date right after such age last birthday.
<b>Beneficiary</b>	The person(s) or entity named on Our records to receive the death benefit at the Insured's death. The Beneficiary may be changed as explained in the policy.
<b>Company</b>	Refers to National Guardian Life Insurance Company.
<b>Declared Annual Growth Rate</b>	The initial Declared Annual Growth Rate is shown on the Schedule. The Declared Annual Growth Rate is set by and may be changed by the Company from time to time. The Declared Annual Growth Rate is not guaranteed.
<b>Home Office</b>	Our Home Office at the following address: National Guardian Life Insurance Company Two East Gilman Street PO Box 1191 Madison, Wisconsin 53701-1191
<b>Insured</b>	The person named as Insured on the Schedule whose life is insured by this policy. The Insured may or may not be the Owner.
<b>Issue Date</b>	The date coverage is effective for this policy as shown on the Schedule.
<b>Loans</b>	Any amount owed Us as a result of Policy Loans, including unpaid, accrued interest.
<b>Monthly Anniversary</b>	The same date each month as the Issue Date of this policy.
<b>Notice To Us</b>	Written request or notice received at our Home Office in a form which meets Our needs.
<b>Owner</b>	The person who owns the policy as shown on Our records. You have all the rights in this policy while the Insured is living.
<b>Policy Anniversary</b>	The same date each year as the Issue Date of this policy.
<b>Policy Month</b>	The period between the Issue Date and the first Monthly Anniversary, or from one Monthly Anniversary to another.
<b>Policy Year</b>	The period between the Issue Date and the first Policy Anniversary, or from one Policy Anniversary to another.
<b>Premium Paying Period</b>	The number of years during which premiums are payable, as shown on the Schedule. The Death Benefit payable during the Premium Paying Period is shown on the Schedule of Benefits and Premiums.
<b>Proof</b>	Evidence satisfactory to Us for insurability or for other matters which require Proof.
<b>Schedule</b>	Any current policy Schedule, amended policy Schedule or endorsement sent to You by Us.
<b>Ultimate Policy Amount</b>	<p>The Ultimate Policy Amount is used to determine the death benefit after the Premium Paying Period. It is shown on the Policy Schedule.</p> <p>The Ultimate Policy Amount may be increased after the Premium Paying Period, as follows.</p> <p>On each Policy Anniversary, the amount of the increase is equal to (a) times (b); where</p> <ul style="list-style-type: none"> <li>• (a) is the number of Units of Insurance multiplied by 1,000, and</li> <li>• (b) is the Declared Annual Growth Rate.</li> </ul> <p>During the Policy Year, the amount of the increase each day since the Policy Anniversary is equal to (a) times (c); where</p> <ul style="list-style-type: none"> <li>• (a) is the number of Units of Insurance multiplied by 1,000, and</li> <li>• (c) is 1/365th of the Declared Annual Growth Rate.</li> </ul>
<b>We, Our, and Us</b>	Is National Guardian Life Insurance Company.
<b>You and Your</b>	The Owner of this Policy.

**SCHEDULE OF BENEFITS AND PREMIUMS**

POLICY NUMBER [APL0001908]    ISSUE DATE [JUNE 01, 2008]

Plan	Units of Insurance	Annual Premium	Premium Paying Period	Maturity Date
Limited Pay Whole Life	[1]	[\$142.86]	[7 Years]	Life
Premium Payable:	Annually [\$142.86]	Semi-Annually [\$71.43]	Quarterly [\$35.72]	Monthly [\$11.90]

The Death Benefit during the Premium Paying Period is shown in the Table on Page 3a.  
After the Premium Paying Period, the Death Benefit is the Ultimate Policy Amount defined on Page 4.

