

~ Welcome ~



Your Insurance Group



NGL Final Expense
It's about people.



National Guardian[®] Life Insurance Company

- Headquartered in Madison, Wisconsin
- Founded in 1910
- NGL is a Mutual Life Insurance Company
- Assets: **\$3.1 Billion**
- NGL's Ratings
 - ✓ A- (Excellent) with A.M. Best
 - ✓ BBBpi S&P

*All figures are derived from consolidated GAAP results as of December 31, 2013.
Ratings current as of 5-3-13.*

National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America a.k.a. The Guardian or Guardian Life.



Guaranteed Issue Whole Life: *Product Overview*



NGL Final Expense
It's about people.

Product Features



Product Details



**Available for
ages 40-80**

**Credit and
debit cards
accepted**

**Face
amounts
from \$2,500-
\$25,000**

**Great
commissions***

Easy to complete ONE page application!

*For questions about commissions, please contact your marketing organization.



How to Complete the Paperwork



NGL Final Expense
It's about people.

APPLICATION FOR GUARANTEED ISSUE INDIVIDUAL WHOLE LIFE INSURANCE National Guardian Life Insurance Company (NGL) • Phone 800.988.0826 • Fax 866.228.9927 Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191		ICC14-4000-I 02/14 Mail Policy To: <input type="checkbox"/> Agent <input type="checkbox"/> Owner				
INSURED <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
_____	_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Phone Number	Social Security Number	Age	Date of Birth
OWNER - Complete only if other than Insured						
_____	_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Phone Number	Social Security Number	Relationship to Insured	
OWNER MAILING ADDRESS						
_____	_____	_____	_____	_____	_____	
Street Address	City	State	Zip	Email Address		
BENEFICIARY INFORMATION (if more than two please use form 2804FE (Multiple Beneficiary Designation)) PRIMARY						
_____	_____	_____	_____	_____	_____	
Name and Address of Primary Beneficiary	Date of Birth	Relationship	Social Security Number			
CONTINGENT						
_____	_____	_____	_____	_____	_____	
Name and Address of Contingent Beneficiary	Date of Birth	Relationship	Social Security Number			
PLAN - Guaranteed Issue - Graded Death Benefit Immediate full death benefit for accidental death. Limited death benefit for non-accidental death during the first two years. Full death benefit thereafter.						
Face Amount \$ _____	Modal Premium \$ _____	Total Premium Amount (with app) \$ _____				
EFT* <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual		MC/VISA* <input type="checkbox"/> Monthly *Complete the premium withdrawal authorization				
APPLICANT REPLACEMENT - Do you have any existing insurance policies or annuity contracts? Will the insurance applied for replace or change any insurance or annuity now or recently in force? If "Yes", complete required replacement form(s).			<input type="checkbox"/> YES	<input type="checkbox"/> NO		
AGENT REPLACEMENT - Does the applicant have any existing insurance policies or annuity contracts? Will the insurance applied for replace or change any insurance or annuity now or recently in force?			<input type="checkbox"/> YES	<input type="checkbox"/> NO		
APPLICANT SIGNATURES I represent that the information provided on this application is true and complete to the best of my knowledge and belief, and agree that (1) this application shall be the basis for and a part of any policy issued; (2) no insurance shall take effect until a policy is issued and delivered to the Applicant and the full first premium received by the Company during the lifetime of the insured. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life. I acknowledge I have read [or have had read to me] the fraud statement on this form.						
_____	_____	_____	_____	_____	_____	
Signed at (City)	State					
_____	_____	_____	_____	_____	_____	
Signature of Proposed Insured	Date	Signature of Owner (Required if other than Insured)	Date			
AGENT'S STATEMENT - I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.						
_____	_____	_____	_____	_____	_____	
Agent Signature	Agent Name Printed	NGL Agent #		<input type="checkbox"/> Check here for Agent Split and see below.		
AGENT SPLIT DESIGNATION: Please list any agents not included in the AGENT'S STATEMENT section.						
Agent listed in AGENT'S STATEMENT % _____						
_____	_____	_____	_____	_____	_____	
Additional Agent Signature	Additional Agent Name Printed	Additional NGL Agent #	%			

Standard NGL Guaranteed Issue Whole Life Application Form

ICC14-4000-I (02/14)

(Applications will vary by state; before writing new business, please verify the current version approved for your use on www.MyNGLIC.com)

Payment Mode



PLAN - Guaranteed Issue - Graded Death Benefit

Immediate full death benefit for accidental death. Limited death benefit for non-accidental death during the first two years. Full death benefit thereafter.

