

**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	<input type="checkbox"/> Insured Former Name _____ <input type="checkbox"/> Owner New Name _____ <input type="checkbox"/> 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: <input type="checkbox"/> Insured OR _____ Relationship _____ Date of Birth _____																																								
3. CHANGE OF BENEFICIARY <i>(Include Social Security Number)</i>	I hereby revoke existing settlement agreements, if any, and request the Company to change the beneficiary under the above numbered policy as follows: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;"><b>Primary Beneficiary:</b> First-Middle-Last Name</td> <td style="width:15%;">Date Of Birth</td> <td style="width:20%;">Relationship to Insured</td> <td style="width:20%;">Beneficiary SSN</td> </tr> <tr> <td style="padding-left: 40px;">Address-City-State</td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> If the primary beneficiary is not living at the date of the death of the Insured: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;"><b>Contingent Beneficiary:</b> First-Middle-Last Name</td> <td style="width:15%;">Date Of Birth</td> <td style="width:20%;">Relationship to Insured</td> <td style="width:20%;">Beneficiary SSN</td> </tr> <tr> <td style="padding-left: 40px;">Address-City-State</td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> 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.	<b>Primary Beneficiary:</b> First-Middle-Last Name	Date Of Birth	Relationship to Insured	Beneficiary SSN	Address-City-State				_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<b>Contingent Beneficiary:</b> First-Middle-Last Name	Date Of Birth	Relationship to Insured	Beneficiary SSN	Address-City-State				_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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4. CHANGE DIVIDEND OPTION	Change my current dividend option to: <input type="checkbox"/> Pay In Cash <span style="margin-left: 200px;"><input type="checkbox"/> Reduce Premium</span> <input type="checkbox"/> Accumulate At Interest (MUST COMPLETE W-9) <input type="checkbox"/> Purchase Paid Up Additional Insurance (ONLY AVAILABLE WITH STANDARD ISSUES) <input type="checkbox"/> Reduce POLICY LOAN OUTSTANDING THEN _____ (SELECT 2 <sup>ND</sup> OPTION)																																								
5. CHANGE CURRENT DIVIDENDS	Change my current dividend accumulation: <input type="checkbox"/> FROM ACCUMULATING AT INTEREST TO PAID-UP ADDITIONAL INSURANCE (evidence of insurability may be required) <input type="checkbox"/> 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. <input type="checkbox"/> ISSUE A CERTIFICATE FOR LOST POLICY <span style="margin-left: 50px;"><input type="checkbox"/> NO ACTION REQUESTED</span>																																								

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7. CHANGE NON-FORFEITURE OPTION	Change the non-forfeiture option to: <input type="checkbox"/> AUTOMATIC PREMIUM LOAN PROVISION <input type="checkbox"/> REDUCE PAID UP INSURANCE <input type="checkbox"/> EXTENDED TERM INSURANCE
8. CHANGE DEATH BENEFIT OPTION (if applicable)	Change: <input type="checkbox"/> 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: <input type="checkbox"/> WITH THE LOAN OUTSTANDING <input type="checkbox"/> 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.  <b><i>You must return your policy (if not available please complete section 6 above)</i></b>
12. CORRECTION OF AGE/DOB	<input type="checkbox"/> INSURED <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD  <b>CORRECT DATE OF BIRTH</b> ___ / ___ / ____ <b>SEND A COPY OF BIRTH CERTIFICATE.</b> 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 – <b>Please complete signature on last page</b>
14. REDUCE PAY UP	I hereby request to reduce pay-up my policy: <input type="checkbox"/> WITH LOAN OUTSTANDING <input type="checkbox"/> WITH THE LOAN PAID OFF  INITIAL HERE ( _____ ) – Initials required – <b>Please complete signature on last page</b>
15. CHANGE PREMIUM PAYMENTS	Change my premium payments from the current method to: <input type="checkbox"/> DIRECT BILLING <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> 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) <input type="checkbox"/> Full amount of my dividend credits or B) <input type="checkbox"/> Partial amount of \$ _____ paid in the following manner <input type="checkbox"/> Paid to me in cash <input type="checkbox"/> Applied to reduce the loan <input type="checkbox"/> Applied to policy # _____

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18. CANCELLATION UNDER FREELook	<p>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.</p> <p><b>You must return your policy (if not available please complete section 7 above)</b></p> <p>INITIAL HERE ( _____ ) – Initials required – <b>Please complete signature on last page</b></p>
19. POLICY LOAN AGREEMENT	<p>In accordance with the terms and conditions of the policy hereinafter described, the policyholder requests a loan against the cash value for _____ DOLLARS.</p> <p>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.</p> <p><u>It is agreed that the conditions upon which such loan is made are as follows:</u></p> <ol style="list-style-type: none"><li>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.</li><li>2. This loan, together with all other indebtedness on said policy, shall become due and payable by the undersigned.</li><li>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.</li></ol> <p>INITIAL HERE ( _____ ) – Initials required - <b>Please complete signatures on last page</b></p> <p><b>*Please note that your policy must be paid within the 30 day grace period in order to take a loan.</b></p>
20. LOAN REPAYMENT	<p>I wish to repay my loan in regular installments:</p> <p><u>Mode of Payment</u> <i>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:</i></p> <p><input type="checkbox"/> Monthly   <input type="checkbox"/> Quarterly   <input type="checkbox"/> Semi Annual   <input type="checkbox"/> Annual</p> <p><u>Form of Payment</u></p> <p><input type="checkbox"/> Direct Bill   <input type="checkbox"/> Pre-Authorized Bank Draft – Date of Draft _____</p> <p><u>Amount of Payment</u>     \$ _____</p>

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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.**

<b>Owner Signature</b>	<b>New Owner Signature</b>	<b>Date</b>
<b>Spouse Signature (AZ, CA, ID, LA, NM, NV, TX, WA, or WI)</b>		<b>Date</b>
<b>Witness or Notary Signature</b>		<b>Date</b>

FOR HOME OFFICE USE  
Recorded at National Guardian Life Insurance Company, Inc. Madison, Wisconsin

\_\_\_\_\_  
Registrar                                      Assistant Secretary                                      Date

**NOTARY STAMP OR SEAL:**