Table of Guaranteed Cash Values and Paid-Up Insurance  
(Figures do not include future growth, if any)

<u>End of Policy Year</u>	<u>Cash or Loan Value</u>	<u>Paid-Up Insurance</u>
1	[0.00]	[0.00]
2	[37.90]	[186.88]
3	[81.84]	[387.91]
4	[127.58]	[581.42]
5	[175.16]	[767.71]
6	[224.63]	[947.17]
7	[276.01]	[1,120.00]
8	[286.71]	[1,120.00]
9	[297.74]	[1,120.00]
10	[309.08]	[1,120.00]
11	[320.75]	[1,120.00]
12	[332.76]	[1,120.00]
13	[345.11]	[1,120.00]
14	[357.81]	[1,120.00]
15	[370.86]	[1,120.00]
16	[384.25]	[1,120.00]
17	[397.96]	[1,120.00]
18	[411.96]	[1,120.00]
19	[426.22]	[1,120.00]
20	[440.73]	[1,120.00]
Age 55	[440.73]	[1,120.00]
Age 60	[517.01]	[1,120.00]
Age 65	[598.29]	[1,120.00]

Ultimate Policy Amount: \$1,120.00  
 Declared Annual Growth Rate: [3%], Non-Guaranteed – Applies Only After Premium Paying Period  
 Loan Interest Rate: 8.00% Annually In Arrears

Guaranteed Basis Of Values:  
 Mortality Table: 1980 Commissioner’s Standard Ordinary  
 Interest Rate: 5.00%  
 Method: 1980 CSO Standard Nonforfeiture Law Minimum

Insured: [John Doe]  
 Age: [35 Male]  
 Beneficiary: As Stated In The Application Or Last Recorded Endorsement  
 Owner: [John Doe]

**SCHEDULE OF BENEFITS AND PREMIUMS ( continued)**

POLICY NUMBER [APL0001908] ISSUE DATE: [JUNE 01, 2008]

DEATH BENEFIT TABLE

The benefit shown is for the total number of Units of Insurance purchased.

<u>Policy Month</u>	<u>Death Benefit</u>	<u>Policy Month</u>	<u>Death Benefit</u>	<u>Policy Month</u>	<u>Death Benefit</u>
1	\$200.00	41	531.22	81	1,080.50
2	200.00	42	545.62	82	1,093.67
3	200.00	43	560.02	83	1,106.83
4	200.00	44	574.41	84	1,120.00
5	200.00	45	588.81		
6	200.00	46	603.21		
7	200.00	47	617.60		
8	200.00	48	632.00		
9	200.00	49	645.92		
10	200.00	50	659.83		
11	200.00	51	673.75		
12	200.00	52	687.67		
13	200.00	53	701.58		
14	200.00	54	715.50		
15	200.00	55	729.42		
16	200.00	56	743.33		
17	210.34	57	757.25		
18	222.96	58	771.17		
19	235.58	59	785.08		
20	248.20	60	799.00		
21	260.82	61	812.58		
22	273.44	62	826.17		
23	286.06	63	839.75		
24	298.68	64	853.33		
25	312.06	65	866.92		
26	325.44	66	880.50		
27	338.82	67	894.08		
28	352.20	68	907.67		
29	365.58	69	921.25		
30	378.96	70	934.83		
31	392.34	71	948.42		
32	405.72	72	962.00		
33	419.10	73	975.17		
34	432.48	74	988.33		
35	445.86	75	1,001.50		
36	459.24	76	1,014.67		
37	473.64	77	1,027.83		
38	488.03	78	1,041.00		
39	502.43	79	1,054.17		
40	516.83	80	1,067.33		