Face Amount \$ 5000.00 Modal Premium \$ As calculated Total Premium Amount (with app) \$ _____

EFT*

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
| <input checked="" type="checkbox"/> Semi-Annual | <input type="checkbox"/> Annual |

MC/VISA*

- | |
|----------------------------------|
| <input type="checkbox"/> Monthly |
|----------------------------------|

**Complete the premium withdrawal authorization*

1. Write in your selected face amount
2. Calculate your premium
3. Select EFT (monthly, quarterly, semi-annual or annual) or Credit card



Example: Monthly Payment



PLAN - Guaranteed Issue - Graded Death Benefit

Immediate full death benefit for accidental death. Limited death benefit for non-accidental death during the first two years. Full death benefit thereafter.

Face Amount \$ 10,000.00 Modal Premium \$ 83.30 Total Premium Amount (with app) \$ 83.30

EFT*

Monthly Quarterly
 Semi-Annual Annual

MC/VISA*

Monthly

**Complete the premium withdrawal authorization*

Example

- Female client
- Age 65
- \$10,000 policy
- EFT monthly

$$\$8.33 \times 10 = \$83.30$$



The Signature Section(s)

APPLICANT REPLACEMENT - Do you have any existing insurance? Will the insurance applied for replace or change any insurance? If "Yes", complete required replacement form(s).

AGENT REPLACEMENT - Does the applicant have any existing insurance? Will the insurance applied for replace or change any insurance?

If your state application includes any replacement questions, all of the questions must be completed.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

APPLICANT SIGNATURES

I represent that the information provided on this application is true and complete to the best of my knowledge and belief, and agree that (1) this application shall be the basis for and a part of any policy issued; (2) no insurance shall take effect until a policy is issued and delivered to the Applicant and the full first premium received by the Company during the lifetime of the insured. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life. **I acknowledge I have read [or have had read to me] the fraud statement on this form.**

City where sale was made

State Application was signed in

Signed at (City)

State

Insured signature and date application was signed

Owner Signature

Date

Signature of Proposed Insured

Date

Signature of Owner (Required if other than Insured)

Date

AGENT'S STATEMENT - I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.

Agent Signature

Agent's Name Printed

NGL Agent # Here

Check here for Agent Split and see below.

Agent Signature

Agent Name Printed

NGL Agent #

AGENT SPLIT DESIGNATION: Please list any agents not included in the **AGENT'S STATEMENT** section.

Agent listed in **AGENT'S STATEMENT** % 50

Additional Agents Signature

Additional Agent Printed Name

Additional NGL Number

%

Additional Agent Signature

Additional Agent Name Printed

Additional NGL Agent #

%



Premium Withdrawal Authorization

Complete One Premium Withdrawal Authorization for Each Insured

National Guardian Life Insurance Company (NGL) • PO Box 1191 • Madison WI 53701-1191
 Phone 800.988.0826 • Fax 866.228.9927

Credit Card:

- VISA
- MASTERCARD

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXP. DATE

M	M	Y	Y

or

Bank Account Information:

Financial Institution (Bank Name): _____

Routing # (lower left corner of check):

--	--	--	--	--	--	--	--	--	--

Bank Account # (lower middle of check):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fill in information for Credit Card OR Bank Account

Authorization: I authorize National Guardian Life Insurance Company (NGL) to make:

- A one-time initial
- A one-time initial and ongoing monthly**
- Ongoing Monthly only

Check this box

withdrawal(s) from my bank account/credit card specified above. **By signing below, I certify that I have read the withdrawal authorization disclosures on the reverse side of this form.**

Checking Savings* Credit Card

Draft Date for Ongoing Withdrawal (1st-28th): _____

Indicate checking, savings or credit card and then write in Draft Date for ongoing withdrawal

Amount of Initial Premium Withdrawal: _____ Amount of Ongoing Withdrawal: _____

Trust Assignment: NGL Estate Planning Trust



NGL Final Expense
It's about people.

NGL Estate Planning Trust Assignment Form (#2591-EPT)



Irrevocable Assignment of Ownership to NGL Estate Planning Trust (herein called "Trust")

National Guardian Life Insurance Company (NGL)
PO Box 1191 • Madison WI 53701-1191 • Phone: 800.988.0826

Insured John E. Smith *For Home Office Use Only*
Policy Number _____

Owner (If other than Insured) Mary K. Smith

Trust Beneficiary for excess proceeds John E. Smith, Jr.

Effective 45 days from the date NGL receives this form, I hereby assign ownership of this policy to the Trust.

