

APPLICATION FOR INDIVIDUAL SINGLE PREMIUM IMMEDIATE ANNUITY

4100-I-CA 01/16



National Guardian Life Insurance Company (NGL) • Phone 877.442.6960 • Fax 608.373.7384
 Administrative Office: PO Box 2867 Clinton, IA 52733-2867

1. PROPOSED ANNUITANT/OWNER INFORMATION

First Name	MI	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	SSN
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2. MAILING ADDRESS

Address	City	State	Zip
Email	Primary Phone Number	Secondary Phone Number	

3. BENEFICIARY INFORMATION (For additional beneficiaries please use separate form)

Primary Name	Date of Birth
Address	Relationship
Contingent Name	Date of Birth
Address	Relationship

4. PLAN AND PAYMENT

Single Premium Immediate Annuity:		Plan Qualification:	Premium submitted with application:
DRA Compliant	Flex SPIA	<input type="checkbox"/> Non-Qualified	\$ _____
<input type="checkbox"/> Level Benefit (Always Irrevocable)	<input type="checkbox"/> Level Benefit <input type="checkbox"/> Balloon Benefit	<input type="checkbox"/> Tax-Deferred IRA	<input type="checkbox"/> Transfer*
Estimated Monthly Payment Amount and/or Balloon Payment	Benefit Duration (months)	<input type="checkbox"/> Tax-Deferred Roth IRA	<input type="checkbox"/> Rollover*
\$ _____		<input type="checkbox"/> Other: _____	<input type="checkbox"/> 1035 Exchange*
		Annuity Date*	<input type="checkbox"/> Other (Indicate in Remarks section below)
		* One month from effective date unless otherwise noted	*If more than one, please indicate in the remarks.

5. REPLACEMENT QUESTIONS

APPLICANT REPLACEMENT - Is the insurance being applied for intended to replace or change any existing life insurance or annuity? If "Yes", complete required replacement form(s). YES NO

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

6. REMARKS

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7. ANNUITANT/OWNER 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. **Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

Printed Name of Proposed Annuitant/Owner	Signed at Date	Signature of Proposed Annuitant/Owner
Signed at City	Signed at State	Signed By (If checked, please attach documentation) <input type="checkbox"/> Agent under Power of Attorney <input type="checkbox"/> Guardian/Conservator

8. AGENT'S STATEMENT

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

Signature of Agent	Printed Name of Agent	Agent Number	% <small>(If splitting commission)</small>
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9. AGENT SPLIT DESIGNATION: Please list any agents not included in the AGENT'S STATEMENT section.

Additional Agent Signature	Additional Agent Name Printed	Additional NGL Agent #	% <small>(If splitting commission)</small>
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10. 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 [1-877-442-6960].

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