## POLICY SUMMARY

<b>Summary</b>	This Summary briefly describes some of the major policy provisions. Since it does not go into detail, the actual provisions will control. See those provisions for full information and any limits that may apply. The Guide to Your Policy on page 1 shows where these provisions may be found.
<b>Death Benefit</b>	This is a whole life insurance policy with an increasing death benefit. We will pay a death benefit if the Insured dies while the policy is in force. "In force" means that the insurance has not terminated.
<b>Payment of Premiums</b>	Premiums are payable in advance during the lifetime of the Insured. We allow a 31-day grace period for payment of each premium after the first one. If a premium is not paid by the end of the grace period, the policy will lapse as of the due date of that premium. If this policy lapses, the insurance may terminate or it may continue in force for a limited amount.
<b>Rights of Owner</b>	If this policy lapses, there is a right to reinstate the policy.  There are other rights available to the Owner while the Insured is living. These include: <ul style="list-style-type: none"><li>• The right to assign this policy.</li><li>• The right to change the Owner or any Beneficiary.</li><li>• The right to make Policy Loans.</li><li>• The right to surrender this policy.</li></ul>

## PREMIUM PAYMENT

<b>Premiums</b>	The payments needed to keep this policy in full force. Premiums for this policy are shown on the Schedule. They are payable during the Premium Paying Period. Pay each premium at Our Home Office or to any person We authorize to collect premiums.
<b>Premium Due Dates</b>	Premiums are payable in advance during the Insured's lifetime. The first one is due on the Issue Date. Each subsequent premium is due when the period covered by the preceding premium ends. Premiums may be paid in any mode shown on the Schedule.
<b>Grace Period</b>	We will keep this policy in full force for 31 days after each premium due date. Any past due premium will be deducted from the benefits payable if the Insured dies within the grace period.
<b>Lapse or Termination</b>	If the premium is not paid by the end of 31 days after the due date, the policy will terminate as of the due date, unless it has a cash or loan value. If it has cash or loan value, see the "Lapse Benefits" section of this policy.

## DEATH BENEFIT

<b>Amount of Death Benefit</b>	We pay a benefit if the Insured dies while covered under this Policy. The amount of the death benefit depends on: (1) the Premium Paying Period selected by You; and (2) the date of death of the Insured. <ul style="list-style-type: none"><li>• <b>During the Premium Paying Period:</b> The death benefit is the amount shown in the Death Benefit Table for the Policy Month in which death occurs, less any Loans. The Death Benefit Table is shown on Page 3a.</li><li>• <b>After the Premium Paying Period:</b> The death benefit is the Ultimate Policy Amount on the date of death less any Loans.</li></ul>
<b>Unearned Premium Refund</b>	We refund any unearned premium at the time of the Insured's death. It is paid to the Beneficiary. Unearned premium is any amount paid beyond the month of the Insured's death.
<b>Proof of Death</b>	We will pay the death benefit within thirty (30) days after we receive Proof of the Insured's death at our Home Office. If We wait more than thirty (30) days to pay death benefits, interest at the guaranteed rate, or such other rate as may be required by applicable state law if such a rate is greater, will be added for the time We waited.
<b>Suicide Exclusion</b>	If the Insured commits suicide within two (2) years (one (1) year in Colorado or North Dakota) after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans.

## POLICY LOAN PROVISIONS

<b>Policy Loans</b>	Policy Loans are the loans which the Owner may obtain from Us while this policy is in force. This policy is the only security needed for a Policy Loan. We will make Policy Loans only after we receive a request signed by You. We may delay granting any Policy Loan for up to six (6) months except when made to pay premiums.
<b>Loan Interest</b>	The interest rate on Policy Loans is 8% per year. Interest is due in arrears on each Policy Anniversary. If not paid when due, interest will be added to the Policy Loan and will bear interest at the same rate.
<b>Loan Value</b>	The Loan Value is the maximum amount that may be borrowed under one or more Policy Loans. The Loan Value will be the largest amount which with interest to the next Policy Anniversary does not exceed the Cash Value on such date. The unused Loan Value is equal to the Loan Value less the total current Policy Loan(s). We will terminate this policy if the Cash Surrender Value is reduced to zero. We will mail a written notice of termination to You and any Assignee shown in Our records at their last known address. This policy will terminate 31 days after We send the notice unless We receive an amount that will increase the Cash Surrender Value to a positive amount
<b>Loan Repayment</b>	Loans may be repaid in full or in part at any time. Loans will be deducted from the Policy Amount when calculating the death benefit.

