

SERFF Tracking Number: NGLI-128000001 State: Arkansas  
Filing Company: National Guardian Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: L021 Individual Life - Endowment Sub-TOI: L021.002 Single Life - Single Premium  
Product Name: NSPWL2012  
Project Name/Number: NSPWL2012/

## Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: NSPWL2012 SERFF Tr Num: NGLI-128000001 State: Arkansas

TOI: L021 Individual Life - Endowment SERFF Status: Closed-Approved- State Tr Num:  
Closed

Sub-TOI: L021.002 Single Life - Single Premium Co Tr Num: State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Peggy Kratz, DeeAnna Disposition Date: 05/10/2012

Chaput

Date Submitted: 05/08/2012 Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: NSPWL2012

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/10/2012

State Status Changed: 05/10/2012

Created By: Peggy Kratz

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Peggy Kratz

Filing Description:

Single Premium Endowment At Age 120 Policy:

NSPWL2012

Application Form – 3300SPWL 4/12

Application Form – 3300SPWL-BK 4/12

The enclosed single premium endowment form is enclosed for your review and approval. The forms submitted are new, and do not replace any previously filed / approved forms.

This is a single premium traditional plan of insurance. The policy provides level life insurance until age 120, at which

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time the policy matures.

This policy will be sold by licensed agents. It may be offered through banks, credit unions, and financial institutions.

This policy form will not be illustrated.

Two application forms are enclosed with this filing.

- Form 3300SPWL 4/12 will be used at any time the insurance is solicited in a place other than a bank or financial institution.
- Form 3300SPWL-BK 4/12 will be used if the insurance is solicited in a bank or other financial institution. It is identical to the above application, with the exception of the additional required disclosure statement for banks and financial institutions.

The applications are built on a “progressive” format in which the applicant responds to increasingly detailed health questions.

The last page of the application (3300SPWL-Notice) is provided for informational purposes under the Supporting Document tab. This page is left with the applicant at the time they apply. It is not added to part of the policy documents and does not become part of the policy at issue. It provides the required Notice to Applicant, Notice of Disclosure of Information and the premium receipt.

The applications may 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 affected. It may be used in a variety of electronic environments, including a laptop and web based application process. Regardless of the application process used, measures will be used to secure both the integrity of the document once signed, and the confidentiality of any information transmitted. The information contained in the application will be transmitted to our administrative office electronically as well as the electronic signature of the Owner/Applicant. Current technology will be used to ensure that the confidential information is not compromised. All processes used will comply with the Uniform Electronic Transactions act, and to the extent applicable, the Federal ESIGN Act.

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

State Narrative:

## **Company and Contact**

### **Filing Contact Information**

Peggy Kratz, Senior Policy Forms Specialist plkratz@nglic.com

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P.O. Box 1191 608-443-5325 [Phone]  
 Madison, WI 53701-1191 608-443-5365 [FAX]

**Filing Company Information**

National Guardian Life Insurance Company CoCode: 66583 State of Domicile: Wisconsin  
 P.O. Box 1191 Group Code: 1211 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: \$150.00  
 Retaliatory? No  
 Fee Explanation: 50 per each policy and application  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$150.00	05/08/2012	59023875

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/10/2012	05/10/2012

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## Disposition

Disposition Date: 05/10/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	3300SPWL-Notice		Yes
Supporting Document	Statement of Variables		Yes
Form	Single Premium Endowment Policy		Yes
Form	Application For Single Premium Whole Life Insurance		Yes
Form	Application For Single Premium Whole Life Insurance		Yes

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## Form Schedule

### Lead Form Number: NSPWL2012

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NSPWL2012	Policy/Cont	Single Premium	Initial		62.200	NSPWL2012.pdf
	2	ract/Fratern	Endowment Policy				
		al					
		Certificate					
	3300SPWL	Application/	Application For	Initial		52.900	3300SPWL 4-
	4/12	Enrollment	Single Premium				12.pdf
		Form	Whole Life Insurance				
	3300SPWL	Application/	Application For	Initial		52.900	3300SPWL-
	-BK 4/12	Enrollment	Single Premium				BK 4-12.pdf
		Form	Whole Life Insurance				