I understand that by transferring ownership of this policy to the Trust, as of the effective date:

1. This policy is accepted by the Trust subject to all the terms of the Trust which, if the Trust is the primary beneficiary on the policy, includes payment of the policy proceeds for the funeral, burial and cremation expenses for the Insured, as listed below;
2. The change of ownership is permanent and, except as stated herein, I renounce my power to control ownership of the policy;
3. I give up any remaining right to cancel the policy and receive a return of premium under the Right to Cancel provision;
4. I waive all rights under the policy to surrender it for cash, or to obtain a loan against the policy;
5. I give up the right to change the beneficiary on this policy or riders, if any;
6. I give up the right to change the Trust Beneficiary;
7. Any proceeds received by the Trust in excess of the amount required to cover the cost of the approved goods and services for the Insured's funeral, burial or cremation will be paid to the Trust Beneficiary named at the time of this assignment if any, otherwise, to the estate of the Insured;
8. It is my personal obligation to pay all premiums due on this policy (if any) and, if my failure to pay premiums results in the lapse of the policy, the Trust will have no obligation to pay my funeral or burial expenses; and
9. My ability to qualify for state and federal public assistance is not guaranteed.

I may obtain a full copy of the Trust, at any time, upon written request to:

National Guardian Life Insurance Company (NGL) • Two East Gilman Street • Madison WI 53703

Owner Signature _____

Date _____

Signature of Owner _____

Date _____

The Trust accepts this assignment and agrees to use the proceeds of the Policy for the payment of funeral expenses.

By _____

Date _____

Authorized Expense Directive

Insured hereby expressly authorizes and directs Trustee to expend Trust assets to service or product providers in payment of expenses related to the provision of the following services and/or products.

List of possible goods and services qualifying for reimbursement

Basic Services of Funeral Director & Staff

Other Professional Funeral Services

Embalming

Other Care of Deceased

Dressing/Cosmetology/Casketing

Other Funeral Merchandise

Clergy Honorarium

Death Certificates

Musicians

Casket

Alternative Container

Outer Burial Container

Other Services



- Excess proceeds are paid to the beneficiary named on the form
- Policyholder must sign.
- If Power of Attorney (POA), include POA paperwork.

NGL AssetGuard



NGL Final Expense
It's about people.

NGL AssetGuard



NGL's fixed-rate product, when combined with an NGL Irrevocable Funeral Trust option, offers an increasing death benefit and provides a secure financial protection option for final expense planning.



NGL AssetGuard Highlights



Issue ages

- Single: 0-99
- Multi: 0-90

Payment plans

- Single pay, 3, 5, 7 and 10 years

Simplified underwriting

- One health question

Single Pay

- 0-99

3 Year

- 0-90

5 Year

- 0-85

7 Year

- 0-80

10 year

- 0-80



NGL AssetGuard Highlights



Maximum face amount

Single pay: \$100,000
Multi-pay: \$35,000

Single pay & Standard Issue Multi pay:

Immediate full death benefit

Increasing death benefit

- Single pay: Multiple growth rate options
- Multi-pay: 2.0% growth rate

Guaranteed Issue Multi pay:

Graded death benefit

Year 1: ROP, plus 3%

Year 2: 70%

Years 3+: 100%

How to Complete the Paperwork



NGL Final Expense
It's about people.

ENROLLMENT FORM FOR GROUP LIFE INSURANCE 2735FE(06/11) NGL AssetGuard
 National Guardian Life Insurance Company (NGL) - Phone 800.988.0826 - Fax 866.228.9927 Mail Policy To: Agent Owner (Default)
 Two East Gilman Street - PO Box 1191 - Madison WI 53701-1191

PROPOSED INSURED MALE FEMALE

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

OWNER - Complete only if other than Insured

 First Name MI Last Name Social Security Number Relationship to Insured

OWNER MAILING ADDRESS

 Street Address City State Zip Email Address

Face Amount \$ Premium \$

PAYMENT PLAN Single Pay Life
 Multi Pay Life: 3 Year 5 Year 7 Year 10 Year

PLAN - Complete for Single Pay Initial Premium + Multi Pay Premium = Total Premium Amount (with app)
 A B C D E \$ \$ \$

PAYMENT MODE Annual Semi-Annual Quarterly Monthly Direct EFT* MCVISA* *Complete the premium withdrawal authorization

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

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

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

BENEFICIARY INFORMATION

 Name of Primary Beneficiary, Estate of Insured, or NGL Trust

APPLICANT SIGNATURES
 To the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the insured is living. I acknowledge that the Policy applied for provides funds at the time of death which may be used for the purchase of funeral services and merchandise, but does not provide specific funeral services and merchandise. It is not an agreement with a funeral establishment. I understand that any information provided regarding the cost of funeral services was provided as general consumer information only. No representations were made that specific merchandise and/or service have been purchased or will be provided at the time of death. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life. **I acknowledge that I have read the fraud warning statement on the last page of this form.**

Signed At _____ State _____

Signature of Proposed Insured _____ Date _____ Signature of Owner (Required if other than Insured) _____ Date _____

AGENT'S STATEMENT I certify that any information recorded by me on this form is true and accurate to the best of my knowledge. Check here for Agent Split and see last page.

