

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY

3315PN(vL) 07/12 Series 64

National Guardian Life Insurance Company (NGL) - Phone 800.988.0826 - Fax 866.228.9927 Mail Policy To: ☐ Agent
Two East Gilman Street - PO Box 1191 - Madison WI 53701-1191☐ Funeral Home
☒ Owner (Default)**PROPOSED INSURED/ANNUITANT**☒ Male ☐ Female

Test	MI	AVClay		50	01/01/1970
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Phone Number</i>	<i>Social Security Number</i>	<i>Age</i> <i>Date of Birth</i>

OWNER - Complete only if other than Insured/Annuitant

First Name	MI	Last Name	Social Security Number	Relationship to Insured
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OWNER MAILING ADDRESS

2 East Gilman Street	Madison	WI	53703	
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Email Address</i>

Funeral Price \$5,000.00 Face Amount \$5,000.00**PLAN** ☒ A ☐ B ☐ C**PAYMENT PLAN** ☐ Single Pay Life ☐ Flexible Annuity \$ _____Multi Pay Life: ☐ 3 Year ☒ 5 Year ☐ 10 Year

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

\$ _____ **\$102.08** **\$102.08****PAYMENT MODE** ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly Direct ☒ EFT* ☐ MC/VISA*

*Complete the premium withdrawal authorization

This Policy will fund a: ☒ Burial ☐ Cremation ☐ Other**STATEMENT OF HEALTH (To be completed by Proposed Insured - Do not complete for Annuity):** Are you currently on oxygen, hospitalized, receiving hospice care, or confined to a nursing home or long term care facility; **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	Diabetic Coma/Insulin Shock
Heart Disease	Cirrhosis of the Liver	Emphysema	Amputation (caused by disease)
Stroke	Drug or Alcohol Dependency	Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	Alzheimer's/Dementia
Cancer (other than skin)	Kidney failure (including dialysis)		

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.

DIRECTION FOR PAYMENT OF PROCEEDS (DO NOT COMPLETE UNTIL YOU HAVE READ THE LAST PAGE OF THIS FORM FOR IMPORTANT INFORMATION)

DUGGAN'S SERRA MORTUARY	500 WESTLAKE AVE	DALY CITY	CA	94014
<i>Name of Funeral Provider</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Estate of the Insured				Insured
<i>Name of Primary Beneficiary</i>	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip</i>	<i>Relationship to Insured</i>

APPLICANT SIGNATURESTo the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I authorize NGL to share my nonpublic personal information with any Funeral Provider with whom I have a Prefunded Funeral Agreement. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life. **I acknowledge that I have read the fraud warning statement on the last page of this form.****IRREVOCABLE ASSIGNMENT: I elect to assign this Policy subject to the terms of the Irrevocable Assignment of Policy on the last page of this form.** Owner Initials _____ (Initial only if the Policy should be irrevocably assigned.)

Signed At _____ State _____

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

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

Agent Signature	JEAN MANI	1041289	<input type="checkbox"/> Check here for Agent Split and see last page
	<i>Agent Name Printed</i>	<i>NGL Agent #</i>	

DIRECTION FOR PAYMENT OF PROCEEDS: By naming a Funeral Provider under the DIRECTION FOR PAYMENT OF PROCEEDS, you agree to the following: NGL is directed to pay an amount not to exceed the death benefit of the Policy to the Funeral Provider named, if any, on the front of this form. NGL will only pay the Funeral Provider upon receipt of proof that funeral merchandise and services have been provided. You may change these directions at any time before the funeral is provided by giving written notice to NGL. In the event that NGL rescinds or declines to issue the Policy, you also assign the following to the Funeral Provider: (1) The right to receive the premium paid upon receipt of proof that funeral merchandise and services have been provided; (2) The right to compromise claims; and (3) The right to agree to rescission.

IRREVOCABLE ASSIGNMENT OF POLICY: If initialed, you agree to the following: Assignment of Ownership, Death Benefit and Rescission Rights: The Owner hereby irrevocably assigns to the Funeral Provider named in the Direction for Payment of Proceeds all incidents of ownership of the Policy, the right to receive all or part of the death benefit payable under the Policy upon receipt of proof that the funeral merchandise and services have been provided, and, if the Insurer, for any reason either rescinds or declines to issue a Policy, all rights, including the following: (1) the right to receive the premium paid (upon receipt of proof that the funeral merchandise and services have been provided), (2) the right to compromise claims and (3) the right to agree to rescission.

The Owner acknowledges that by making the assignment irrevocable it cannot be canceled. This assignment does not affect the right of the Owner to cancel the Policy under the Right to Cancel provision. By making this assignment irrevocable, the Owner also acknowledges the following: (1) The assignment of death benefit proceeds is permanent and cannot be changed by the Owner; (2) The Owner has waived all rights under the Policy to surrender for cash, to obtain a loan, to change the Owner or beneficiary, or to receive a refund for any premium paid; and (3) The Owner remains responsible for the payment of all insurance premiums when due.