[Administrative Office: P.O. Box ##### - Blue Springs, MO 64013  
816-###-####]

**SINGLE PREMIUM ENDOWMENT AT AGE 120 POLICY**

<b>AGREEMENT</b>	<p>We agree, subject to the terms of this policy, to:</p> <ul style="list-style-type: none"> <li>• pay the proceeds to the Beneficiary upon receiving Proof of the Insured's death; and</li> <li>• provide You, the Owner, all the other rights and benefits of this policy.</li> </ul> <p>For information or service on this policy, please contact Your agent representing National Guardian Life Insurance Company or Our Administrative Office.</p>
<b>30-DAY RIGHT TO CANCEL</b>	<p>You can cancel this policy before midnight on the thirtieth (30<sup>th</sup>) day after You receive it. You can do this if You deliver, mail or wire written notice and return this policy to Us or Our agent. Our mailing address is [P. O. Box #####, Blue Springs, MO 64103.] Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We will send back all payments within ten (10) days after Notice to Us and the returned policy. The policy will then be deemed void from its inception. 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

**Death Benefit Payable At Death Before Age 120**  
**Net Cash Value Payable At Insured's Age 120**

**Participating**

<b>GUIDE TO YOUR POLICY</b>			
Schedule of Benefits	2	Policy Values	4
Definitions	3	Policy Loans	4
Policy Summary	3	Owner and Beneficiary	5
Premium	3	General Provisions	5,6
Proceeds	4		

## SCHEDULE OF BENEFITS

POLICY NUMBER: [123456]

ISSUE DATE: [APRIL 1, 2012]

<u>Plan</u>	<u>Policy Amount</u>	<u>Single Premium</u>	<u>Maturity Date</u>
Single Premium Endowment at Age 120	\$50,000	\$21,650	4/1/2077

### Table of Guaranteed Values

End of Policy Year	Cash Value
1	[17,872.00]
2	[18,528.00]
3	[19,200.00]
4	[19,889.50]
5	[20,595.00]
6	[21,313.50]
7	[22,041.00]
8	[22,773.50]
9	[23,511.00]
10	[24,253.50]
11	[25,003.00]
12	[25,762.50]
13	[26,532.50]
14	[27,315.00]
15	[28,110.00]
16	[28,914.00]
17	[29,720.00]
18	[30,524.00]
19	[31,326.50]
20	[32,129.50]

Policy Loan Interest Rate: 8.00% Annually In Arrears  
Guaranteed Basis Of Values: 2001 CSO Sex Distinct Age Last Birthday  
Mortality Table: Cash Value: [5.00%]  
Interest Rate: Standard Nonforfeiture Law Minimum  
Method:

Insured: [John Doe]  
Age: [55, Male ]  
Beneficiary: As Stated In The Application Or Last Recorded Endorsement  
Owner: [John Doe]

## DEFINITIONS

<b>Age</b>	The Insured's age last birthday on the Issue Date as 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>Annual Date</b>	The same date each succeeding year as the Issue Date of this policy.
<b>Beneficiary</b>	The person(s) or entity named in the Application or later changed by You to receive benefits at the Insured's death. The Beneficiary may be changed as explained in the policy.
<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.
<b>Issue Date</b>	The date coverage is effective for this policy as shown on the Schedule. Insurance takes effect at 12:01 a.m. on this date.
<b>Loans</b>	Any amount owed Us as a result of Policy Loans, including accrued interest since the last Annual Date.
<b>Maturity Date</b>	The Maturity Date is shown on the Schedule.
<b>Net Cash Value</b>	The Cash Value defined on page 4, less Loans, plus dividend credits, if any.
<b>Notice To Us</b>	Written request or notice received at our Administrative Office in a form which meets Our needs.
<b>Policy Year</b>	The period between the Issue Date and the first Annual Date, or from one Annual Date to another.
<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>We, Our, and Us</b>	National Guardian Life Insurance Company.
<b>You and Your</b>	The Owner of this Policy.

