

SERFF Tracking Number: NGLI-127148128 State: Arkansas  
Filing Company: National Guardian Life Insurance Company State Tracking Number: 49138  
Company Tracking Number: NPNCRTSP2011  
TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense  
Product Name: PN 2011  
Project Name/Number: /

## Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: PN 2011

TOI: L07G Group Life - Whole

Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense

Filing Type: Form

SERFF Tr Num: NGLI-127148128 State: Arkansas

SERFF Status: Closed-Approved-Closed  
State Tr Num: 49138

Co Tr Num: NPNCRTSP2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 06/29/2011

Date Submitted: 06/27/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association

Filing Status Changed: 06/29/2011

State Status Changed: 06/29/2011

Created By: Kim Bolinder

Corresponding Filing Tracking Number:

Filing Description:

June 27, 2011

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Kim Bolinder

Arkansas Department of Insurance

VIA SERFF

National Guardian Life Insurance Company

NAIC# 66583 FEIN# 39-0493780

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Life - Funeral Expense  
Product Name: PN 2011  
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Group Preneed Life Certificates  
NPNCRTSP2011  
NPNCRTMP2011-AR  
NPNCRTGDB2011-AR

Enrollment Form  
3000PN-AR 06/11

The attached group life certificates and enrollment form are submitted for your approval. These forms are being submitted to determine your acceptability for issuance to residents of your state under a Group Policy issued in Missouri or Illinois.

This product is designed for use in the pre-need market, and intended for use by licensed agents, who will sell the product to applicants in your state. The forms are new and are not intended to replace any previously approved form. The policies will not be illustrated.

Certificate form NPNCRTSP2011 is a single premium increasing benefit whole life policy. At the discretion of the Company, the death benefit may be increased on any policy anniversary. Any increases are non-discriminatory. The death benefit increase is based upon a compound application of the indicated percentage.

Certificate form NPNCRTMP2011-AR is a whole life policy with premiums payable for between one and twenty years as indicated on page 2. At the discretion of the Company, the death benefit may be increased on any policy anniversary. Any increases are non-discriminatory. The death benefit increase is based upon a compound application of the indicated percentage.

Policy Form NPNCRTGDB2011-AR is an increasing benefit whole life policy with premiums payable for between one and twenty years as indicated on page 2. This policy will be sold in the preneed life insurance market. The death benefit is graded for non-accidental deaths in the first two years. The benefit for accidental and non accidental deaths is equivalent beginning in the third policy year. At the discretion of the Company, the death benefit may be increased. Any increases are non-discriminatory. The declared annual growth rate is not guaranteed.

Enrollment form 3000PN 06/11 is new, and does not replace any previously approved forms at this time. The application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be

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affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your laws and regulations.

Your review and approval of these forms would be greatly appreciated.

## 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. 5325[Phone] FEIN Number: 39-0493780

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$200.00  
 Retaliatory? No  
 Fee Explanation: 4 forms @ \$50 per form = \$200  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$200.00	06/27/2011	49138055

SERFF Tracking Number: NGLI-127148128 State: Arkansas  
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TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single  
Life - Funeral Expense  
Product Name: PN 2011  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/29/2011	06/29/2011

*SERFF Tracking Number:* NGLI-127148128      *State:* Arkansas  
*Filing Company:* National Guardian Life Insurance Company      *State Tracking Number:* 49138  
*Company Tracking Number:* NPNCRTSP2011  
*TOI:* L07G Group Life - Whole      *Sub-TOI:* L07G.104 Fixed/Indeterminate Premium - Single  
Life - Funeral Expense  
  
*Product Name:* PN 2011  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 06/29/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NGLI-127148128 State: Arkansas  
 Filing Company: National Guardian Life Insurance Company State Tracking Number: 49138  
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Product Name: PN 2011  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Approved Forms List		Yes
Supporting Document	Statement of Variability		Yes
Form	Single Pay Group Whole Life Certificate		Yes
Form	Limited Pay Group Whole Life Certificate		Yes
Form	Graded Death Benefit Group Whole Life Certificate		Yes
Form	Enrollment Form for Group Insurance/Annuity		Yes

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 Company Tracking Number: NPNCRTSP2011  
 TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense  
 Product Name: PN 2011  
 Project Name/Number: /

## Form Schedule

**Lead Form Number: NPNCRTSP2011-AR**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NPNCRTS P2011	Certificate	Single Pay Group Whole Life Certificate	Initial		63.200	NPNCRTSP2011.pdf
	NPNCRTM P2011-AR	Certificate	Limited Pay Group Whole Life Certificate	Initial		64.300	NPNCRTMP2011-AR.pdf
	NPNCRTG DB2011-AR	Certificate	Graded Death Benefit Group Whole Life Certificate	Initial		63.300	NPNCRTGDB2011-AR.pdf
	3000PN-AR 06-11	Application/Enrollment Form	Enrollment Group Insurance/Annuity	Initial		56.200	3000PN-AR06-11.pdf



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

## SINGLE PAY GROUP WHOLE LIFE CERTIFICATE

<b>AGREEMENT</b>	<p>This insurance Certificate describes the terms and conditions of the group life insurance for the Certificate Owner and Insured named on the Schedule.</p> <p>The death benefit will be paid to the Certificate Beneficiary upon the death of the Insured subject to the terms of this Certificate including any assignment of rights or benefits made by You. If this Certificate is assigned in connection with a prearranged funeral plan, cancellation of the prearranged funeral plan does not automatically cancel the Certificate.</p> <p>For information or service on this Certificate, please contact Your agent, counselor or funeral home 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 Certificate 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 Certificate before midnight of the thirtieth (30<sup>th</sup>) day after the date You receive this Certificate. Notice given by mail and return of the Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for this Certificate to You within ten (10) days after We receive notice of cancellation and the returned Certificate. 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 style="text-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.