Agent Signature _____ Agent Name Printed _____ NGL Agent # _____

2735FE 06/11 1st Copy- Company 2nd Copy- Agent 3rd Copy- Purchaser

Standard NGL AssetGuard Application Form

2735FE (06/11)

(Applications will vary by state; before writing new business, please verify the current version approved for your use on MyNGLIC)

The Health Question*



- Determines Underwriting Class
- Health question must be answered “NO” for Standard Issue.
- If answered “YES” or not answered, Guaranteed Issue will be used.

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

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

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

* May vary by state.



Payment Plan + Mode



Face Amount \$ _____	Premium \$ <u>10,000</u>
PAYMENT PLAN <input checked="" type="checkbox"/> Single Pay Life	
Multi Pay Life: <input type="checkbox"/> 3 Year <input type="checkbox"/> 5 Year <input checked="" type="checkbox"/> 7 Year <input type="checkbox"/> 10 Year	
PLAN - Complete for Single Pay	Initial Premium + Multi Pay Premium = Total Premium Amount (with app)
<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	\$ _____ \$ _____ \$ _____
PAYMENT MODE <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Direct <input checked="" type="checkbox"/> EFT* <input checked="" type="checkbox"/> MC/MSA*	*Complete the premium withdrawal authorization

Growth Rates: .5% (A), 1.0% (B), 1.5% (C), 2.0% (D), 2.5% (E)

* “Increased Face Amount” (based on funeral price) or “Inflation Protected” amount.
Use Premium Calculators on **MyNGLIC** to best calculate Face Amount.



Example: Single Pay Policy



Face Amount \$ 10,373 Premium \$ 10,000

PAYMENT PLAN Single Pay Life

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

PLAN - Complete for Single Pay

A B C D E

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

\$ _____ \$ _____ \$ _____

PAYMENT MODE Annual Semi-Annual Quarterly Monthly Direct EFT* MC/MSA* *Complete the premium withdrawal authorization

Growth Rates: .5% (A), 1.0% (B), 1.5% (C), 2.0% (D), 2.5% (E)

* “Increased Face Amount” (based on funeral price) or “Inflation Protected” amount.
Use Premium Calculators on **MyNGLIC** to best calculate Face Amount.



Example: Multi Pay Policy



Face Amount \$ _____	Premium \$ <u>10,000</u>
PAYMENT PLAN <input type="checkbox"/> Single Pay Life	
Multi Pay Life: <input type="checkbox"/> 3 Year <input checked="" type="checkbox"/> 5 Year <input type="checkbox"/> 7 Year <input type="checkbox"/> 10 Year	
PLAN - Complete for Single Pay	Initial Premium + Multi Pay Premium = Total Premium Amount (with app)
<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	\$ _____ \$ <u>190.00</u> \$ <u>190.00</u>
PAYMENT MODE <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Direct <input checked="" type="checkbox"/> EFT* <input type="checkbox"/> MC/MSA* *Complete the premium withdrawal authorization	

Growth Rates: .5% (A), 1.0% (B), 1.5% (C), 2.0% (D), 2.5% (E)

* “Increased Face Amount” (based on funeral price) or “Inflation Protected” amount.
Use Premium Calculators on **MyNGLIC** to best calculate Face Amount.



Credit Card Payment Option



- Accepted with **no fee** for:
 - Initial Monthly Premium
 - Ongoing Monthly Premium



Note: Down payment or Single Pay require a **2%** commission reduction.



Beneficiary Information



BENEFICIARY INFORMATION
NGL Estate Planning Trust
<i>Name of Primary Beneficiary, Estate of Insured, NGL Funeral Expense Trust or NGL Estate Planning Trust</i>

When assigning to one of NGL's Trusts, please be sure to specify which:
NGL Funeral Expense Trust or NGL Estate Planning Trust.



Trust Assignments: NGL Estate Planning Trust NGL Funeral Expense Trust



NGL Final Expense
It's about people.

NGL Funeral Expense Trust Assignment Form (#2591-FET*)



Irrevocable Assignment of Ownership to NGL Funeral Expense Trust (herein called "Trust")

National Guardian Life Insurance Company (NGL)
PO Box 1191 • Madison WI 53701-1191 • Phone: 800.988.0626

Insured John E. Smith

For Home Office Use Only
Policy Number _____

Owner (If other than Insured) Mary K. Smith

Effective 45 days from the date NGL receives this form, I hereby assign ownership and change the beneficiary of this policy to the Trust. This transfer, once effective, is made to comply with the requirements of any applicable state public assistance and federal public assistance programs.

