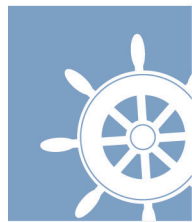


# Annuity Product Training



**HarborMaster™**  
SINGLE PREMIUM IMMEDIATE ANNUITY 



WHITEHALL BAY

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## **Introduction to the HarborMaster™ Series Annuity Products**

Whitehall Bay is pleased to offer the HarborMaster series of safe harbor annuity products for your clients planning for their long term-care needs. Our HarborMaster annuity is a single premium immediate annuity designed to meet all Medicaid and Medi-Cal requirements. Our HarborMaster Flex annuity is designed to provide either a level monthly income stream or can be set up with a small monthly income stream coupled with a balloon payment to help accommodate planning techniques consistent with planning techniques that are complimentary with the Veterans Administration's Improved Pension program.

Both annuities are underwritten by National Guardian Life Insurance Company (NGL). NGL is located in Madison, Wisconsin and has an A.M. Best rating of "A-" Excellent.

# Singe Premium Immediate Annuity Basic Elements

## Definitions and Terms

### *Owner*

The person or entity who purchases the Annuity and owns rights to the contract. This person names the Annuitant and the Beneficiary and may exercise the provisions of the Annuity contract.

### *Annuitant*

The person or persons on whose life or lives the Annuity is based, primarily for the purpose of Annuitization. The Contract Owner decides who the Annuitant will be. The Contract Owner and Annuitant in the HarborMaster annuity are always the same person. [Note: If you desire to complete a Sec. 1035 Exchange from a policy that has more than one annuitant or more than one owner, you must ask the issuing company to remove the co-annuitant and/or co-owner so that the owner and the annuitant are the same before completing the transfer.]

### *Premium*

Money paid into an Annuity. For purposes of simplicity, people sometimes talk about “deposits” into an Annuity.

### *Term*

The annuity term is the number of months that payments will be made by the annuity. With the HarborMaster annuity the term cannot be longer than the full life expectancy of the annuitant as determined by the Social Security Life Expectancy tables or the state Medicaid/Medi-Cal actuarial tables, whichever applies. It is the responsibility of the agent to recommend an actuarially sound term for the policy length. The HarborMaster Flex is most commonly written to the same term as the HarborMaster, but can be written for a term longer than the state Medicaid/Medi-Cal actuarial tables with home office approval.

### *Application*

The application is a formal document used by the insurance company to collect information about the annuitant and the nature of the annuity contract that the annuitant want to create.

### *Contract*

The contract is essentially the insurance company’s written promise to pay based on the request from the annuitant contained in the application. Once accepted the application becomes a formal part of the contract.

### *Tax Status*

Each payment is made up of a return of premium plus interest. For all non-qualified annuities, the interest portion of the payment is taxable as ordinary income to the annuitant. For qualified annuities, the entire payment is considered taxable to the annuitant.

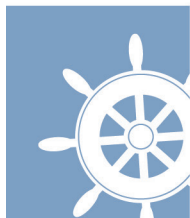
### *Transfer or Exchange*

Assets may be transferred or exchanged by the applicant and used for the purchase of the annuity. Only non-qualified assets exchanged under IRC Sec. 1035 may be qualified or non-qualified. Tax qualified plans can be directly transferred from their existing custodian to NGL or can be rolled over to NGL. Note: The IRS limits the number of rollovers that can be done in a calendar year and it is the agent’s responsibility to make sure that the applicant has not used up their allowable rollover.

### *Payee*

The payee is the person who the annuity payment is made payable. Because direct deposit is often used for the annuity payment, this is the person or trust who receives the direct deposit of the payment.

## Key Features of HarborMaster™



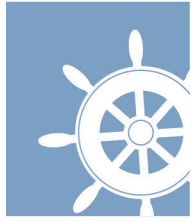
# HarborMaster™

SINGLE PREMIUM IMMEDIATE ANNUITY 

<b>Issue ages:</b>	40 - 100
<b>Premium:</b>	Minimum \$10,000 Maximum \$250,000*
<b>Specific features:</b>	No cash surrender value. The contract is non-surrenderable, non-deferrable, and non-commutable. The contract is irrevocable and non-assignable.
<b>Payment options:</b>	Monthly, paid equally for a specified period of time.
<b>Health question:</b>	No health questions - Guaranteed issue only
<b>Death benefit:</b>	Upon death of the annuitant, the annuity benefits will be continued to the beneficiary. The beneficiary will have the option to commute future payments in the form of lump sum paid to the beneficiary, referred to as "commuted value."  The interest rate for calculating the lump sum amount will be determined at the time of death based on a rate that will be set annually and is initially 8%.

