POLICYOWNER REQUEST FOR SERVICE

National Guardian Life Insurance Company

POLICY NUMBER	OWNER'S SOCIAL SECURITY NUMBER
INSURED NAME	OWNER NAME

1. NAME OR ADDRESS CHANGE

❑ Insured Former Name_____

❑ Owner New Name_____

❑ Payor Reason for Change_____

New Address_____

Please include supporting documentation of name change

2. OWNERSHIP CHANGE

I request that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner named below, and the executors, administrators and assigns, or successors and assigns, of such new owner.

New Owner (Print full name)_____

Address_____

Phone number_____ Date of Birth _____

Relationship to Insured_____ Social Security Number_____

At the death of the Owner, the Contingent Owner is:

❑ Insured OR _____ Relationship_____ Date of Birth_____

3. CHANGE OF BENEFICIARY *(Include Social Security Number)*

I hereby revoke existing settlement agreements, if any, and request the Company to change the beneficiary under the above numbered policy as follows:

Primary Beneficiary: First-Middle-Last Name Address-City-State	Date Of Birth	Relationship to Insured	Beneficiary SSN
_____	_____	_____	_____
_____	_____	_____	_____

If the primary beneficiary is not living at the date of the death of the Insured:

Contingent Beneficiary: First-Middle-Last Name Address-City-State	Date Of Birth	Relationship to Insured	Beneficiary SSN
_____	_____	_____	_____
_____	_____	_____	_____

If more than one beneficiary is named in any classification, payment shall be made to the survivors or survivor in equal shares at the date of the death of the Insured unless otherwise directed herein.

4. CHANGE DIVIDEND OPTION

Change my current dividend option to:

☐ Pay In Cash ☐ Reduce Premium

☐ Accumulate At Interest (MUST COMPLETE W-9)

☐ Purchase Paid Up Additional Insurance (ONLY AVAILABLE WITH STANDARD ISSUES)

☐ Reduce POLICY LOAN OUTSTANDING THEN _____(SELECT 2ND OPTION)

5. CHANGE CURRENT DIVIDENDS

Change my current dividend accumulation:

□ FROM ACCUMULATING AT INTEREST TO PAID-UP ADDITIONAL INSURANCE (evidence of insurability may be required)

□ FROM PAID-UP ADDITIONS TO ACCUMULATE AT INTEREST (MUST COMPLETE W-9)

6. LOST POLICY AFFIDAVIT

The undersigned hereby certifies that the above numbered policy has been lost, destroyed or never received.

□ ISSUE A CERTIFICATE FOR LOST POLICY □ NO ACTION REQUESTED

National Guardian Life Insurance Company (NGL)
Mailing Address: 123 Town Square Place • PMB 748 • Jersey City, NJ 07310
800.762.9883 • Fax: 608.373.9508 • www.nglic.com

POLICYOWNER REQUEST FOR SERVICE
National Guardian Life Insurance Company

7. CHANGE NON-FORFEITURE OPTION	Change the non-forfeiture option to: □ AUTOMATIC PREMIUM LOAN PROVISION □ REDUCE PAID UP INSURANCE □ EXTENDED TERM INSURANCE
8. CHANGE DEATH BENEFIT OPTION (if applicable)	Change: □ FROM DEATH BENEFIT INCREASE BY CASH VALUE TO LEVEL DEATH BENEFIT
9. FULLY PAY UP (if applicable)	I hereby request to fully pay-up my policy: □ WITH THE LOAN OUTSTANDING □ WITH THE LOAN PAID OFF
10. CHANGE DEATH BENEFIT AMOUNT (UNIVERSAL LIFE ONLY)	I hereby request to change the specified death benefit from $_____ to $_____ My premium payments should (remain the same/be changed) to $ _____
11. REDUCE FACE AMOUNT	Reduce face amount to $ _____ . For most plans of insurance, reducing the face amount of insurance will also reduce the premium. ***You must return your policy (if not available please complete section 6 above)***
12. CORRECTION OF AGE/DOB	☐ INSURED ☐ SPOUSE ☐ DEPENDENT CHILD **CORRECT DATE OF BIRTH ___ / ___ / _____** **SEND A COPY OF BIRTH CERTIFICATE.** The face amount of insurance will be adjusted to show the amount of insurance the premiums would have purchased at the correct age.
13. EXTENDED TERM INSURANCE	I hereby request to convert my policy to Extended Term Insurance. INITIAL HERE (_____) – Initials required – **Please complete signature on last page**
14. REDUCE PAY UP	I hereby request to reduce pay-up my policy: □ WITH LOAN OUTSTANDING □ WITH THE LOAN PAID OFF INITIAL HERE (_____) – Initials required – **Please complete signature on last page**
15. CHANGE PREMIUM PAYMENTS	Change my premium payments from the current method to: □ DIRECT BILLING □ ANNUAL □ SEMI-ANNUAL □ QUARTERLY □ PRE-AUTHORIZED CHECK (ATTACH VOIDED CHECK) EFFECTIVE DATE OF CHANGE _____
16. ANNUITY WITHDRAWAL	National Guardian Life is hereby requested and directed to process an Annuity Withdrawal. If you are under age 59 ½, the IRS may impose a 10% premature distribution penalty Please withdraw $_____ from the Annuity Fund Balance on my policy
17. DIVIDEND WITHDRAWAL	I wish to withdraw A) ☐ Full amount of my dividend credits or B) ☐ Partial amount of $_____paid in the following manner ☐ Paid to me in cash ☐ Applied to reduce the loan ☐ Applied to policy #_____