It is understood and agreed that this irrevocable assignment in no way inhibits the Owner or the next of kin of the Insured from hereafter selecting another Funeral Provider to perform funeral services and provide funeral merchandise in connection with the funeral of the Insured. The Insurer is not a party to this assignment and the sole responsibility of the Insurer is to pay the death benefit proceeds pursuant to the terms of the Policy as amended by this assignment.

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 #

%

ACKNOWLEDGMENT OF PAYMENT: This acknowledges payment from Test AVClay in the amount of \$102.08 in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

ELECTRONIC CHECK DISCLOSURE: When you provide a check as payment, you authorize us to either 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, NGL has the right to re-present the transaction. For inquiries please call 1.800.988.0826.

FRAUD WARNING STATEMENTS

For Residents of DE, HI, ID, MO, MS, NV, SC, WV and WY: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

For Residents of AL, DC, LA and RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of KS and NE: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

For Residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

EXHIBIT A

AGREEMENT NUMBER _____

THIS FUNERAL CONTRACT IS FUNDED BY LIFE INSURANCE

For the benefit of

Test AVClay

Funeral Recipient/Insured

Social Security Number

STATEMENT OF GOODS AND SERVICES**GUARANTEED FUNERAL GOODS AND SERVICES****FUNERAL HOME SERVICES:**

Basic Services of Funeral Director and Staff \$ 5,000.00
 Embalming \$ _____
 Use of facilities/staff/equipment for:
 Visitation _____ days @ \$ _____ per day \$ _____
 Funeral/Memorial Service \$ _____
 Graveside Service \$ _____
 Transfer of deceased to Funeral Home
 (_____ Miles) \$ _____
 Family car(s) Number _____ @ \$ _____ each \$ _____
 Hearse \$ _____
 Service Vehicle \$ _____
 Forwarding/Receiving remains \$ _____
 Other Services/Facilities/Equipment:
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
TOTAL FUNERAL HOME SERVICES \$ **5,000.00**

FUNERAL MERCHANDISE:

Casket \$ _____
 Construction & Type _____
 Fabric _____
 Special Features _____
 Manu./Model or Name _____
 Cremation Container \$ _____
 Manufacturer _____
 Model Name/Number _____
 Outer Burial Container \$ _____
 Manufacturer _____
 Model Name/Number _____
 Material _____
 Other Guaranteed Merchandise (Specify)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
TOTAL FUNERAL MERCHANDISE \$ _____
TOTAL FUNERAL HOME SERVICES \$ **+5,000.00**
TOTAL GUARANTEED FUNERAL PRICE \$ **5,000.00**

NON-GUARANTEED CASH ADVANCE ITEMS

Acknowledgment Cards \$ _____
 Obituary Notices \$ _____
 Death Certificate(s) (# _____) \$ _____
 Flowers \$ _____
 Clergy Honorarium \$ _____
 Music \$ _____
 Vault Installation \$ _____
 Grave Opening and Closing \$ _____
 Hairdresser \$ _____
 Other (Specify)
 _____ \$ _____
 _____ \$ _____

We charge you for our services in obtaining the following cash advance items:

_____ \$ _____
 Sales Tax \$ _____
TOTAL NON-GUARANTEED CASH ADVANCE ITEMS \$ _____
TOTAL GUARANTEED FUNERAL PRICE \$ **+5,000.00**
TOTAL GUARANTEED AND NON-GUARANTEED FUNERAL PRICE \$ **5,000.00**

Charges are only for items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. If you select a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as direct cremation or immediate burial. If we charge for embalming, we will explain why below.

Acknowledgment: By completing and signing this form, you acknowledge that you were given a copy of this Agreement, that you were shown general price lists prior to discussing prices of funeral services or merchandise and that you have read and understand this Agreement.

DUGGAN'S SERRA MORTUARY

Funeral Home Name

500 WESTLAKE AVE, DALY CITY, CA, 94014

(650) 756-4500

Address

Phone

Signature of Authorized Funeral Director

Date

Test AVClay

Purchaser

2 E Gilman St, Madison, WI 53703, USA

Address

Phone

Signature of Purchaser

Date

PREFUNDED FUNERAL AGREEMENT

Performance Agreement

The Provider agrees to provide the funeral services as specified by the Purchaser on Exhibit A unless those services cannot be performed due to circumstances beyond the Provider's control. This Agreement supercedes any and all other written agreements and negotiations between the parties. This agreement cannot be changed except by a later written agreement signed by Purchaser and Provider.

Funding

Purchaser agrees to fund this Agreement with a life insurance policy issued by National Guardian Life Insurance Company ("Insurer") on the life of the Recipient with an ultimate face amount at least equal to the Total Guaranteed and Non-Guaranteed Funeral Price and to assign the policy proceeds to the Provider. The policy shall be purchased within 30 days from the date of this agreement.

The Insurer is not a party to this Agreement and is not responsible for fulfillment of its terms. The responsibilities of the Insurer are solely as stated in the insurance policy.