  
*Sherri A. Kienyak*  
 Secretary

  
*Mark F. Solwend*  
 President

**Certificate Proceeds Payable Upon The Insured's Death**  
**Participating**

GUIDE TO YOUR CERTIFICATE			
30-Day Right to Cancel	1	Owner and Beneficiary	4
Schedule of Benefits and Premiums	2	Certificate Values	4
Definitions	3	Loan Provisions	5
Certificates	3	General Provisions	5
Premium Payment	4	Termination and Continuation	6
Death Benefit	4	Basis of Values	6

**SCHEDULE OF BENEFITS AND PREMIUMS**

CERTIFICATE NUMBER: [123456]      ISSUE DATE: [JUNE 1, 2011]

GROUP POLICY NUMBER: [GPN 2011-02]

Plan	Certificate Amount	Single Premium	Maturity/ Expiry Date
Single Pay Whole Life	[\$1,000.00]	[\$833.00]	Life

**Guaranteed Values**

Figures based on above Certificate Amount not including future growth, if any.

End of Certificate Year	Cash or Loan Value
1	[199.72]
2	[207.81]
3	[216.19]
4	[224.85]
5	[233.80]
6	[243.03]
7	[252.54]
8	[262.34]
9	[272.42]
10	[282.80]
11	[293.48]
12	[304.46]
13	[315.77]
14	[327.39]
15	[339.33]
16	[351.59]
17	[364.13]
18	[376.94]
19	[389.99]
20	[403.26]
Age 55	[403.26]
Age 60	[473.06]
Age 65	[547.43]

Declared Annual Growth Rate: **As Determined by the Company; Non-Guaranteed**  
 Loan Interest Rate: 8.00% Annually In Arrears  
 Guaranteed Basis Of Values and Paid-Up Insurance:  
     Mortality Table: 1980 CSO Sex Distinct Age Last Birthday  
     Interest Rate: 5.00%  
     Method: Standard Nonforfeiture Law Minimum

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

## 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 Certificate Anniversary 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 Certificate.
<b>Certificate</b>	The group life insurance certificate which evidences the Insured's coverage under the Group Policy.
<b>Certificate Amount</b>	The initial Certificate Amount is shown on the Schedule. The Certificate Amount may be increased on each Certificate Anniversary. Increases are not guaranteed. On the first Certificate Anniversary the increase, if any, is equal to the initial Certificate Amount multiplied by the Declared Annual Growth Rate. Thereafter, the amount of each increase will be the Certificate Amount as of the last Certificate Anniversary multiplied by the Declared Annual Growth Rate. During the Certificate Year, the Certificate Amount may be increased for each day since the last Certificate Anniversary by an amount equal to the Certificate Amount multiplied by 1/365 <sup>th</sup> of the Declared Annual Growth Rate.
<b>Certificate Anniversary</b>	The same date each year as the Issue Date of this Certificate.
<b>Certificate Year</b>	The period between the Issue Date and the first Certificate Anniversary, or from one Certificate Anniversary to another.
<b>Company</b>	Refers to National Guardian Life Insurance Company.
<b>Declared Annual Growth Rate</b>	The Declared Annual Growth Rate is used to determine the annual increase, if any, in the Certificate Amount. The Declared Annual Growth Rate is subject to change. It is not guaranteed.
<b>Group Policy</b>	The group life insurance issued to the Policyholder. The Group Policy Number is shown on the Schedule.
<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 Certificate. The Insured may or may not be the Owner.
<b>Issue Date</b>	The date coverage is effective for this Certificate as shown on the Schedule. It is the date used to determine the suicide and contestable periods, the Certificate Anniversary and the Certificate Year.
<b>Loans</b>	Any amount owed Us as a result of a loan on a Certificate, including unpaid, accrued interest.
<b>Member</b>	A member of the Policyholder.
<b>Net Cash Value</b>	The Cash Value less any Loans.
<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 or entity who owns the Certificate as shown on Our records. The Owner has all the rights in this Certificate while the Insured is living.
<b>Policyholder</b>	The group to whom the Group Policy is issued (or its assignee or successor) for the purpose of insuring its Members.
<b>Proof</b>	Evidence satisfactory to Us for insurability or for other matters which require Proof.
<b>Reinstatement Date</b>	The date We approve the application for reinstatement of a Certificate.
<b>Schedule</b>	The Schedule of Benefits and Premiums on Page 2. It includes any amended Certificate Schedule or endorsement sent to You by Us.
<b>We, Our, and Us</b>	National Guardian Life Insurance Company.
<b>You and Your</b>	The Owner of this Certificate.

## CERTIFICATES

<b>Eligibility</b>	Only a Member and the Member's spouse are eligible for insurance coverage under the Group Policy.
<b>Insurability</b>	We may require evidence of insurability for any Member or Member's spouse to be insured under the Group Policy.

### PREMIUM PAYMENT

<b>Premium</b>	The premium is the payment needed to keep this Certificate in full force. The premium is shown on the Schedule. Pay the premium at Our Home Office or to any person We authorize to collect the premium.
<b>Premium Due Date</b>	The premium is payable in advance during the Insured's lifetime. This single premium is due on the Issue Date.

### DEATH BENEFIT

<b>Amount of Death Benefit</b>	We pay a benefit if the Insured dies while covered under this Certificate. The amount of the death benefit is the Certificate Amount on the date of death less any Loans.
<b>Proof of Death</b>	We will pay the death benefit within thirty (30) days after We receive satisfactory Proof of loss at Our Home Office of the Insured's death. 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 2 years (1 year in CO, MO, and ND) after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans.

### OWNER AND BENEFICIARY

<b>Ownership Rights</b>	You may exercise all the rights and privileges given by this Certificate while the Insured is living. The consent of any Beneficiary who is irrevocably named is needed to exercise any Certificate 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 primary 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 primary Beneficiary. If no primary 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 Certificate 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.

### CERTIFICATE VALUES

<b>Cash Value</b>	The Schedule shows the Cash Value at the end of the Certificate Year. Any Cash Value not shown will be furnished on request. We will determine the Cash Value as of a date within a Certificate Year with due allowance for time elapsed.
<b>Surrender Benefits</b>	The Certificate may be surrendered for its Net Cash 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>Payment of Surrender Benefits</b>	The Net Cash Value will be paid in one sum. We may delay paying the Net Cash Value for up to six (6) months after Notice To Us.