I understand that by transferring ownership of this policy to the Trust, as of the effective date:

1. This policy is accepted by the Trust subject to all the terms of the Trust which includes payment of the policy proceeds for the funeral expenses, burial and cremation for the Insured, as listed below.

My Funeral Home of choice is (Optional) _____ or any other Funeral Home as their interest may appear;
(Insert funeral home name or leave blank if none chosen at this time)

2. The change of ownership is permanent and, except as stated herein, I renounce my power to control ownership of the policy;
3. I give up any remaining right to cancel the policy and receive a return of premium under the Right to Cancel provision;
4. I waive all rights under the policy to surrender it for cash, or to obtain a loan against the policy;
5. I give up the right to change the beneficiary on this policy or riders, if any;
6. Policy proceeds that exceed the cost of the approved goods and services for the Insured's funeral, burial or cremation shall be paid to the State, if required by the applicable State's Medicaid recovery program. If payment to the State is not required, or if excess proceeds exist after payment to the State, all such excess proceeds shall be paid to the Estate of the Insured. This supersedes any Beneficiary named on my policy application; and
7. It is my personal obligation to pay all premiums due on this policy (if any) and, if my failure to pay premiums results in the lapse of the policy, the Trust will have no obligation to pay my funeral expenses.

I may obtain a full copy of the Trust, at any time, upon written request to:

National Guardian Life Insurance Company (NGL) • Two East Gilman Street • Madison WI 53703

Owner Signature _____

Date _____

Signature of Owner

Date

The Trust accepts this assignment and agrees to use the proceeds of the Policy for the payment of funeral expenses.

By _____ Date _____
Administrator or Trustee

Authorized Expense Directive

Insured hereby expressly authorizes and directs Trustee to spend Trust assets to service or product providers in payment of expenses related to the provision of the following services and/or products:

List of possible goods and services qualifying for reimbursement

Basic Services of Funeral Director & Staff	Other Funeral Merchandise	Memorial Meal
Other Professional Funeral Services	Clergy Honorarium	Casket
Embalming	Death Certificates	Alternative Container
Other Care of Deceased	Musicians	Outer Burial Container
Dressing/Cosmetology/Casework	Temporary Marker	Other Services
Funeral Home Facilities and/or Staff Services	Stationary Package	Transportation Equipment & Driver
Viewing/Visitation	Obituary Notices	Transfer of Deceased
Funeral Service	Flowers	Funeral Vehicle/Hearse
Memorial Service	Clothing	Car Limousine
Casket/Service Vehicle	Cemetery Charges	Utility/Service Vehicle
Other	Funeral Plan at Cemetery	

- Use this trust if the client is concerned with Medicaid Qualification in the near future
- Excess proceeds are paid to the Estate of the Insured (or the state, if your state requires it)
- Policyholder must sign. If Power of Attorney (POA), include POA paperwork.

* May be state-specific. Please contact your local Medicaid office.



NGL Funeral Expense Trust Assignment Form



The Trust accepts this assignment and agrees to use the proceeds of the Policy for the payment of funeral expenses.

By: _____ Date _____
Administrator or Trustee

Authorized Expense Directive

Insured hereby expressly authorizes and directs Trustee to expend Trust assets to service or product providers in payment of expenses related to the provision of the following services and/or products.

List of possible goods and services qualifying for reimbursement

Basic Services of Funeral Director & Staff	Other Funeral Merchandise	Memorial Meal
Other Professional Funeral Services	Clergy Honorarium	Casket
Embalming	Death Certificates	Alternative Container
Other Care of Deceased	Musicians	Outer Burial Container
Dressing/Cosmetology/Casketing	Temporary Marker	Other Services
Funeral Home Facilities and/or Staff Services	Stationery Package	Transportation Equipment & Driver
Viewing/Visitation	Obituary Notices	Transfer of Deceased
Funeral Service	Flowers	Funeral Vehicle/Hearse
Memorial Service	Clothing	Car/Limousine
Graveside Service	Cemetery Charges	Utility/Service Vehicle
Other	Opening & Closing of Grave	Other
Cremation Services		

To be used for purposes of Immediate Medicaid Eligibility ONLY

For Applicant: I hereby elect to make this irrevocable assignment effective immediately. I understand that by making this election I give up all rights to cancel the Policy and receive a refund of premium under the Right to Cancel provision of the policy.

To make an immediate transfer election please sign here _____

For Agent: I, _____, certify that I have explained to this insured that by signing the above line, he/she is forfeiting their right to cancel the policy and receive a refund of premium. He/she is aware of the consequences of immediate transfer. I understand that this option should only be used if there is no other way to reduce assets in order to qualify for Medicaid.

Agent Signature: _____



Use **ONLY** if your client needs to immediately apply for Medicaid and transfer the ownership rights immediately.



