NGL. Electronic Funds Transfer (EFT) Request Form (Deposit)

National Guardian Life Insurance Company (NGL) • Phone 800.548.2962 • Fax 608.257.3940 • www.nglic.com
Mailing Address: 123 Town Square Place • PMB 749 • Jersey City, NJ 07310

Policy Number(s):	Policy Number(s):

Name of the Financial Institution _____ Phone Number _____

Name on the account _____

Phone number of account holder _____

I hereby request and authorize you to deposit funds into my account maintained at the above named Financial Institution. It is agreed that:

1. Proof of deposit will appear on your bank statement.
2. This authority will remain in effect until I have cancelled it in writing. I can discontinue this method of deposit with five day written advance notice.
3. In the event that the deposit is not honored, NGL has the right to send a check in the amount of the intended deposit.
4. This method of deposit will not change any of the provisions of my policy(ies). In the event of an error in the deposit, NGL has the right to perform the corrective withdrawal to rectify the error within 5 banking days of the transaction.
5. The actual date of deposit can vary due to holidays/weekends and is dependent on your Financial Institution.

Signature of Policyowner _____ Date _____

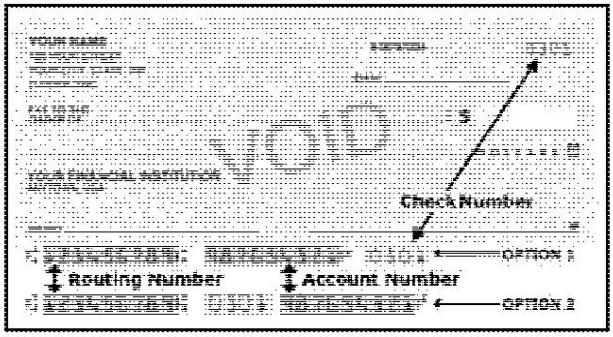
CHECKING ACCOUNT: Tape Voided Check Here (No Deposit Slips)

Type of Account:
- ❑ Checking Account
- ❑ Savings Account*

Institution Routing/ABA#

Checking or Savings Account #

***Please obtain this information from your statement or your Financial Institution.**



1270-Deposit 11/21

Policy Surrender Request

National Guardian Life Insurance Company (NGL)
Mailing Address: 123 Town Square Place • PMB 749 • Jersey City, NJ 07310 • www.nglic.com

Policy # _____

Insured's Name _____

Policyowner's Name _____

Policyowner's Address _____

Policyowner's Social Security # or Tax ID # _____ Policyowner's Phone: _____

I understand that in signing this form I am surrendering my policy contract with National Guardian Life Insurance Company. I understand that I will need to destroy my policy contract. If the distribution creates a taxable event, we will withhold for taxes and inform you.

In order to better understand why you are cancelling this policy, please select an option below:

- ❑ Affordability
- ❑ Other coverage meets my needs
- ❑ These funds are required elsewhere
- ❑ Other: _____

SIGNATURES

_____ Signature of Owner(s)	_____ Date
_____ Signature of Spouse* (AZ, CA, ID, LA, NM, NV, TX, WA, or WI)	_____ Date
_____ Signature of Witness or Notary**	_____ Date

* If you purchased in a Community Property State (AZ, CA, ID, LA, NM, NV, TX, WA, or WI) your spouse is required to sign. If your spouse is deceased, or if you do not have a spouse, please note that on the request.

** The witness or notary's signature may be required under certain circumstances.

If the following fees apply, they will be deducted from your surrender proceeds. Electronic Funds Transfer: $15 or Overnight Postage: $20