## NONFORFEITURE PROVISIONS

<b>Lapse Benefits</b>	This policy will lapse as of the due date of any premium not paid by the end of the 31-day grace period. This policy will terminate unless there is some unused loan value as of the date of lapse. Any unused loan value as of the date of lapse will be used to provide reduced Paid-Up Life Insurance.
<b>Paid-Up Life Insurance</b>	This is a level amount of insurance for the lifetime of the Insured. It is the amount purchased by the amount of unused loan value on the date of lapse.
<b>Policy Rights after Lapse</b>	While this policy is in force as Paid-Up Life Insurance, all rights granted by it are still available, unless this policy states otherwise.
<b>Reinstatement</b>	This policy may be put back in full force within five (5) years of the lapse date unless it was surrendered for its Cash Surrender Value. All Policy Loans must be paid or reinstated with interest at 8% per year from the lapse date. Further requirements depend on when this policy is reinstated. <ul style="list-style-type: none"> <li>• <b>Prompt Reinstatement.</b> This is reinstatement within 31 days after the end of the grace period. Evidence of insurability is not required. All overdue premiums must be paid.</li> <li>• <b>Later Reinstatement.</b> This is reinstatement more than 31 days after the end of the grace period. Evidence of insurability satisfactory to Us is required. All overdue premiums must be paid with interest at 8% per year from the due date to the date of reinstatement.</li> </ul>
<b>Surrender Benefits</b>	This policy may be surrendered for its Cash Surrender Value at any time before the Insured dies. Surrender will take effect on the date of Notice To Us or the date specified in the Notice To Us.
<b>Cash Surrender Value</b>	The Cash Surrender Value is determined by the Cash Value shown in the Table of Guaranteed Values. The table does not include adjustments for due and unpaid premiums or any Policy Loans which will be deducted from the guaranteed benefit to determine the Cash Surrender Value. If this policy is in force after lapse, the Cash Surrender Value at any time is the reserve for the insurance provided. See "Basis of Computations."  The Cash Surrender Value is computed as of the effective date of surrender. However, in two situations the Cash Surrender Value is computed as of an earlier date. First, if this policy is surrendered within 62 days after the due date of an unpaid premium, the value will not be less than it was on that due date. Second, if it is surrendered within 30 days after a Policy Anniversary date while Paid-Up Life Insurance is in effect, this value will not be less than it was on that Policy Anniversary. We use these earlier dates only if a higher Cash Surrender Value results.
<b>Payment of Surrender Benefits</b>	The Cash Surrender Value will be paid in one sum. We may delay paying the Cash Surrender Value for up to six (6) months after Notice To Us. We will only delay payment if we have the consent of the Commissioner of the state where this policy was delivered.

## OWNER AND BENEFICIARY

<b>Ownership Rights</b>	You may exercise all the rights and privileges given by this policy while the Insured is living. The consent of any Beneficiary who is irrevocably named is needed to exercise any policy rights. If you should die, and are not the Insured, the Insured will become the Owner unless You have named a contingent Owner.
<b>Beneficiary</b>	You may designate or change one or more direct Beneficiaries or contingent Beneficiaries while the Insured is living in accordance with the Changing the Owner or Beneficiary provision. When the insured dies We will pay the proceeds to the direct Beneficiary. If no direct Beneficiary is then living, We will pay the proceeds to the contingent Beneficiary. If no Beneficiaries survive the Insured, You will be the Beneficiary unless You are the Insured. If You are the Insured, We will pay to Your estate. If either class of Beneficiaries includes two or more persons, proceeds will be payable in equal shares to those who survive the Insured, or all to the last survivor. You may direct a different method by Notice to Us while the Insured is living.
<b>Changing the Owner or Beneficiary</b>	You may change the Owner or Beneficiary by Notice To Us (unless You have previously given up this right by prior Notice to Us). A change of Owner will not, of itself change the Beneficiary. The change will be subject to any assignment of this policy or other legal restrictions. Such change will then take effect on the date it was signed, or the date specified in the Notice to Us. It will not apply to any payments made by us or action taken by Us before Notice to Us.
<b>Assignments</b>	You may transfer ownership rights to someone else. The assignment is not binding on Us until we receive a signed copy of it at Our Home Office. We are not responsible for the validity of any assignment. Your rights and the interest of any Beneficiary or any other person will be subject to the assignment.