The Real Opportunity



NGL Insurance + NGL Irrevocable Trust

= an Unbeatable Team

**However, it is not necessary for Trust Application acceptance. **Trust limits may vary by state, due to individual state regulations.*



NGL Irrevocable Trusts



<h2>NGL Funeral Expense Trust</h2>	<h2>NGL Estate Planning Trust</h2>
<ul style="list-style-type: none">• \$15,000 maximum (or City/State limit, if less)	<ul style="list-style-type: none">• \$100,000 maximum (or state limit, if less)
<ul style="list-style-type: none">• The ability to help exclude assets in order to qualify for Medicaid and SSI* when applying immediately	<ul style="list-style-type: none">• The ability to exclude assets in order to qualify for Medicaid and SSI after 5-year look back
<ul style="list-style-type: none">• The Trust will pay funeral costs with any excess funds going <u>to the estate of the insured</u>	<ul style="list-style-type: none">• Funds used to pay funeral expenses. Any excess funds returned <u>to a designated beneficiary or the insured's estate</u>

**Some states may vary on Medicaid rules and eligibility is not guaranteed; please consult an elder law attorney in your state for assistance. Check with local Medicaid office for most recent rules and updates to limits).*



When to Use Each Trust



NGL Funeral Expense Trust

- Crisis Planning
- Medicaid very possible within 5 years
- Client wants funeral expenses only and wants assurance that the funds are protected now!

NGL Estate Planning Trust

- Medicaid is non-issue:
 - Now
 - At least 5 years or never
- Want to easily transfer limited amount of wealth:
 - Children
 - Charities
- \$\$ > 15K up to \$100k face amount

*This is the **REAL** opportunity!*



It could *NOT* be easier to do!



TWO pieces of paper
and you are done!

Application +
Funeral Expense Trust form
or
Estate Planning Trust form



Irrevocable Assignment of Ownership to NGL Estate Planning Trust (herein called "Trust")

National Guardian Life Insurance Company (NGL)
PO Box 1191 • Madison WI 53701-1191 • Phone: 800.868.0826



Irrevocable Assignment of Ownership to NGL Funeral Expense Trust (herein called "Trust")

National Guardian Life Insurance Company (NGL)
53701-1191 • Phone: 800.868.0826

ENROLLMENT FORM FOR GROUP LIFE INSURANCE
National Guardian Life Insurance Company (NGL) - Phone 800.868.0826 - Fax 866.228.9927 Mail Policy To: Agent Owner (Default)
Two East Gilman Street - PO Box 1191 - Madison WI 53701-1191

PROPOSED INSURED MALE FEMALE

OWNER - Complete only if other than Insured

OWNER MAILING ADDRESS

Face Amount \$ Premium \$

PAYMENT PLAN Single Pay Life
Multi Pay Life: Year 3 Year 5 Year 7 Year 10 Year
PLAN - Complete for Single Pay and 1 Year Plan Only
 A B C D E F G

PAYMENT MODE Annual (Not available on 1 Year) Semi-Annual Quarterly Monthly EFT MC/VISA *Complete the premium withdrawal authorization

STATEMENT OF HEALTH (To be completed by Proposer or residing in a nursing home, long term or resident by a medical professional to have any surgical procedure (including medication) by a medical professional for any of the following conditions: Congestive Heart Failure Immune System Disorder Heart Disease Cirrhosis of the Liver Stroke Drug or Alcohol Dependency Cancer (other than skin) Kidney failure (including dialysis)

BENEFICIARY INFORMATION

APPLICANT SIGNATURES

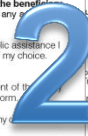
AGENT'S STATEMENT I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.

2739F 06/11 1st Copy- Company 2nd Copy- Agent 3rd Copy- Purchase

For Home Office Use Only
Number _____

For Home Office Use Only
Policy Number _____

assign ownership and change the beneficiary to comply with the requirements of any _____



of premium under the Right to Cancel against the policy;

over the cost of the approved goods and (just Beneficiary named at the time of this insured, as on the back of this form _____

Street • Madison WI 53703

for the payment of funeral expenses.

ice or product providers in payment of

burialment

- Casket
- Alternative Container
- Outer Burial Container
- Other Services
- Transportation Equipment & Driver
- Transfer of Deceased
- Funeral Vehicle/Hearse
- Coffin/Urns
- Utility/Service Vehicle
- Other
- Cemetery Charges

edicaid Eligibility ONLY

ective immediately. I understand that by making h of premium under the Right to Cancel provision and merchandise I have selected from the funeral itance.