## LOAN PROVISIONS

<b>Loans</b>	You may obtain a Loan from Us while this Certificate is in force. This Certificate is the only security needed for a Loan. We will make a Loan only after We receive a request signed by You. We may delay granting any Loan for up to six (6) months.
<b>Loan Interest</b>	The interest rate on Loans is 8% per year. Interest is due in arrears on each Certificate Anniversary. If not paid when due, interest will be added to the Loan and will bear interest at the same rate.
<b>Loan Repayment</b>	Loans may be repaid in full or in part at any time. Loans will be deducted from the Certificate Amount when calculating the death benefit.
<b>Maximum Loan Value</b>	<p>The Maximum Loan Value is equal to:</p> <ul style="list-style-type: none"> <li>• the Cash Value;</li> <li>• <b>PLUS</b> dividend credits, if any;</li> <li>• <b>MINUS</b> one year of Loan interest;</li> <li>• <b>MINUS</b> any existing loans including any accrued Loan interest.</li> </ul> <p>We will terminate this Certificate if the Net Cash 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 Certificate will terminate 31 days after We send the notice unless We receive an amount that will increase the Maximum Loan Value to a positive amount.</p>

## GENERAL PROVISIONS

<b>Contract</b>	This Certificate is a legal contract between the Owner and the Company. The entire contract consists of the Group Policy, the application for the Group Policy, this Certificate and the attached enrollment form, any supplemental applications or amendments, and any attached riders and endorsements to the Group Policy or the Certificate. We have issued this Certificate in return for the enrollment form and the payment of the premium. 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 enrollment form. 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 enrollment form or reinstatement application. For statements made in the enrollment form, We will not contest this Certificate after it has been in force for two years from the Issue Date, during the lifetime of the Insured. For statements made in a reinstatement application, We will not contest the Certificate after it has been in force for two years from the Reinstatement Date during the lifetime of the Insured. We may contest the death benefit at any time for non-payment of premiums.
<b>Age and Sex</b>	If the date of birth or sex of the Insured given in the enrollment form 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>Reinstatement</b>	The Certificate may be put back in full force within five (5) years of the termination date unless it was surrendered for its Net Cash Value. All loans must be paid or reinstated with interest at 8% per year from the termination date. Evidence of insurability may be required.
<b>Dividends</b>	As long as this Certificate is in force, You will receive the dividends We declare, if any, in cash annually.
<b>Option to Purchase Additional Insurance</b>	You may, subject to Our administrative guidelines, elect to purchase paid up additions to this Certificate. This option can only be elected if this Certificate is in force and not terminated or surrendered. Evidence of insurability may be required. The premium will be based on Your attained age on the date the additional insurance is purchased.

## **TERMINATION AND CONTINUATION**

<b>Termination of Insurance</b>	Coverage under a Certificate will end on the earliest of the following: (1) the date the Insured dies; (2) the date the Certificate is surrendered for cash; or (3) the date the Net Cash Value is equal to or less than zero.
<b>Continuation of Insurance</b>	Notwithstanding termination of the Group Policy or termination of acceptance of new Insureds, the rights and benefits of all Certificate Owners shall continue. Should the Group Policy terminate, this Certificate, if then in force, shall be deemed converted to an individual policy. Coverage will continue in force according to the terms of the Certificate.
<b>Termination of New Coverage</b>	At any time upon at least ninety (90) days prior written notice to the other, the Policyholder or the Company may terminate the acceptance of new Insureds under the Group Policy.
<b>Termination of Group Policy</b>	The Group Policy will terminate upon the earlier of: (1) the date specified by Us or the Policyholder; or (2) the date the Policyholder is no longer in existence.

## **BASIS OF VALUES**

We use the rates from the Mortality Table shown in the Schedule to compute the Cash or Loan Values. The Cash or Loan Values are shown in the Schedule.

Our calculations are based on curtate functions and immediate payment of death claims. We have filed a detailed statement of the method We use to compute Certificate values with the state where the Group Policy was delivered. All these values and benefits are equal to or greater than those required by the laws of that state.

## **SINGLE PAY GROUP WHOLE LIFE CERTIFICATE**

### **Certificate Proceeds Payable Upon The Insured's Death Participating**

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

text



National Guardian®  
Life Insurance Company

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

### LIMITED PAY GROUP WHOLE LIFE CERTIFICATE

<b>AGREEMENT</b>	<p>This insurance Certificate describes the terms and conditions of the group life insurance for the Certificate Owner and Insured named on the Schedule.</p> <p>The death benefit will be paid to the Certificate Beneficiary upon the death of the Insured subject to the terms of this Certificate including any assignment of rights or benefits made by You. If this Certificate is assigned in connection with a prearranged funeral plan, cancellation of the prearranged funeral plan does not automatically cancel the Certificate.</p> <p>For information or service on this Certificate, please contact Your agent, counselor or funeral home 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 Certificate 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 Certificate before midnight of the thirtieth (30<sup>th</sup>) day after the date You receive this Certificate. Notice given by mail and return of the Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for this Certificate to You within ten (10) days after We receive notice of cancellation and the returned Certificate. 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 style="text-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.

  
Secretary

  
President

**Premiums Payable For Premium Paying Period Specified On The Schedule Or Until Death  
Participating**

<b>GUIDE TO YOUR CERTIFICATE</b>			
30-Day Right to Cancel	1	Owner and Beneficiary	4
Schedule of Benefits and Premiums	2	Certificate Values	4,5
Definitions	3	Loan Provisions	5
Certificates	3	General Provisions	5
Premium Payment	4	Termination and Continuation	6
Death Benefit	4	Basis of Values	6

**SCHEDULE OF BENEFITS AND PREMIUMS**

CERTIFICATE NUMBER: [NPL000000] ISSUE DATE: [JUNE 01, 2010]

GROUP POLICY NUMBER: [GPN 2010-01]

Plan		Certificate Amount		Annual Premium		Premium Paying Period		Maturity Date
Limited Pay Whole Life		\$1,000.00		\$138.00		[10 Years]		Life
Premium Mode:	[Annual	[Annual Direct Bill	[Semi-Annual	[Semi-Annual Direct Bill	[Quarterly	[Quarterly Direct Bill	Monthly EFT[/CC]	[Monthly Direct Bill
Premium:	\$138.00	\$140.00	\$69.00	\$71.00	\$34.50	\$36.50	\$11.50	\$13.50
Total Annual Cost:	\$138.00	\$140.00	\$138.00	\$142.00	\$138.00	\$146.00	\$138.00	\$162.00
*Total Extra Annual Cost:	\$0.00]	\$2.00]	\$0.00	\$4.00]	\$0.00	8.00]	\$0.00	\$24.00]

\*Note: Total Extra Annual Cost is the additional cost each year for Your Certificate if You pay Your premium [by direct bill][other than annually].