## 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 single premium whole life endowment policy. We will pay death benefit proceeds if the Insured dies while the policy is in force. "In force" means that the insurance has not terminated.
<b>Rights of Owner</b>	While the Insured is living, and subject to this policy, You have the right to: <ul style="list-style-type: none"><li>• Make loans on this policy;</li><li>• Receive dividends under the policy, if any;</li><li>• Change the Owner;</li><li>• Change the Beneficiary, except if named as being irrevocable;</li><li>• Sell or give away any of Your rights;</li><li>• Terminate this policy.</li></ul>

## PREMIUM

<b>Premium</b>	The premium is the payment needed to put this policy in full force. The premium for this policy 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.

## PROCEEDS

<b>Proceeds</b>	The proceeds are the amount We pay: <ul style="list-style-type: none"> <li>• on the surrender of this policy;</li> <li>• upon Proof of death of the Insured;</li> <li>• on the Maturity Date.</li> </ul>
<b>Surrender Proceeds</b>	You may surrender this policy for its Net Cash Value at any time while the Insured is living.
<b>Death Proceeds</b>	If the Insured dies prior to the date coverage ends We will pay: <ul style="list-style-type: none"> <li>• the Policy Amount shown on the Schedule;</li> <li>• <b>PLUS</b> any dividend credits;</li> <li>• <b>PLUS</b> interest on the death proceeds from the date of death at a rate We determine or such interest required by law;</li> <li>• <b>MINUS</b> loans.</li> </ul> We will pay to the beneficiary in a lump sum within thirty (30) days of receipt of Proof of death.
<b>Maturity Date Proceeds</b>	If the Insured is alive on the Maturity Date we will pay the Net Cash Value to the Owner.

## POLICY VALUES

<b>Cash Value</b>	The Schedule shows the Cash Value at the end of the Policy Year. Any Cash Value not shown will be furnished on request. We will determine the Cash Value as of a date within a Policy Year with due allowance for time elapsed.
<b>Basis of Values</b>	The basis of guaranteed cash value is shown on the Schedule. All of the values are the same or more than the minimums set by the laws of the State where the application was signed. We have filed a detailed statement about this with your State Insurance Department.

## POLICY LOANS

<b>Policy Loans</b>	You may ask for a Policy Loan at any time, if: <ul style="list-style-type: none"> <li>• the Policy is in force, and</li> <li>• You assign the Policy to Us as the only security for a Loan.</li> </ul> We will make a Loan only after We receive a request signed by You.
<b>Loan Interest</b>	The interest rate on Loans is 8% per year. Interest is due in arrears on the Policy 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>	All or any part of the Loan (but not less than \$25) may be repaid while this policy is in force. The Net Cash Value is increased by 100% of each repayment. Unpaid Loans will be deducted from any settlement of Your policy.
<b>Maximum Loan Value</b>	The Maximum Loan Value is equal to: <ul style="list-style-type: none"> <li>• the Cash Value;</li> <li>• <b>PLUS</b> any dividend credits;</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> We will terminate the Policy 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. The Policy 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.

## OWNER AND BENEFICIARY

<b>Ownership Rights</b>	This policy belongs to You, the Owner shown on Our records. You have all the rights in this policy while the Insured is living. If there is more than one Owner at a given time, all must exercise the rights of ownership by joint action. If the Owner should die, and is not the Insured, his interest will go to his estate unless the Owner has 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 Change of 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 an 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>Right to Sell or Give Away</b>	You may sell or give away any of Your rights in this policy unless You state otherwise in writing. The person receiving such rights is called an assignee. We will be bound only after You give Notice To Us, and it will not apply to any payment We made before Notice To Us.