## GENERAL PROVISIONS

<b>Contract</b>	This policy is a legal contract between the Owner and the Company. The entire contract consists of the application and the policy, which includes any attached endorsements. We have issued this policy in return for the application and the payment of the premiums. Any change or waiver of its terms must be in writing and signed by our President or Secretary to be effective. No agent can alter or waive any provision of this contract.
<b>Representations and Contestability</b>	We rely on all statements made by or for the Insured in an application. Legally, these statements are representations and not warranties except in the case of fraud. We will not use any statement to contest the validity or to deny a claim unless it is written in the attached application. We will not contest this policy after it has been in force for two years from the Issue Date, during the lifetime of the Insured.
<b>Age and Sex</b>	If the date of birth or sex of the Insured given in the application is not correct, We will change all amounts payable to the amounts which the premiums paid would have purchased at the correct Age or sex.
<b>Dividends</b>	As long as this policy is in force other than as Paid-Up Life Insurance, you will receive the dividends we declare, if any, in cash annually.
<b>Your Right to Vote</b>	This is a mutual company. You may vote at the annual election of directors if you have one or more of our policies in force. The annual election is held at our Home Office in Madison, Wisconsin, on the fourth (4th) Friday in April.

## BASIS OF VALUES

We use the rates from the Mortality Table shown in the Schedule of Benefits and Premiums to compute the Cash or Loan Values. These mortality rates are also used to compute the amount and value of any Paid-Up Life Insurance benefits. The Cash or Loan Values and the Paid-Up Life Insurance Values are shown in the Table on page 3.

Our calculations are based on curtate functions. We have filed a detailed statement of the method we use to compute policy values with the state where this policy was delivered. All these values and benefits are equal to or greater than those required by the laws of that state.

**Please refer to any attached applications or riders for additional Contract language.  
This marks the end of the base Contract language.**

**APPLICATION FOR LIFE INSURANCE/ANNUITY - (PLEASE PRINT)**

2815PN-I-AR 05/08 Series 9

National Guardian Life Insurance Company (NGL) • Phone 800.988.0826 • Fax 866.228.9927  
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191MAIL POLICY TO:  AGENT  
 FUNERAL HOME  
 OWNER**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***MAILING ADDRESS**  INSURED/ANNUITANT  OWNER (Where to send information about this Policy)\_\_\_\_\_  
*Street Address City State Zip***PAYMENT PLAN****PAYMENT PLAN**

Funeral Price \$ \_\_\_\_\_ Face Amount \$ \_\_\_\_\_

 Single Pay Life  Flexible Annuity \$ \_\_\_\_\_Multi Pay Life:  3 Year  5 Year  7 Year

Initial Premium + Multi Pay Premium = Total Premium Amount (with app)

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

- 
- Annual
- 
- 
- Semi-Annual
- 
- 
- Quarterly
- 
- 
- Monthly Direct
- 
- 
- Monthly EFT

**DIRECTION FOR PAYMENT OF PROCEEDS** (These directions may be changed any time before the funeral is provided by giving written notice to the Insurer.)

NGL is directed to pay an amount not to exceed the death benefit of the Policy to the Funeral Provider named below, if any, upon receipt of proof that funeral merchandise and services have been provided. In the event that NGL rescinds or declines to issue the Policy, I also assign 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.