Guaranteed Values (Figures do not include future growth, if any)

<u>End of Certificate Year</u>	<u>Cash Value</u>	<u>Reduced Paid-Up Life Insurance</u>
1	[0.00]	[0.00]
2	[12.87]	[61.94]
3	[41.53]	[192.09]
4	[71.50]	[318.01]
5	[102.86]	[439.95]
6	[135.65]	[558.18]
7	[169.96]	[673.00]
8	[205.86]	[784.71]
9	[243.44]	[893.61]
10	[282.80]	[1,000.00]
11	[293.48]	[1,000.00]
12	[304.46]	[1,000.00]
13	[315.77]	[1,000.00]
14	[327.39]	[1,000.00]
15	[339.33]	[1,000.00]
16	[351.59]	[1,000.00]
17	[364.13]	[1,000.00]
18	[376.94]	[1,000.00]
19	[389.99]	[1,000.00]
20	[403.26]	[1,000.00]
Age 55	[403.26]	[1,000.00]
Age 60	[473.06]	[1,000.00]
Age 65	[547.43]	[1,000.00]

Declared Annual Growth Rate: As Determined by the Company, Non-Guaranteed  
 Loan Interest Rate: 8.00% Annually In Arrears  
 Guaranteed Basis Of Cash Values and Paid-Up Insurance:  
     Mortality Table: 1980 CSO Sex Distinct Age Last Birthday  
     Interest Rate: 5.00%  
     Method: Standard Nonforfeiture Law Minimum

Insured: John Doe  
 Age: 35 Male  
 Beneficiary: As Stated In The Enrollment Form Or Last Recorded Endorsement  
 Owner: John Doe

## 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 Certificate Anniversary 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 Certificate.
<b>Certificate</b>	The group life insurance certificate which evidences the Insured's coverage under the Group Policy.
<b>Certificate Amount</b>	The initial Certificate Amount is shown on the Schedule. The Certificate Amount may be increased on each Certificate Anniversary. Increases are not guaranteed. On the first Certificate Anniversary the increase, if any, is equal to the initial Certificate Amount multiplied by the Declared Annual Growth Rate. Thereafter, the amount of each increase will be the Certificate Amount as of the last Certificate Anniversary multiplied by the Declared Annual Growth Rate. During the Certificate Year, the Certificate Amount may be increased for each day since the last Certificate Anniversary by an amount equal to the Certificate Amount multiplied by 1/365 <sup>th</sup> of the Declared Annual Growth Rate.
<b>Certificate Anniversary</b>	The same date each year as the Issue Date of this Certificate.
<b>Certificate Year</b>	The period between the Issue Date and the first Certificate Anniversary, or from one Certificate Anniversary to another.
<b>Company</b>	Refers to National Guardian Life Insurance Company.
<b>Declared Annual Growth Rate</b>	The Declared Annual Growth Rate is used to determine the annual increase, if any, in the Certificate Amount. The Declared Annual Growth Rate is subject to change. It is not guaranteed.
<b>Group Policy</b>	The group life insurance issued to the Policyholder. The Group Policy Number is shown on the Schedule.
<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 Certificate. The Insured may or may not be the Owner.
<b>Issue Date</b>	The date coverage is effective for this Certificate as shown on the Schedule. It is the date used to determine the suicide and contestable periods, the Certificate Anniversary and the Certificate Year.
<b>Loans</b>	Any amount owed Us as a result of a loan on a Certificate, including unpaid, accrued interest.
<b>Member</b>	A member of the Policyholder.
<b>Net Cash Value</b>	The Cash Value less any Loans.
<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 or entity who owns the Certificate as shown on Our records. The Owner has all the rights in this Certificate while the Insured is living.
<b>Policyholder</b>	The group to whom the Group Policy is issued (or its assignee or successor) for the purpose of insuring its Members.
<b>Premium Paying Period</b>	The number of years during which premiums are payable, as shown on the Schedule.
<b>Proof</b>	Evidence satisfactory to Us for insurability or for other matters which require Proof.
<b>Reinstatement Date</b>	The date We approve the application for reinstatement of a Certificate.
<b>Schedule</b>	The Schedule of Benefits and Premiums on Page 2. It includes any amended Certificate Schedule or endorsement sent to You by Us.
<b>We, Our, and Us</b>	National Guardian Life Insurance Company.
<b>You and Your</b>	The Owner of this Certificate.

## CERTIFICATES

<b>Eligibility</b>	Only a Member and the Member's spouse are eligible for insurance coverage under the Group Policy.
<b>Insurability</b>	We may require evidence of insurability for any Member or Member's spouse to be insured under the Group Policy.

## PREMIUM PAYMENT

<b>Premiums</b>	The payments needed to keep this Certificate in full force. Premiums for this Certificate 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 Certificate 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 Certificate will terminate as of the due date, unless it has Net Cash Value. If it has Net Cash Value, the Lapse Benefits will then apply.
<b>Reinstatement</b>	The Certificate may be put back in full force within five (5) years of the lapse date unless it was surrendered for its Net Cash Value. All overdue premiums must be paid with interest at 6% per year from the due date to the Reinstatement Date. All loans must be paid or reinstated with interest at the rate of 8% per year from the date of lapse. Evidence of insurability may be required.

## DEATH BENEFIT

<b>Amount of Death Benefit</b>	We pay a benefit if the Insured dies while covered under this Certificate. The amount of the death benefit is the Certificate Amount on the date of death less any Loans.
<b>Proof of Death</b>	We will pay the death benefit within thirty (30) days after We receive satisfactory Proof of loss at Our Home Office of the Insured's death. 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>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>Suicide Exclusion</b>	If the Insured commits suicide within 2 years after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans.