## GENERAL PROVISIONS

<b>Contract</b>	We issue this policy in return for the application and the payment of the first premium. This policy, any attached riders and endorsements and the attached copy of the application make up the whole contract. A change in this contract can only be made with Your consent and an endorsement or rider to this policy signed by Our President or Secretary. No agent is authorized to alter or waive any provision of this contract. We rely on all statements made by or for an Insured in an application. Legally, these statements are representations and not warranties. Only statements in an application will be used to defend a claim.
<b>Conformity with Statutes</b>	If any provision in this policy is in conflict with the laws of the state which govern this policy, the provision will be deemed to be amended to conform with such laws.
<b>Payments by Us and Right to Defer Payment</b>	All payments to be made by Us will be made from Our Home Office.  We have the right to wait up to six (6) months after Notice To Us before We: <ul style="list-style-type: none"> <li>• pay surrender proceeds;</li> <li>• make a policy loan.</li> </ul> <p>If We wait more than thirty (30) days to pay surrender proceeds, 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.</p>
<b>Right to Contest</b>	Our right to contest the death benefit will end two (2) years after the Issue Date if the Insured is then living. If this policy was issued in exchange for one or more of our policies, the Issue Date will be the Issue Date of the most recently issued such policy..
<b>Suicide</b>	If the Insured commits suicide within two (2) years (one (1) year in Colorado, Missouri or North Dakota) after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans. If this policy was issued in exchange for one or more of our policies, the Issue Date will be the Issue Date of the most recently issued such policy..
<b>Error in Age and Sex</b>	If the Age or sex of the Insured is stated wrong, the proceeds will be adjusted. We will adjust the proceeds to those that the premium would have purchased for the correct Age and sex.

## GENERAL PROVISIONS (Continued)

<b>Termination</b>	<p>All coverage under this policy will end on the earliest of the following events:</p> <ul style="list-style-type: none"><li>• the Insured dies;</li><li>• the policy is surrendered for cash;</li><li>• the policy matures;</li><li>• Loans are equal to or greater than the Net Cash Value. If this happens, the policy will end 31 days after We mail written notice to the last known address of You and any assignee.</li></ul> <p>We may require return of this policy.</p>
<b>Dividends</b>	<p>As long as this policy is in force You will receive the dividends We declare, if any, annually.</p> <p>You have these options:</p> <ol style="list-style-type: none"><li>1. take the dividends in cash;</li><li>2. leave the dividends with Us to accumulate at Our current rate of interest as declared by Us from time to time;</li><li>3. use the dividends to buy paid-up dividend additions. The maximum cost basis for purchase of Paid-Up Additions is the net single premium using the guaranteed values shown on the Schedule.</li></ol> <p>You may choose any option or change options by Notice To Us. If no option is chosen, option 1 will be used.</p> <p>As used in this policy, “dividend credits” means the sum of dividend accumulations, the cash value of Paid-Up Additions, and any dividend not yet applied under an option. The cash value of Paid-Up Additions is their net single premium based upon the mortality table and interest rate shown on the Schedule for the Policy Cash Values.</p> <p>You may withdraw dividend credits at any time, unless they are required as security for a loan. Dividend credits not withdrawn will increase the Net Cash Value.</p>
<b>Your Right to Vote</b>	<p>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.</p>

**SINGLE PREMIUM ENDOWMENT AT AGE 120 POLICY**  
**Death Benefit Payable At Death Before Age 120**  
**Net Cash Value Payable At Insured's Age 120**

**Participating**

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

# NATIONAL GUARDIAN LIFE INSURANCE COMPANY

Madison, Wisconsin

[Administrative Office: P.O. Box ##### – Blue Springs, MO 64013 - 816-###-####]

## Application for Single Premium Whole Life Insurance

### A. Proposed Insured Information

First Name	MI	Maiden Name	Last Name	Phone Number for Contact	
Sex	Social Security Number		Date of Birth	Birth State	Day: Evening: Best Time to Call:
Resident Address		City	County	State	Zip
Mailing Address		City	County	State	Zip
Primary Physician (Name Address and Phone Number)					

### B. Beneficiary Information

Primary Beneficiary Name	Resident Address	Relationship	Contingent Beneficiary Name	Relationship
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### C. Health Questions - Part 1

Please state the Proposed Insured's height \_\_\_\_\_ and weight \_\_\_\_\_.