\_\_\_\_\_  
*Name of Funeral Provider Street Address City State Zip*\_\_\_\_\_  
*Name of Primary Beneficiary Street Address City State Zip Relationship to Insured***APPLICANT REPLACEMENT**Is the insurance being applied for intended to replace or change any existing life insurance or annuity?  
If "Yes", complete required replacement form(s). YES  NO**AGENT REPLACEMENT**

Is the insurance being applied for intended to replace or change any existing life insurance or annuity?

 YES  NO**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.

**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 \_\_\_\_\_ 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(s) Signature Agent Name(s) Printed NGL Agent # Agent State License# %*\_\_\_\_\_  
*Agent(s) Signature Agent Name(s) Printed NGL Agent # Agent State License# %*

**APPLICATION FOR LIFE INSURANCE/ANNUITY**



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

**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.

\_\_\_\_\_  
*Agent Signature*

\_\_\_\_\_  
*Date*

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

**APPLICATION FOR INSURANCE/ANNUITY**



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

Insured: \_\_\_\_\_

Agent: \_\_\_\_\_

**IRREVOCABLE ASSIGNMENT OF POLICY**

Assignment of Ownership, Death Benefit and Rescission Rights: The Owner hereby irrevocably assigns to the Funeral Provider named in the Direction for Payment of Proceeds all incidents of ownership of the Policy, the right to receive 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 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 or beneficiary, or to receive a refund for any premium paid.
3. The Owner remains responsible for the payment of all insurance premiums when due.

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.

**Immediate Transfer (For purposes of Medicaid Eligibility ONLY)** - I hereby elect to make this irrevocable assignment effective immediately. I understand that by making this election I give up all rights to cancel the Policy and receive a return of premium under the Right to Cancel provision of the Policy. **To make an immediate transfer election please initial here \_\_\_\_\_.**

\_\_\_\_\_  
*Signature of Owner*

\_\_\_\_\_  
*Date*

**AUTOMATIC PAYMENT AUTHORIZATION**

**Monthly Electronic Funds Transfer**

I request and authorize NGL to make monthly withdrawals against the financial institution account specified at right or any account subsequently named by me, and such bank(s) to process these withdrawals as if I had signed them, for the purpose of collecting premiums under this plan. If the said account is replaced by an account in another bank, this request and authorization shall also apply to such other bank.

If using a checking account, please include a void check. For savings account, please contact the bank to verify EFT is allowed and verify correct routing and account number.

Date of month to initiate payment (dates available are 1st through 28th) – select one: \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing/ABA # \_\_\_\_\_

Account # \_\_\_\_\_

Checking     Savings

\_\_\_\_\_  
(Signature as it appears on bank records)

\_\_\_\_\_  
(Date)

*SERFF Tracking Number:*      *NGLI-126000391*                      *State:*                      *Arkansas*  
*Filing Company:*              *National Guardian Life Insurance Company*      *State Tracking Number:*      *41938*  
*Company Tracking Number:*      *NPNDFD2008*  
*TOI:*                      *L071 Individual Life - Whole*                      *Sub-TOI:*                      *L071.202 Early Duration Reduced Benefit - Level*  
*Premium - Any Policy Design - Funeral Expense*  
  
*Product Name:*              *NPNDFD2008*  
*Project Name/Number:*              */*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: NGLI-126000391 State: Arkansas  
Filing Company: National Guardian Life Insurance Company State Tracking Number: 41938  
Company Tracking Number: NPNDFFD2008  
TOI: L071 Individual Life - Whole Sub-TOI: L071.202 Early Duration Reduced Benefit - Level  
Premium - Any Policy Design - Funeral Expense  
Product Name: NPNDFFD2008  
Project Name/Number: /

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Flesch Certification 01/21/2009

**Comments:**

**Attachments:**

AR - Required Certification 2 - Title 19 1.21.09.pdf  
AR-COC & READ 1.21.09.pdf

### Review Status:

**Satisfied -Name:** Death Benefits Exhibit 01/21/2009

**Comments:**

**Attachment:**

Death Benefit Exhibit - AR.pdf



**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

I, **Mark Neidinger**, 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.
- In compliance with Regulation 49, our policy issue system automatically generates the required Life and Health Guaranty Association Notice with each policy issued in Arkansas.
- 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.