## OWNER AND BENEFICIARY

<b>Ownership Rights</b>	You may exercise all the rights and privileges given by this Certificate while the Insured is living. The consent of any Beneficiary who is irrevocably named is needed to exercise any Certificate 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 primary 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 primary Beneficiary. If no primary 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 Certificate 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.

## CERTIFICATE VALUES

<b>Cash Value</b>	<p>The Schedule shows the Cash Value at the end of each Certificate Year for which premiums have been paid. Any Cash Value not shown will be furnished on request. We will determine the Cash Value as of a date within a Certificate Year with due allowance for time elapsed and premium paid.</p> <p>The Cash Value within 60 days after the date of lapse will be the same as it was on that date. The Cash Value after 60 days from the date of lapse, while the Certificate is continued in force as Reduced Paid-Up Life Insurance, will be the net single premium based upon the mortality table and interest rate shown on the Schedule for the Certificate Cash Values.</p>
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### CERTIFICATE VALUES (continued)

<b>Lapse Benefits</b>	The Certificate will lapse as of the due date of any premium not paid by the end of the 31-day grace period. If there is Net Cash Value, You have two options. You may surrender the Certificate for its Net Cash Value, or You may continue insurance under the Reduced Paid-Up Life Insurance option. However, if the amount of Reduced Paid-Up Life Insurance is less than \$500, We reserve the right to terminate the Certificate and pay You the Net Cash Value in cash.
<b>Surrender Benefits</b>	The Certificate may be surrendered for its Net Cash 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>Payment of Surrender Benefits</b>	The Net Cash Value will be paid in one sum. We may delay paying the Net Cash Value for up to six (6) months after Notice To Us.
<b>Reduced Paid-Up Life Insurance</b>	This is a level amount of paid-up insurance for the lifetime of the Insured. It is the amount purchased by the Net Cash Value on the date of lapse. While this Certificate is in force as Reduced Paid-Up Life Insurance, all rights granted by it are still available, unless this Certificate states otherwise.

### LOAN PROVISIONS

<b>Loans</b>	You may obtain a Loan from Us while this Certificate is in force. This Certificate is the only security needed for a Loan. We will make a Loan only after We receive a request signed by You. We may delay granting any Loan for up to six (6) months except when made to pay premiums.
<b>Loan Interest</b>	The interest rate on Loans is 8% per year. Interest is due in arrears on each Certificate Anniversary. If not paid when due, interest will be added to the Loan and will bear interest at the same rate.
<b>Loan Repayment</b>	Loans may be repaid in full or in part at any time. Loans will be deducted from the Certificate Amount when calculating the death benefit.
<b>Maximum Loan Value</b>	<p>The Maximum Loan Value is equal to:</p> <ul style="list-style-type: none"> <li>• the Cash Value;</li> <li>• <b>PLUS</b> dividend credits, if any;</li> <li>• <b>MINUS</b> one year of Loan interest;</li> <li>• <b>MINUS</b> any existing loans including any accrued Loan interest.</li> </ul> <p>We will terminate this Certificate if the Net Cash 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 Certificate will terminate 31 days after We send the notice unless We receive an amount that will increase the Maximum Loan Value to a positive amount.</p>

### GENERAL PROVISIONS

<b>Contract</b>	This Certificate is a legal contract between the Owner and the Company. The entire contract consists of the Group Policy, the application for the Group Policy, this Certificate and the attached enrollment form, any supplemental applications or amendments, and any attached riders and endorsements to the Group Policy or the Certificate. We have issued this Certificate in return for the enrollment form and the payment of the premium. 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 enrollment form. 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 enrollment form or reinstatement application. For statements made in the enrollment form, We will not contest this Certificate after it has been in force for two years from the Issue Date, during the lifetime of the Insured. For statements made in a reinstatement application, We will not contest the Certificate after it has been in force for two years from the Reinstatement Date during the lifetime of the Insured. We may contest the death benefit at any time for non-payment of premiums.
<b>Age and Sex</b>	If the date of birth or sex of the Insured given in the enrollment form 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 Certificate is in force, You will receive the dividends We declare, if any, in cash annually.
<b>Option to Purchase Additional Insurance</b>	You may, subject to Our administrative guidelines, elect to purchase paid up additions to this Certificate. This option can only be elected if this Certificate is in force and not terminated or surrendered. Evidence of insurability may be required. The premium will be based on Your attained age on the date the additional insurance is purchased.

## **TERMINATION AND CONTINUATION**

<b>Termination of Insurance</b>	Coverage under a Certificate will end on the earliest of the following: (1) the date the Insured dies; (2) the date the Certificate is surrendered for cash; or (3) the date the Net Cash Value is equal to or less than zero.
<b>Continuation of Insurance</b>	Notwithstanding termination of the Group Policy or termination of acceptance of new Insureds, the rights and benefits of all Certificate Owners shall continue. Should the Group Policy terminate, this Certificate, if then in force, shall be deemed converted to an individual policy. Coverage will continue in force according to the terms of the Certificate.
<b>Termination of New Coverage</b>	At any time upon at least ninety (90) days prior written notice to the other, the Policyholder or the Company may terminate the acceptance of new Insureds under the Group Policy.
<b>Termination of Group Policy</b>	The Group Policy will terminate upon the earlier of: (1) the date specified by Us or the Policyholder; or (2) the date the Policyholder is no longer in existence.

## **BASIS OF VALUES**

We use the rates from the Mortality Table shown in the Schedule to compute the Cash or Loan Values. The Cash or Loan Values are shown in the Schedule.

Our calculations are based on curtate functions and immediate payment of death claims. We have filed a detailed statement of the method We use to compute Certificate values with the state where the Group Policy was delivered. All these values and benefits are equal to or greater than those required by the laws of that state.