I have explained to this insured that policy and asset that he/she is aware of the ould only be used if there is an immediate need to



Benefits of NGL Irrevocable Funeral Trusts



Everyone
qualifies for
trust
assignment

Proceeds avoid
probate costs
and delays

Benefits are
income tax-free

*Plus, peace
of mind for
your clients!*

**Trusts are
FREE**

Protection from
creditors

Funds totally
portable
(any FH provider)

Funds available
*immediately**

**Upon submission of all required claim documentation. **Death proceeds used for funeral expenses avoid probate costs and delays.*



Submitting Applications



NGL Final Expense
It's about people.

Submitting Applications via Fax



1

Complete Application Cover Page (#2802 p1)

2

Complete Premium Withdrawal Authorization (#2802 p2)

3

Fax with Application to: **866.228.9927**

Please ensure this form is the FIRST PAGE of your fax.

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Premium Withdrawal Authorization
Complete One Premium Withdrawal Authorization for Each Insured

Credit Card:
 VISA
 MAST

Bank Account

Financial Institution
Routing # (lower)

Authorization:
 A one
 A on
 Ongo

withdrawal(s) fr
read the withd

Checking

Amount of Initia

Insured's Full N

Accountholder/

Accountholder/

***FOR SAVING
VERIFY ROUTI**

FOR
WITHDRAW
PLEASE T

THE
ROUT

2802 p2 11/12

NGL
It's about people.
National Guardian Life Insurance Company (NGL) • PO Box 1191 • Madison WI 53701-1191
Phone 800.988.0826 • Fax 866.228.9927

**Application Checklist
and Fax Cover Page**

Insured's Name: _____ Date Faxed: _____

Producer #: _____ Number of Pages Faxed: _____ (including this page)

Agent's Name: _____

Phone Number: _____

Special Instructions: _____

**Has this application been sent or faxed
to NGL before?** Yes No
If yes, please fax to this number 608.443.5368

Sending Applications - Fax or Mail (Please only choose one)

- Assignment Form included? (if required)
- Insured and owner personal information correct?
- Insured's age verified by date of birth?
- Payment plan selected and premium calculations correct?
- Health question(s) marked? (if applicable)
- Required ancillary forms included? (if applicable)

Signatures - See signature guidelines at www.mynglic.com for reference

- If POA, Guardian or legal representative has signed, were legal indicators used? Are legal papers attached?
- Check for all signatures.
- Was the application signed in the state where you are licensed?

Payments/Authorization Form

- Electronic withdrawal of premium? Use Authorization form #2802 p2, complete one for each insured.
- Payment by money order or cashier's check? Please mail only.

Faxing a New Application - Send to 866.228.9927

- Cover form #2802 p1 and all other forms included?
- If you need a future draw date, please hold the application until that date.
- Please fax original for best legibility and keep until policy issued. NGL imaged copy will be sent with policy.

2802 p1 11/12



Policy Issuance



- **Faxed** applications for new policies begin processing **immediately**.*
- In most cases, applications are **issued the next business day!**

*Upon receipt of all necessary paperwork.



Best Practices for Submitting Applications



- Do not fax *and* mail your application materials; send via fax or via mail, not both. Please fax the application just once.
- Business should not be sent to NGL until it is ready to be issued.



The NGL Difference



NGL Final Expense
It's about people.

Our People are Our Strength



Dedicated Agent Support Team

- Questions about paperwork
- Assistance calculating premiums
- Help with reports on-line
- Just a phone call away

Dial 800-988-0826

Option 1



NGL: Serious About Service



Quick New Business Processing

- Policies Issued:
 - ✦ Same Day: 91.0%
 - ✦ Within 24 hours: 92.8%
 - ✦ Within 48 Hours (Goal): 94.6%



Value-Added Benefits



NGL Final Expense
It's about people.

NGL Agent Website: MyNGLIC



The screenshot shows the NGL Final Expense website homepage. The header includes the logo and tagline "NGL Final Expense It's about people." and the text "Current View: NGL Final Expense". The main navigation menu on the left lists: Home, Policy Information, Service Information, Reports, Supplies, Products, Marketing, Agent Information, Announcements, and Frequently Asked Questions. The right sidebar lists: Home, Policy Information, Service Information, Reports, Supplies, Products, Marketing, Agent Information, Announcements, and Frequently Asked Questions. The main content area features a "Welcome!" message, an "Announcements" section with a "Sample view of the MyNGLIC homepage" overlay, and a "Help" section with a "Expanded view of navigation" overlay. A dashed arrow points from the "Expanded view of navigation" overlay to the "Reports" link in the right sidebar. The footer includes "New Training Material Available!" and social media icons for Facebook and LinkedIn.

NGL Final Expense
It's about people.