1. Have you **ever** been diagnosed by a member of the medical profession as having or been treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for antibodies to AIDS or Human Immunodeficiency Virus (HIV)? .....  YES  NO
2. Are you **currently** hospitalized; bedridden due to disease; confined to a nursing, assisted living, or group home facility; or receiving hospice or home health care? .....  YES  NO
3. Do you **currently** require personal assistance with activities of daily living such as bathing, eating, dressing, toileting, moving about, and/or taking medication on your own?.....  YES  NO
4. In the past **10 years**, have you had, or been recommended to have, an Organ transplant?.....  YES  NO
5. **Before the age of 50**, have you been diagnosed with or treated for insulin-dependent diabetes or been prescribed insulin or taken insulin shots for the treatment of diabetes?.....  YES  NO
6. **Within the past 2 years**, have you:
  - a. Been diagnosed as requiring or undergone surgery for Heart Disease (including heart bypass), pacemaker placement, angioplasty, stent placement, peripheral vascular disease or amputation due to disease?.....  YES  NO
  - b. Been diagnosed with and/or treated for diabetes requiring insulin, been prescribed insulin, or been diagnosed and/or treated for any of the following complications of diabetes: eye, kidney, blood vessel, or neuropathy/nerve damage?.....  YES  NO
  - c. Used illegal drugs; received counseling or treatment for excessive use of alcohol, prescription, or illegal drugs; been advised by a physician to receive such counseling or treatment; or been advised to cease or reduce consumption or use of alcohol and/or drugs?.....  YES  NO
  - d. Been advised to have any diagnostic testing, hospitalization, surgery, or treatment that has NOT been completed? .....  YES  NO
  - e. Been prescribed oxygen and/or used oxygen to assist with breathing?.....  YES  NO
7. **Within the past 2 years**, have you been diagnosed with, treated for, or prescribed medication for:
  - a. Heart Attack, Coronary Artery Disease, Angina, Congestive Heart Failure, Cardiomyopathy, or Atrial Fibrillation? .....  YES  NO
  - b. Chronic Asthma, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Cystic Fibrosis, or Black Lung?.....  YES  NO
  - c. Dementia, Alzheimer's, Progressive Memory Loss, Multiple Sclerosis, Amyotrophic Lateral Sclerosis, Stroke, Aneurysm, Sickle Cell Anemia, Thalassemia Major, or Systemic Lupus?.....  YES  NO
  - d. Kidney (renal) Disease, Chronic Kidney Disease (CKD), Kidney (renal) Failure, Liver Disease, or Hepatitis?  YES  NO
  - e. Any form of cancer other than basal or squamous cell skin cancer?.....  YES  NO

**D. Health Questions - Part 2**

8. Within the past 2 years, have you used any form of tobacco or nicotine? .....  YES  NO

**E. Health Questions - Part 3**

9. Before the age of 50, have you been diagnosed with, treated for, or prescribed medication for Diabetes? .....  YES  NO

10. Within the past 5 years, have you:
- a. Been diagnosed as requiring or undergone surgery for Heart Disease (including heart bypass), pacemaker placement, angioplasty, stent placement, peripheral vascular disease, or amputation due to disease? .....  YES  NO
  - b. Been diagnosed with and/or treated for diabetes requiring insulin, been prescribed insulin, or been diagnosed and/or treated for any of the following complications of diabetes: eye, kidney, blood vessel, or neuropathy/nerve damage? .....  YES  NO
  - c. Used illegal drugs or received counseling or treatment for excessive use of alcohol, prescription, or illegal drugs or been advised by a physician to receive such counseling or treatment or been advised to cease or reduce consumption or usage of alcohol and/or drugs? .....  YES  NO
  - d. Been prescribed oxygen and/or used oxygen to assist with breathing? .....  YES  NO

11. Within the past 5 years, have you been diagnosed with, treated for, or prescribed medication for:
- a. Heart Attack, Coronary Artery Disease, Angina, Congestive Heart Failure, Cardiomyopathy? .....  YES  NO
  - b. Chronic Asthma, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Cystic Fibrosis, or Black Lung? .....  YES  NO
  - c. Dementia, Alzheimer’s, Progressive Memory Loss, Major Depression, Bipolar Disorder, Psychosis, Schizophrenia, Multiple Sclerosis, Amyotrophic Lateral Sclerosis, Stroke, Transient Ischemia Attack (TIA) / mini stroke, Aneurysm, Sickle Cell Anemia, Rheumatoid Arthritis, or Systemic Lupus? .....  YES  NO
  - d. Kidney (renal) Disease, Chronic Kidney Disease (CKD), Kidney (renal) Failure, Liver Disease, or Hepatitis? .....  YES  NO
  - e. Any form of cancer other than basal or squamous cell skin cancer? .....  YES  NO

**F. Insurance Applied For and Premium Collected**

Amount of Insurance \$ \_\_\_\_\_ Single Premium Collected \$ \_\_\_\_\_

**G. Method of Payment**

**Check** – When you provide a check as payment, you authorize us 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. In the event that the payment is not honored, we have the right to re-present the transaction.