January 21, 2009

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*Signature*

*Date*

***Mark Neidinger***

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Kim Bolinder

Title: Policy Forms Specialist

Phone #: (608) 443-5335

Email: [kabolinder@nglic.com](mailto:kabolinder@nglic.com)



## CERTIFICATION OF COMPLIANCE

I, Mark C. Neidinger, 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, Mark C. Neidinger, 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>
NPNDFD2008-AR	56.5

January 21, 2009

Signature

Date

**Mark C. Neidinger**

*Associate General Counsel and Company Officer*

### **Individual responsible for this filing:**

Name: Kim Bolinder

Title: Policy Forms Specialist

Phone #: (608) 443-5335

Email: kbolinder@nglic.com

**National Guardian Life Insurance Company**  
**Policy Form: NPND2008-AR**  
**Death Benefits per Unit of Insurance**

<b>Policy Month of Death</b>	<b>3 Pay Natural Causes</b>	<b>5 Pay Natural Causes</b>	<b>7 Pay Natural Causes</b>
1	300.00	225.00	200.00
2	300.00	225.00	200.00
3	300.00	225.00	200.00
4	300.00	225.00	200.00
5	300.00	225.00	200.00
6	300.00	225.00	200.00
7	300.00	225.00	200.00
8	300.00	225.00	200.00
9	300.00	225.00	200.00
10	300.00	225.00	200.00
11	314.72	225.00	200.00
12	343.33	225.00	200.00
13	372.78	225.00	200.00
14	402.22	241.33	200.00
15	431.67	259.00	200.00
16	461.11	276.67	200.00
17	490.56	294.33	210.34
18	520.00	312.00	222.96
19	549.44	329.67	235.58
20	578.89	347.33	248.20
21	608.33	365.00	260.82
22	637.78	382.67	273.44
23	667.22	400.33	286.06
24	696.67	418.00	298.68
25	726.94	436.17	312.06
26	757.22	454.33	325.44
27	787.50	472.50	338.82
28	817.78	490.67	352.20
29	848.06	508.83	365.58
30	878.33	527.00	378.96
31	908.61	545.17	392.34
32	938.89	563.33	405.72
33	969.17	581.50	419.10
34	999.44	599.67	432.48
35	1,029.72	617.83	445.86
36	1,060.00	636.00	459.24
37		655.17	473.64
38		674.33	488.03
39		693.50	502.43
40		712.67	516.83
41		731.83	531.22
42		751.00	545.62
43		770.17	560.02
44		789.33	574.41
45		808.50	588.81
46		827.67	603.21

**National Guardian Life Insurance Company**  
**Policy Form: NPND2008-AR**  
**Death Benefits per Unit of Insurance**

<b>Policy Month of Death</b>	<b>3 Pay Natural Causes</b>	<b>5 Pay Natural Causes</b>	<b>7 Pay Natural Causes</b>
47		846.83	617.60
48		866.00	632.00
49		884.67	645.92
50		903.33	659.83
51		922.00	673.75
52		940.67	687.67
53		959.33	701.58
54		978.00	715.50
55		996.67	729.42
56		1,015.33	743.33
57		1,034.00	757.25
58		1,052.67	771.17
59		1,071.33	785.08
60		1,090.00	799.00
61			812.58
62			826.17
63			839.75
64			853.33
65			866.92
66			880.50
67			894.08
68			907.67
69			921.25
70			934.83
71			948.42
72			962.00
73			975.17
74			988.33
75			1,001.50
76			1,014.67
77			1,027.83
78			1,041.00
79			1,054.17
80			1,067.33
81			1,080.50
82			1,093.67
83			1,106.83
84			1,120.00