Current View: NGL Final Expense

Site Map | Contact Us | About Us | FAQs | CMS | Admin

Home
[Policy Information](#)
[Service Information](#)

+ [Reports](#)
+ [Supplies](#)
+ [Products](#)
+ [Marketing](#)
+ [Agent Information](#)
+ [Announcements](#)
+ [Frequently Asked Questions](#)

Home
[Policy Information](#)
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+ [Reports](#)
+ [Supplies](#)
+ [Products](#)
+ [Marketing](#)
+ [Agent Information](#)
+ [Announcements](#)
+ [Frequently Asked Questions](#)

Welcome!

Announcements

Serv
NG
CS
api

Sample view of the MyNGLIC homepage

ion secure:

1. Change your password every 3 months. Try putting a reminder on your calendar.
2. Make sure your password is strong. Use a combination of letters, numbers and other symbols.
3. Don't use common or easy to guess passwords, for example "password123" to your

Expanded view of navigation

ended for cy numbers on and ask you to claim. Thank you

for your help in avoiding payment delays.

New Training Material Available!

[f](#) [in](#)

[f](#) [in](#)

MyNGLIC: Policy Information



Welcome, Jessica Zahn. [Edit Profile] [Log Out](#)
Current View: NGL Final Expense. [Change?](#)

[Site Map](#) | [Contact Us](#) | [FAQs](#) | [CMS](#) | [AdminTools](#) | [Login As Agent](#)

- [Home](#)
- [Policy Information](#)
- [Service Information](#)
- + [Reports](#)
- + [Supplies](#)
- + [Products](#)
- + [Marketing](#)
- + [News & Information](#)
- + [Frequently Asked Questions](#)

National Guardian Life Insurance Company

Policy Details for ERIKSON, FRANK M - NGL0234567

Values as of 05/01/2008

Single Pay 3.0% Active			
Insured	ERIKSON, FRANK M	Current Death Benefit	15,530.13
Age	68, born on 08/15/1939	Base Cash Value	8,306.45
Issued on	08/16/2007 at age 68	Loan Balance	0.00
Owner	ERIKSON, FRANK M	Surrender Charge (Annuity)	0.00
	2 E GILMAN ST. MADISON, WI 53703 800-548-2962	Net Surrender Value	8,306.45

Beneficiary ESTATE OF INSURED

Single premium/payment Direct Bill - 15,000.01	
Billed To	08/16/2007
Paid To	08/16/2007
Payor	ERIKSON, FRANK M

Financial Activity in the last two years

Activity Date	Amount	Type
08/16/2007	0.01	Over/Short
08/16/2007	15,000.01	Premium

Please note that the Current Death Benefit Amount is an approximation.

Misrepresentations on applications - Just a reminder that if a material misrepresentation is made when completing an application and that misrepresentation is discovered when processing a claim, it is within our authority to rescind the original policy. If a policy is rescinded, our only obligation is to return premiums paid, and any commissions paid are charged back to the writing agent regardless of how long the policy in question had been in force. Please be sure that the representations on all applications are complete and accurate so that neither you nor any of your customers are placed in a position where coverage is rescinded.



NGL ReportLink



Ready access to information you need to run your business.

The screenshot displays the NGL ReportLink web application. At the top left is the NGL logo and '100 Years of Service' banner. The top right shows a user profile for Jessica Zahn with a 'Log Out' link. A navigation menu on the left includes links for Home, Policy Inform, Service Inform, Reports (with sub-links for NGL Report, How To Use, NGL Report Commission, and Statements), Supplies, Products, Marketing, News & Infor, and Frequently A Questions. The main content area features a 'Welcome to NGL Report Link' heading, a brief introduction, and a list of instructions for users to customize their home page. A 'Personalize info/view now' link is also present. At the bottom, there is a section titled 'BusinessObjects infoView collects and presents business intelligence information and provides:' followed by three bullet points describing its capabilities.

- View, Export or Print *any* reports you need at *any time*.
- No separate log-in needed.
- Updated daily



Custom Reports



Get *your* data just how *you* want it!

Customize reports by:

- Date Range
- Agent Number
- Policy Detail
- Policy Summary
- Type of Activity:
 - Gross
 - Net of Not-Taken
 - Net of All First-Year Terminations

Data is updated nightly and contains a (rolling) two-years' worth of information.



New Agent Program



- NGL works to help your recruiting efforts pay off!
 - Our New Agent Program encourages new agents to develop familiarity with NGL and start selling right away.
- Agents who produce at least \$25,000 of premium within their first 90 days receive a \$100 VISA Gift Card.



Additional Training Resources



- NGL Rate Calculators
- How to Use MyNGLIC (Agent website)
- How to Order Supplies
- How to Use NGL ReportLink



Questions? Concerns?



Call NGL Agent Support:

800-988-0826 (Option 1)

Mon – Thurs: 7am – 7pm CST, Fri: 7-5pm CST



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NGL Final Expense

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