## **LIMITED PAY GROUP WHOLE LIFE CERTIFICATE**

**Premiums Payable For Premium Paying Period Specified On The Schedule Or Until Death  
Participating**

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



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

**GRADED DEATH BENEFIT GROUP WHOLE LIFE CERTIFICATE**

<p><b>AGREEMENT</b></p>	<p>This insurance Certificate describes the terms and conditions of the group life insurance for the Certificate Owner and Insured named on the Schedule.</p> <p>The death benefit will be paid to the Certificate Beneficiary upon the death of the Insured subject to the terms of this Certificate including any assignment of rights or benefits made by You. If this Certificate is assigned in connection with a prearranged funeral plan, cancellation of the prearranged funeral plan does not automatically cancel the Certificate.</p> <p>For information or service on this Certificate, please contact Your agent, counselor or funeral home representing National Guardian Life Insurance Company or Our Home Office in Madison, Wisconsin.</p>
<p><b>30-DAY RIGHT TO CANCEL</b></p>	<p>You can cancel this Certificate 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 Certificate before midnight of the thirtieth (30<sup>th</sup>) day after the date You receive this Certificate. Notice given by mail and return of the Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for this Certificate to You within ten (10) days after We receive notice of cancellation and the returned Certificate. 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 style="text-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.

*Sherrie A. Kienyak*  
 Secretary

*Mark Z. Solwend*  
 President

**Death Benefit Limited During The First Two Years**

**First Year Benefit Equal To 30% of the Certificate Amount**

**Second Year Benefit Equal To 70% of the Certificate Amount**

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

**Participating**

<b>GUIDE TO YOUR CERTIFICATE</b>			
30-Day Right to Cancel	1	Owner and Beneficiary	4,5
Schedule of Benefits and Premiums	2	Certificate Values	5
Definitions	3	Loan Provisions	5
Certificates	3	General Provisions	5,6
Premium Payment	4	Termination and Continuation	6
Death Benefit	4	Basis of Values	6

**SCHEDULE OF BENEFITS AND PREMIUMS**

CERTIFICATE NUMBER: [NPL000000] ISSUE DATE: [June 01, 2011]

Group Policy Number [GPN 2011-01]

**Plan: Graded Death Benefit**

Certificate Year	Death Benefit*	Annual Premium	Premium Paying Period	Maturity Date
1	[\$1,500]	[\$690.00]	[10]	Life
2	[\$3,500]			
Year 3 and later	[\$5,000]			

\*Death benefit shown is based on the initial Certificate Amount, not including future growth, if any.

Limited death benefit during the first 2 Years – See Death Benefit provision on Page 4 for a detailed explanation.

Premium Mode:	[Annual Direct Bill]	[Annual Direct Bill]	[Semi-Annual Direct Bill]	[Semi-Annual Direct Bill]	[Quarterly Direct Bill]	[Quarterly Direct Bill]	Monthly EFT[/CC]	[Monthly Direct Bill]
Premium:	\$690.00	\$692.00	\$345.00	\$347.00	\$172.50	\$174.50	\$57.50	\$59.50
Total Annual Cost:	\$690.00	\$692.00	\$690.00	\$694.00	\$690.00	\$698.00	\$690.00	\$714.00
*Total Extra Annual Cost:	\$0.00]	\$2.00]	\$0.00]	\$4.00]	\$0.00]	\$8.00]	\$0.00	\$24.00]

\*Note: Total Extra Annual Cost is the additional cost each year for Your Certificate if You pay Your premium [by direct bill][other than annually].

Guaranteed Values

(Figures based on initial Certificate Amount not including future growth, if any.)

<u>End of Certificate Year</u>	<u>Cash Value</u>	<u>Reduced Paid-Up Life Insurance</u>
1	[0.00]	[0.00]
2	[78.89]	[380.98]
3	[220.65]	[1,020.67]
4	[368.96]	[1,640.90]
5	[524.06]	[2,241.50]
6	[686.26]	[2,823.82]
7	[855.94]	[3,389.36]
8	[1,033.50]	[3,939.61]
9	[1,219.35]	[4,475.99]
10	[1,413.99]	[5,000.00]
11	[1,467.40]	[5,000.00]
12	[1,522.32]	[5,000.00]
13	[1,578.84]	[5,000.00]
14	[1,636.96]	[5,000.00]
15	[1,696.67]	[5,000.00]
16	[1,757.94]	[5,000.00]
17	[1,820.63]	[5,000.00]
18	[1,884.68]	[5,000.00]
19	[1,949.93]	[5,000.00]
20	[2,016.32]	[5,000.00]

Initial Certificate Amount \$[5,000]  
 Declared Annual Growth Rate: As Determined by the Company; Non-Guaranteed  
 Certificate Loan Interest Rate: 8.00% Annually In Arrears  
 Guaranteed Basis Of Values and Paid-Up Insurance:  
     Mortality Table: 1980 CSO Sex Distinct Age Last Birthday  
     Interest Rate: 5.00%  
     Method: 1980 CSO Standard Nonforfeiture Law Minimum in all Years

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

## 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 Certificate Anniversary 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 Certificate.
<b>Certificate</b>	The group life insurance certificate which evidences the Insured's coverage under the Group Policy.
<b>Certificate Amount</b>	The initial Certificate Amount is shown on the Schedule. The Certificate Amount may be increased on each Certificate Anniversary. Increases are not guaranteed. On the first Certificate Anniversary the increase, if any, is equal to the initial Certificate Amount multiplied by the Declared Annual Growth Rate. Thereafter, the amount of each increase will be the Certificate Amount as of the last Certificate Anniversary multiplied by the Declared Annual Growth Rate. During the Certificate Year, the Certificate Amount may be increased for each day since the last Certificate Anniversary by an amount equal to the Certificate Amount multiplied by 1/365 <sup>th</sup> of the Declared Annual Growth Rate.
<b>Certificate Anniversary</b>	The same date each year as the Issue Date of this Certificate.
<b>Certificate Year</b>	The period between the Issue Date and the first Certificate Anniversary, or from one Certificate Anniversary to another.
<b>Company</b>	Refers to National Guardian Life Insurance Company.
<b>Declared Annual Growth Rate</b>	The Declared Annual Growth Rate is used to determine the annual increase, if any, in the Certificate Amount. The Declared Annual Growth Rate is subject to change. It is not guaranteed.
<b>Group Policy</b>	The group life insurance issued to the Policyholder. The Group Policy Number is shown on the Schedule.
<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 Certificate. The Insured may or may not be the Owner.
<b>Issue Date</b>	The date coverage is effective for this Certificate as shown on the Schedule. It is the date used to determine the suicide and contestable periods, the Certificate Anniversary and the Certificate Year.
<b>Loans</b>	Any amount owed Us as a result of a loan on a Certificate, including unpaid, accrued interest.
<b>Member</b>	A member of the Policyholder.
<b>Net Cash Value</b>	The Cash Value less any Loans.
<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 or entity who owns the Certificate as shown on Our records. The Owner has all the rights in this Certificate while the Insured is living.
<b>Policyholder</b>	The group to whom the Group Policy is issued (or its assignee or successor) for the purpose of insuring its Members.
<b>Premium Paying Period</b>	The number of years during which premiums are payable, as shown on the Schedule.
<b>Proof</b>	Evidence for insurability or for other matters which require Proof.
<b>Reinstatement Date</b>	The date We approve the application for reinstatement of a Certificate.
<b>Schedule</b>	The Schedule of Benefits and Premiums on Page 2. It includes any amended Certificate Schedule or endorsement sent to You by Us.
<b>We, Our, and Us</b>	National Guardian Life Insurance Company.
<b>You and Your</b>	The Owner of this Certificate.