**EFT\***

**Credit Card\***

\* Use Premium Withdrawal Authorization Form

**H. Replacement Information**

**Applicant Replacement** – Do you have any existing insurance policies or annuity contracts?.....  YES  NO

Will the insurance applied for replace or change any insurance or annuity now or recently in force?.....  YES  NO

If “Yes,” complete the required replacement form(s).

**Agent Replacement** – Does the applicant have any existing insurance policies or annuity contracts? .....  YES  NO

Will the insurance applied for replace or change any insurance or annuity now or recently in force?.....  YES  NO



# NATIONAL GUARDIAN LIFE INSURANCE COMPANY

Madison, Wisconsin

[Administrative Office: P.O. Box ##### – Blue Springs, MO 64013 - 816-###-####]

## Application for Single Premium Whole Life Insurance

### A. Proposed Insured Information

First Name	MI	Maiden Name	Last Name	Phone Number for Contact	
Sex	Social Security Number		Date of Birth	Birth State	Day: Evening: Best Time to Call:
Resident Address		City	County	State	Zip
Mailing Address		City	County	State	Zip
Primary Physician (Name Address and Phone Number)					

### B. Beneficiary Information

Primary Beneficiary Name	Resident Address	Relationship	Contingent Beneficiary Name	Relationship
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### C. Health Questions - Part 1

Please state the Proposed Insured's height \_\_\_\_\_ and weight \_\_\_\_\_.

1. Have you **ever** been diagnosed by a member of the medical profession as having or been treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for antibodies to AIDS or Human Immunodeficiency Virus (HIV)? .....  YES  NO
2. Are you **currently** hospitalized; bedridden due to disease; confined to a nursing, assisted living, or group home facility; or receiving hospice or home health care? .....  YES  NO
3. Do you **currently** require personal assistance with activities of daily living such as bathing, eating, dressing, toileting, moving about, and/or taking medication on your own?.....  YES  NO
4. In the past **10 years**, have you had, or been recommended to have, an Organ transplant?.....  YES  NO
5. **Before the age of 50**, have you been diagnosed with or treated for insulin-dependent diabetes or been prescribed insulin or taken insulin shots for the treatment of diabetes?.....  YES  NO
6. **Within the past 2 years**, have you:
  - a. Been diagnosed as requiring or undergone surgery for Heart Disease (including heart bypass), pacemaker placement, angioplasty, stent placement, peripheral vascular disease or amputation due to disease?.....  YES  NO
  - b. Been diagnosed with and/or treated for diabetes requiring insulin, been prescribed insulin, or been diagnosed and/or treated for any of the following complications of diabetes: eye, kidney, blood vessel, or neuropathy/nerve damage?.....  YES  NO
  - c. Used illegal drugs; received counseling or treatment for excessive use of alcohol, prescription, or illegal drugs; been advised by a physician to receive such counseling or treatment; or been advised to cease or reduce consumption or use of alcohol and/or drugs?.....  YES  NO
  - d. Been advised to have any diagnostic testing, hospitalization, surgery, or treatment that has NOT been completed? .....  YES  NO
  - e. Been prescribed oxygen and/or used oxygen to assist with breathing?.....  YES  NO
7. **Within the past 2 years**, have you been diagnosed with, treated for, or prescribed medication for:
  - a. Heart Attack, Coronary Artery Disease, Angina, Congestive Heart Failure, Cardiomyopathy, or Atrial Fibrillation? .....  YES  NO
  - b. Chronic Asthma, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Cystic Fibrosis, or Black Lung?.....  YES  NO
  - c. Dementia, Alzheimer's, Progressive Memory Loss, Multiple Sclerosis, Amyotrophic Lateral Sclerosis, Stroke, Aneurysm, Sickle Cell Anemia, Thalassemia Major, or Systemic Lupus?.....  YES  NO
  - d. Kidney (renal) Disease, Chronic Kidney Disease (CKD), Kidney (renal) Failure, Liver Disease, or Hepatitis?  YES  NO
  - e. Any form of cancer other than basal or squamous cell skin cancer?.....  YES  NO