Price Guarantee

The prices shown in the Statement of Goods and Services are the current retail prices. They are used to establish the amount of insurance required to fund this Agreement. When the Funeral Services are provided, the current retail prices at that time will be charged. The provider will accept the policy death benefit as full payment for the Guaranteed Funeral Goods and Services, even if the then retail price is greater than the policy death benefit. Prices for Cash Advance items are incidental and not guaranteed.

If the total policy death benefit is not sufficient to provide payment in full, the difference between the policy death benefit and total price of the Funeral Services will be due and payable by the recipient's family or authorized representative. If the actual death benefits exceed the then current retail prices, the Provider may retain the excess.

Limitation on Price Guarantee

These price guarantees will not apply unless the policy death benefit paid is an amount at least equal to the ultimate face amount.

Substitution of Funeral Services

The Provider will furnish the items as described, but, if unavailable, reserves the right to substitute items of equal or better quality.

Freedom of Choice

At any time, Purchaser, family or authorized representative may request that a new funeral home be appointed to provide the Funeral Services. This request must be in writing. Upon acceptance by the new funeral home, Provider agrees to assign its rights and obligations in this Agreement.

Insurance Policy Termination

If the insurance policy is terminated for any reason, this Agreement automatically ends and the Provider is relieved of all responsibility under the Agreement. This Agreement automatically ends if the insurance policy is cancelled, allowed to lapse, borrowed against, surrendered for cash, or if annuity payments are paid out before death.

Cancellation

This Agreement may be cancelled at any time before the Provider provides the Funeral Services. Cancellation of this Agreement will not cancel the insurance policy, which must be cancelled according to the specific terms of the insurance policy. If the insurance policy is cancelled or surrendered more than 30 days from issue, the cash value, if any, will be refunded. In the early years, the cash value may be substantially less than the premiums paid.



Premium Withdrawal Authorization

Complete One Premium Withdrawal Authorization for Each Insured

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

Credit Card:

☐ VISA

☐ MASTERCARD

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EXP.
DATE

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M M Y Y

or

Bank Account Information:

Financial Institution (Bank Name): Test Bank

Routing # (lower left corner of check):

1	1	1	1	1	1	1	1	1	1
---	---	---	---	---	---	---	---	---	---

Bank Account # (lower middle of check):

1	1																
---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

☐ A one-time initial (*will be drawn immediately*)

☒ **A one-time initial and ongoing** (*initial will be drawn immediately*)

☐ Ongoing only

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 Only (1st-28th): 1

Amount of Initial Premium Withdrawal: 102.08 Amount of Ongoing Withdrawal: 102.08

Insured's Full Name (Please Print): Test AVClay
First Middle Initial Last

Accountholder/Cardholder's Name: Test AVClay
First Last

Accountholder/Cardholder's Signature: _____ Date: _____

***FOR SAVINGS ACCOUNTS, PLEASE CONTACT YOUR BANK TO VERIFY EFT IS ALLOWED AND TO VERIFY ROUTING AND ACCOUNT NUMBERS**

FOR INITIAL AND ONGOING
WITHDRAWALS FROM A BANK ACCOUNT,
PLEASE TAPE A VOIDED CHECK HERE
AND COMPLETE
THE FINANCIAL INSTITUTION,
ROUTING NUMBER AND BANK
ACCOUNT NUMBER.

Withdrawal Authorization Disclosures:

Initial Premium Withdrawal: I authorize National Guardian Life Insurance Company (NGL) to make a one time withdrawal from my bank account/credit card for the amount provided on this form, not to exceed the amount indicated in my policy contract and/or policy endorsement. The draw will be started on the date the application is approved, but the actual date of withdrawal can vary due to holidays/weekends and is dependent on my Financial Institution. This withdrawal is for the purpose of collecting the initial premium for my policy. I authorize the financial institution to process the withdrawal as if I had signed it. In the event that the payment is not honored, NGL has the right to re-present the transaction. NGL also has the right to revoke this method of payment at any time.

Ongoing Monthly Credit Card Withdrawal: I authorize National Guardian Life Insurance Company (NGL) to remit the premiums due through my credit card indicated for the amount and date provided on this form or as stated in the policy contract and/or policy endorsement I will receive. Unless indicated the draw will occur monthly. This authority will remain in full force and effect until the stated expiration date of the card or until I revoke this authorization with five day advance written notice. NGL has the right to revoke this method of payment at any time. This withdrawal is authorized only if I have selected ongoing withdrawals on the reverse side of this form.

Ongoing Monthly Electronic Funds Transfer (EFT): I authorize National Guardian Life Insurance Company (NGL) to electronically debit my bank account for the amount and date provided on this form or as stated in the policy contract and/or policy endorsement I will receive. The actual date of deduction can vary due to holidays/weekends and is dependent on my Financial Institution. This authorization is to remain in effect until canceled. This method of payment can be canceled with five day advance written notice. In the event that the payment is not honored, NGL has the right to re-present the transaction. This method of payment will not change any of the provisions of my policy and unless indicated the draw will occur monthly. NGL has the right to revoke this method of payment at any time. This withdrawal is authorized only if I have selected ongoing withdrawals on the reverse side of this form.

Electronic Check Disclosure: When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. For inquiries please call 1-800-988-0826.