## CERTIFICATES

<b>Eligibility</b>	Only a Member and the Member's spouse are eligible for insurance coverage under the Group Policy.
<b>Insurability</b>	We may require evidence of insurability for any Member or Member's spouse to be insured under the Group Policy.

## PREMIUM PAYMENT

<b>Premiums</b>	The payments needed to keep this Certificate in full force. Premiums for this Certificate 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 Certificate 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 Certificate will terminate as of the due date, unless it has Net Cash Value. If it has Net Cash Value, the Lapse Benefits will then apply.
<b>Reinstatement</b>	The Certificate may be put back in full force within five (5) years of the lapse date unless it was surrendered for its Net Cash Value. All overdue premiums must be paid with interest at 6% per year from the due date to the Reinstatement Date. All loans must be paid or reinstated with interest at the rate of 8% per year from the date of lapse. Evidence of insurability may be required.

## DEATH BENEFIT

<b>Amount of Death Benefit</b>	<p>We pay a death benefit if the Insured dies while covered under this Certificate. Loans will be deducted from any amount payable as a death benefit.</p> <p><b>Limited Benefit During First 2 Years:</b> If the Insured dies within two (2) years of the Issue Date, the death benefit We pay will be limited. This limited death benefit is paid as follows:</p> <ul style="list-style-type: none"><li>A. <b>For death during the first Certificate Year</b>, the death benefit is an amount equal to 30% of the initial Certificate Amount.</li><li>B. <b>For death during the second Certificate Year</b>, the death benefit is an amount equal to 70% of the initial Certificate Amount.</li></ul> <p>If the Insured dies after the first two Certificate Years, the death benefit is the Certificate Amount on the date of death.</p>
<b>Proof of Death</b>	We will pay the death benefit within thirty (30) days after We receive satisfactory Proof of loss at Our Home Office of the Insured's death. 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>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>Suicide Exclusion</b>	If the Insured commits suicide within 2 years after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans.

## OWNER AND BENEFICIARY

<b>Ownership Rights</b>	You may exercise all the rights and privileges given by this Certificate while the Insured is living. The consent of any Beneficiary who is irrevocably named is needed to exercise any Certificate 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 primary 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 primary Beneficiary. If no primary 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.

### OWNER AND BENEFICIARY (continued)

<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 Certificate 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.

### CERTIFICATE VALUES

<b>Cash Value</b>	<p>The Schedule shows the Cash Value at the end of each Certificate Year for which premiums have been paid. Any Cash Value not shown will be furnished on request. We will determine the Cash Value as of a date within a Certificate Year with due allowance for time elapsed and premium paid.</p> <p>The Cash Value within 60 days after the date of lapse will be the same as it was on that date. The Cash Value after 60 days from the date of lapse, while the Certificate is continued in force as Reduced Paid-Up Life Insurance, will be the net single premium based upon the mortality table and interest rate shown on the Schedule for the Certificate Cash Values.</p>
<b>Lapse Benefits</b>	The Certificate will lapse as of the due date of any premium not paid by the end of the 31-day grace period. If there is Net Cash Value, You have two options. You may surrender the Certificate for its Net Cash Value, or You may continue insurance under the Reduced Paid-Up Life Insurance option. However, if the amount of Reduced Paid-Up Life Insurance is less than \$500, We reserve the right to terminate the Certificate and pay You the Net Cash Value in cash.
<b>Surrender Benefits</b>	The Certificate may be surrendered for its Net Cash 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>Payment of Surrender Benefits</b>	The Net Cash Value will be paid in one sum. We may delay paying the Net Cash Value for up to six (6) months after Notice To Us.
<b>Reduced Paid-Up Life Insurance</b>	This is a level amount of paid-up insurance for the lifetime of the Insured. It is the amount purchased by the Net Cash Value on the date of lapse. While this Certificate is in force as Reduced Paid-Up Life Insurance, all rights granted by it are still available, unless this Certificate states otherwise.

### LOAN PROVISIONS

<b>Loans</b>	You may obtain a Loan from Us while this Certificate is in force. This Certificate is the only security needed for a Loan. We will make a Loan only after We receive a request signed by You. We may delay granting any Loan for up to six (6) months except when made to pay premiums.
<b>Loan Interest</b>	The interest rate on Loans is 8% per year. Interest is due in arrears on each Certificate Anniversary. If not paid when due, interest will be added to the Loan and will bear interest at the same rate.
<b>Loan Repayment</b>	Loans may be repaid in full or in part at any time. Loans will be deducted from the Certificate Amount when calculating the death benefit.
<b>Maximum Loan Value</b>	<p>The Maximum Loan Value is equal to:</p> <ul style="list-style-type: none"><li>• the Cash Value;</li><li>• <b>PLUS</b> dividend credits, if any;</li><li>• <b>MINUS</b> one year of Loan interest;</li><li>• <b>MINUS</b> any existing loans including any accrued Loan interest.</li></ul> <p>We will terminate this Certificate if the Net Cash 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 Certificate will terminate 31 days after We send the notice unless We receive an amount that will increase the Maximum Loan Value to a positive amount.</p>