**D. Health Questions - Part 2**

8. Within the past 2 years, have you used any form of tobacco or nicotine? .....  YES  NO

**E. Health Questions - Part 3**

9. Before the age of 50, have you been diagnosed with, treated for, or prescribed medication for Diabetes? .....  YES  NO

10. Within the past 5 years, have you:
- a. Been diagnosed as requiring or undergone surgery for Heart Disease (including heart bypass), pacemaker placement, angioplasty, stent placement, peripheral vascular disease, or amputation due to disease? .....  YES  NO
  - b. Been diagnosed with and/or treated for diabetes requiring insulin, been prescribed insulin, or been diagnosed and/or treated for any of the following complications of diabetes: eye, kidney, blood vessel, or neuropathy/nerve damage? .....  YES  NO
  - c. Used illegal drugs or received counseling or treatment for excessive use of alcohol, prescription, or illegal drugs or been advised by a physician to receive such counseling or treatment or been advised to cease or reduce consumption or usage of alcohol and/or drugs? .....  YES  NO
  - d. Been prescribed oxygen and/or used oxygen to assist with breathing? .....  YES  NO

11. Within the past 5 years, have you been diagnosed with, treated for, or prescribed medication for:
- a. Heart Attack, Coronary Artery Disease, Angina, Congestive Heart Failure, Cardiomyopathy? .....  YES  NO
  - b. Chronic Asthma, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Cystic Fibrosis, or Black Lung? .....  YES  NO
  - c. Dementia, Alzheimer’s, Progressive Memory Loss, Major Depression, Bipolar Disorder, Psychosis, Schizophrenia, Multiple Sclerosis, Amyotrophic Lateral Sclerosis, Stroke, Transient Ischemia Attack (TIA) / mini stroke, Aneurysm, Sickle Cell Anemia, Rheumatoid Arthritis, or Systemic Lupus? .....  YES  NO
  - d. Kidney (renal) Disease, Chronic Kidney Disease (CKD), Kidney (renal) Failure, Liver Disease, or Hepatitis? .....  YES  NO
  - e. Any form of cancer other than basal or squamous cell skin cancer? .....  YES  NO

**F. Insurance Applied For and Premium Collected**

Amount of Insurance \$ \_\_\_\_\_ Single Premium Collected \$ \_\_\_\_\_

**G. Method of Payment**

**Check** – When you provide a check as payment, you authorize us 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. In the event that the payment is not honored, we have the right to re-present the transaction.

**EFT\***

**Credit Card\***

\* Use Premium Withdrawal Authorization Form

**H. Replacement Information**

**Applicant Replacement** – Do you have any existing insurance policies or annuity contracts?.....  YES  NO

Will the insurance applied for replace or change any insurance or annuity now or recently in force?.....  YES  NO

If “Yes,” complete the required replacement form(s).

**Agent Replacement** – Does the applicant have any existing insurance policies or annuity contracts? .....  YES  NO

Will the insurance applied for replace or change any insurance or annuity now or recently in force?.....  YES  NO



SERFF Tracking Number: NGLI-12800001 State: Arkansas  
 Filing Company: National Guardian Life Insurance Company State Tracking Number:  
 Company Tracking Number:  
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.002 Single Life - Single Premium  
 Product Name: NSPWL2012  
 Project Name/Number: NSPWL2012/

## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

AR - Required Certification.pdf  
 SPWL CERTIFICATION OF READABILITY.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Application

**Comments:**

Applications to be used are attached to this filing.

**Item Status:** **Status Date:**

**Satisfied - Item:** Life & Annuity - Acturial Memo

**Comments:**

The Exhibit is attached in both pdf and xls format.