POLICYOWNER REQUEST FOR SERVICE
National Guardian Life Insurance Company

18. CANCELLATION UNDER FREELOOK	I hereby request to cancel my National Guardian Life Insurance Company policy. I realize that there is no cash value available on the policy and I will be terminating the death benefit on the policy. Per my policy contract, I understand my policy is still within the free look period and I will receive all premiums paid on the policy. ***You must return your policy (if not available please complete section 7 above)*** INITIAL HERE (_____) – Initials required – **Please complete signature on last page**
19. POLICY LOAN AGREEMENT	In accordance with the terms and conditions of the policy hereinafter described, the policyholder requests a loan against the cash value for _____ DOLLARS. As sole security for the repayment of such loan and interest thereon there is hereby assigned to said Company, the above mentioned policy issued or assumed by the said Company. <u>It is agreed that the conditions upon which such loan is made are as follows:</u> 1. In case of non-payment of any interest on said loan when due, such interest shall be added to and become part of the principal of said loan, and shall bear interest at the rate stated in your policy contract. 2. This loan, together with all other indebtedness on said policy, shall become due and payable by the undersigned. 3. The full payment of said loan and interest thereon, in cash, shall cancel and discharge the said loan and Assignment of said policy, and in case of such payment, in cash, this instrument shall be returned to the owner. INITIAL HERE (_____) – Initials required - **Please complete signatures on last page** ***Please note that your policy must be paid within the 30 day grace period in order to take a loan.**
20. LOAN REPAYMENT	I wish to repay my loan in regular installments: <u>Mode of Payment</u> *Mode of payment must be equal to mode of premium payments. If no premium payments are being made, please select one of the options below:* ☐ Monthly ☐ Quarterly ☐ Semi Annual ☐ Annual <u>Form of Payment</u> ☐ Direct Bill ☐ Pre-Authorized Bank Draft – Date of Draft _____ <u>Amount of Payment</u> $_____

POLICYOWNER REQUEST FOR SERVICE
National Guardian Life Insurance Company

21. CASH SURRENDER	National Guardian Life Insurance Company is hereby requested and directed to cancel the above mentioned policy and to make payment of the cash surrender value thereof to the undersigned. For statistical purposes, please state the reason for the surrender of this policy: _____ In our opinion, based on Federal tax laws, there may be taxable income on your policy. We are required by the IRS to withhold 10% of your taxable income from the proceeds unless you elect otherwise If you elect federal withholding, State income withholding may be required depending on your state of residence. If you have any tax questions, please consult a tax advisor. CT Residents – MANDATORY 6.99% State withholding on any disbursement. Please check your withholding election below. ☐ Yes, please withhold 10% of my taxable income, or please state amount if different. *Tax Sheltered Annuity (403b) policies require a mandatory 20% withholding.* ☐ No, please do not withhold. ***You must return your policy (if not available please complete section 6 above)*** Social Security Number _____ INITIAL HERE (_____) – Initials required - **Please complete signatures on last page, including a notarized signature.**

Who must sign:

1) **Current owner, Individual with Power of Attorney, or Trustee. Please send supporting documentation.**
2) **Witness. Please have your signature witnessed by an individual other than the beneficiary of your policy. A notary signature is required if we do not have an original signature on file or if you are surrendering your policy.**
3) **The beneficiary, if designated irrevocably or if designated as creditor of the policy.**
4) **Current owner's spouse. If you purchased your policy 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.**
5) **New owner, if changing ownership please complete W-9 form.**

Owner Signature **New Owner Signature**	**Date**
Spouse Signature (AZ, CA, ID, LA, NM, NV, TX, WA, or WI)	**Date**
Witness or Notary Signature	**Date**
FOR HOME OFFICE USE Recorded at National Guardian Life Insurance Company, Inc. Madison, Wisconsin _____ Registrar Assistant Secretary Date	**NOTARY STAMP OR SEAL:**

National Guardian Life Insurance Company (NGL)
Mailing Address: 123 Town Square Place • PMB 748 • Jersey City, NJ 07310
800.762.9883 • Fax: 608.373.9508 • www.nglic.com