### GENERAL PROVISIONS

<b>Contract</b>	This Certificate is a legal contract between the Owner and the Company. The entire contract consists of the Group Policy, the application for the Group Policy, this Certificate and the attached enrollment form, any supplemental applications or amendments, and any attached riders and endorsements to the Group Policy or the Certificate. We have issued this Certificate in return for the enrollment form and the payment of the premium. 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.
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## GENERAL PROVISIONS (continued)

<b>Representations and Contestability</b>	We rely on all statements made by or for the Insured in an enrollment form. Legally, these statements are representations and not warranties. We will not use any statement to contest the validity or to deny a claim unless it is written in the attached enrollment form or reinstatement application. For statements made in the enrollment form, We will not contest this Certificate after it has been in force for two years from the Issue Date, during the lifetime of the Insured. For statements made in a reinstatement application, We will not contest the Certificate after it has been in force for two years from the Reinstatement Date during the lifetime of the Insured. We may contest the death benefit at any time for non-payment of premiums.
<b>Age and Sex</b>	If the date of birth or sex of the Insured given in the enrollment form 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 Certificate is in force, You will receive the dividends We declare, if any, in cash annually.
<b>Option to Purchase Additional Insurance</b>	You may, subject to Our administrative guidelines, elect to purchase paid up additions to this Certificate. This option can only be elected if this Certificate is in force and not terminated or surrendered. Evidence of insurability may be required. The premium will be based on Your attained age on the date the additional insurance is purchased.

## TERMINATION AND CONTINUATION

<b>Termination of Insurance</b>	Coverage under a Certificate will end on the earliest of the following: (1) the date the Insured dies; (2) the date the Certificate is surrendered for cash; or (3) the date the Net Cash Value is equal to or less than zero.
<b>Continuation of Insurance</b>	Notwithstanding termination of the Group Policy or termination of acceptance of new Insureds, the rights and benefits of all Certificate Owners shall continue. Should the Group Policy terminate, this Certificate, if then in force, shall be deemed converted to an individual policy. Coverage will continue in force without evidence of insurability according to the terms of the Certificate.
<b>Termination of New Coverage</b>	At any time upon at least ninety (90) days prior written notice to the other, the Policyholder or the Company may terminate the acceptance of new Insureds under the Group Policy.
<b>Termination of Group Policy</b>	The Group Policy will terminate upon the earlier of: (1) the date specified by Us or the Policyholder; or (2) the date the Policyholder is no longer in existence.

## BASIS OF VALUES

We use the rates from the Mortality Table shown in the Schedule to compute the Cash or Loan Values. The Cash or Loan Values are shown in the Schedule.

Our calculations are based on curtate functions and immediate payment of death claims. We have filed a detailed statement of the method We use to compute Certificate values with the state where the Group Policy was delivered. All these values and benefits are equal to or greater than those required by the laws of that state.

## GRADED DEATH BENEFIT GROUP WHOLE LIFE CERTIFICATE

**Death Benefit Limited During The First Two Years**

**First Year Benefit Equal To 30% of the Certificate Amount**

**Second Year Benefit Equal To 70% of the Certificate Amount**

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

**Participating**

**Please refer to any attached applications or riders for additional Contract language.**

**This marks the end of the base Contract language.**

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SERFF Tracking Number: NGLI-127148128 State: Arkansas  
 Filing Company: National Guardian Life Insurance Company State Tracking Number: 49138  
 Company Tracking Number: NPNCRTSP2011  
 TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense  
 Product Name: PN 2011  
 Project Name/Number: /

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachments:</b>		
AR - COC NPNCRTSP2011.pdf		
AR - COR 3000PN.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not Applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Approved Forms List		
<b>Comments:</b>		
<b>Attachment:</b>		
AR- List of approved forms-GRP-3000PN.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b>		
AR-SOV 3000PN.pdf		



**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.
- 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.

*Mathew J. Dew*

*Signature*

June 27, 2011

*Date*

***Mathew J. Dew***

Vice President and General Counsel

Individual responsible for this filing:

Name: Kim Bolinder

Title: Policy Forms Specialist

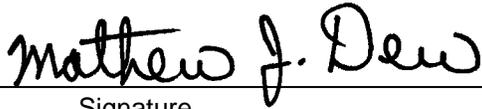
Phone #: (608) 443-5335

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

## CERTIFICATION OF READABILITY

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

Forms	Flesch Scores
NPNCRTSP2011	63.2
NPNCRTMP2011-AR	64.3
NPNCRTGDB2011-AR	63.3
3100PN-AR 06/11	52.6



Signature

June 27, 2011

Date

**Mathew J. Dew**

Vice-President & General Counsel



# **NGL Insurance Group**

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

Application Form: **3000PN-AR 06/11**

We anticipate that our initial use of this application will be with the following forms:

<b>FORM NAME</b>	<b>APPROVAL DATE</b>
NPNCRTFPA2008	08/21/08



## NATIONAL GUARDIAN LIFE INSURANCE COMPANY

### STATEMENT OF VARIABILITY

Re: NPNCRTP2011  
NPNCRTMP2011-AR  
NPNCRTGDB2011-AR

The following information on the Schedule of Benefits and Premiums is bracketed as variable:

1. Certificate Number – individual number as assigned at issue
2. Issue Date – varies depending on date certificate is issued
3. Certificate Amount – minimum= \$500 maximum= \$15,000
4. Premium Amounts – vary depending on certificate amount selected
5. Years Payable – Currently 3,5,10 and 20 year plans are available on multi-pay. However, we would like the ability to show any year between 1 through 20
6. Maturity Date – certificate matures at age 121. Since this age is well beyond life expectancy we use “Life” as the maturity date.
7. Guaranteed Values – vary depending on certificate amount selected
8. The following fields are variable due to individual identification of insured: Insured, Age, Owner.

Re: 3000PN-AR 06-11

The following information on the Application is bracketed as variable:

1. We have bracketed “annuity” in the application title in the event we decide not to offer this product option.
2. We have bracketed modified single pay or annuity in the event we elect to not offer the annuity.
3. We have bracketed the plan options (roman numerals) so we may print the apps with or without these choices.
4. We have bracketed TI/Annuity in the event we elect to not offer the annuity.
5. We have bracketed the Payment Mode field so that we may add or delete a payment mode.