**Attachments:**

Actuarial Memo -nspwl2012.pdf  
 Exhibit 1 - NSPWL2012.pdf  
 Exhibit 1 - NSPWL2012.xls

**Item Status:** **Status Date:**

**Satisfied - Item:** 3300SPWL-Notice

**Comments:**

**Attachment:**

3300SPWL-Notice.pdf

**Item Status:** **Status**

SERFF Tracking Number: NGLI-128000001 State: Arkansas  
Filing Company: National Guardian Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: L021 Individual Life - Endowment Sub-TOI: L021.002 Single Life - Single Premium  
Product Name: NSPWL2012  
Project Name/Number: NSPWL2012/

**Date:**

**Satisfied - Item:** Statement of Variables

**Comments:**

**Attachment:**

SOV - NSPWL2012.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.

May 4, 2012

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*Signature*

*Date*

***Mark Neidinger***

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Peggy Kratz

Title: Product Compliance Analyst

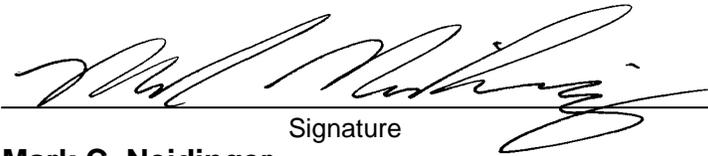
Phone #: (608) 443-5325

Email: plkratz@nglic.com

## CERTIFICATION OF READABILITY

I, Mark C. Neidinger, an officer of National Guardian Life Insurance Company, certify that the Flesch scores for the submitted forms are listed below:

Forms	Flesch Scores
NSWPL2012	62.2
3300SPWL 4/12	52.9
3300SPWL-BK 4/12	52.9



Signature

May 4, 2012

Date

**Mark C. Neidinger**

Associate General Counsel and Company Officer

**THIS PAGE TO BE LEFT WITH THE APPLICANT**

**NOTICE TO APPLICANT**

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also seek information from others, such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us. You have the right to request to be interviewed in connection with the preparation of that report. You may receive a copy of the report upon request. You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate. The above is a general description of our information practices. If you would like to receive a more detailed explanation of those practices, please send your request to the Director of Underwriting, Administrative Office: [P.O. Box ##### – Blue Springs, MO 64013 - 816-###-####]

**NOTICE OF DISCLOSURE OF INFORMATION**

Information regarding your insurability will be treated as confidential. National Guardian Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its Members. If you apply to another MIB, Inc member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901. If you question the accuracy of information in MIB’s file, you may contact MIB and seek a correction in accordance with procedures set forth in the Federal Fair Credit Reporting Act. The address of the MIB’s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

National Guardian Life Insurance Company or its reinsurer(s) may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

**APPLICATION / PREMIUM RECEIPT**

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO “NATIONAL GUARDIAN LIFE INSURANCE COMPANY”.  
DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE PORTION BLANK.**

Received From: \_\_\_\_\_ \$\_\_\_\_\_ By (check one)  Cash  Check  
 Money Order

in connection with an application for life insurance dated \_\_\_\_\_. It is understood that the insurance applied for will NOT be effective unless issued by the Company and will not be effective until the Effective Date stated in the Policy. The Company is NOT responsible for any loss sustained prior to the Effective Date stated in the Policy, and is thereafter liable only as stated in the Policy. No agent has the authority to change the terms of this receipt. If, for any reason, the application is not accepted and no Policy is issued, the Company’s liability will be limited to the return of all premium paid.

\_\_\_\_\_  
Agent’s Name – Please Print

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Date

National Guardian Life Insurance Company – Administrative Office: [P.O. Box ##### – Blue Springs, MO 64013 - 816-###-####]

**National Guardian Life Insurance Company**  
**Statement of Variables**

Single Premium Endowment at Age 120 Policy

Policy Form: NSPWL2012

Information within brackets [ ] is variable, as follows:

The Administrative Office address may change.

The information on the Schedule of Benefits will be completed with information specific to the insured, i.e. Policy Amount, Single Premium, Maturity Date, Cash Values, Insured, Age, Owner.

The nonforfeiture interest rate shown on the Schedule of Benefits is bracketed to accommodate any regulatory change in the Standard Nonforfeiture Law Minimums.