*\*Without home office approval.*

## Key Features of HarborMaster Flex™



**HarborMaster**<sup>flex</sup><sup>TM</sup>  
SINGLE PREMIUM IMMEDIATE ANNUITY 

<b>Issue ages:</b>	18 - 100
<b>Premium:</b>	Minimum \$5,000 Maximum \$250,000*
<b>Specific features:</b>	No cash surrender value. The contract is non-surrenderable, non-deferrable, and non-commutable. The contract is revocable as to the beneficiaries and non-assignable.
<b>Payment options:</b>	Monthly, paid equally for the length of the contract or a minimal monthly payment with one large “balloon” payment at the end of the contract duration. For all balloon annuities, the contract owner has a one-time option to convert the remaining payments into equal monthly payments during the remaining term of the annuity.
<b>Health question:</b>	No health questions - Guaranteed issue only
<b>Death benefit:</b>	Upon death of the annuitant, the annuity benefits will be continued to the beneficiary. The beneficiary will have the option to commute future payments in the form of lump sum paid to the beneficiary, referred to as the “commuted value.”  The interest rate for calculating the lump sum amount will be determined at the time of death based on a rate that will be set annually and is initially 8%.

*\*Without home office approval.*

# Process and Procedures

## Finding an Application


Please call 855-663-4883 or visit [www.whitehallbay.com](http://www.whitehallbay.com) to order applications.

## Completing an Application

**Annuitant's Information:**  
Please make sure to check spelling of Annuitant's name.

**Beneficiary Information:**  
Write the name and address of where proceeds should be directed to. Use separate form for additional beneficiaries.

**Plan and Payment:**  
HarborMaster use the DRA Compliant level benefit. HarborMaster Flex choose between level benefit and balloon benefit under Flex SPIA.

APPLICATION FOR INDIVIDUAL SINGLE PREMIUM IMMEDIATE ANNUITY						
 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
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						
<b>Single Premium Immediate Annuity:</b>		<b>Plan Qualification:</b>		<b>Premium submitted with application:</b>		
<input type="checkbox"/> <b>DRA Compliant</b>	<input type="checkbox"/> <b>Flex SPIA</b>	<input type="checkbox"/> Non-Qualified <input type="checkbox"/> Tax-Deferred IRA <input type="checkbox"/> Tax-Deferred Roth IRA <input type="checkbox"/> Other: _____		\$ _____ <input type="checkbox"/> Transfer* <input type="checkbox"/> Rollover* <input type="checkbox"/> 1035 Exchange* <input type="checkbox"/> Other (Indicate in Remarks section below)		
<input type="checkbox"/> Level Benefit (Always Irrevocable)	<input type="checkbox"/> Level Benefit <input type="checkbox"/> Balloon Benefit	Estimated Monthly Payment Amount and/or Balloon Payment	Benefit Duration (months)	Annuity Date*		* One month from effective date unless otherwise noted
\$ _____				*If more than one, please indicate in the remarks.		
5. REPLACEMENT QUESTIONS						
<b>APPLICANT REPLACEMENT:</b> Do you have any existing insurance policies or annuity contracts?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the insurance applied for replace or change any insurance or annuity now or recently in force?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If "Yes" to either question, complete required replacement form(s).						
<b>AGENT REPLACEMENT:</b> Does the applicant have any existing insurance policies or annuity contracts?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the insurance applied for replace or change any insurance or annuity now or recently in force?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6. REMARKS						
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. <b>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.</b>						
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		
ICC16-4100-I 01/16						

**Social Security Number:**  
Must be provided on all SPIA applications.

**Date of Birth:**  
Must have Annuitant's date of birth.

**Initial Premium:**  
Indicate only the amount paid with the application. For transfers indicate the expected amount in the remarks.

**Signed at City:**  
City where the application was signed.

**Signed at State:**  
State where the application was signed.

**Signatures:**  
Questions on how to sign correctly? Please refer to NGL's Signature Guidelines.

Please Note: If your state requires replacement questions, they will appear above the Applicant Signatures section. Please be sure to answer all replacement questions and include any required replacement forms. Applications will vary by state.

Completing an Application (continued)

**Agent's Statement:**  
Include your NGL agent number and printed name.

**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 [1-877-442-6965].

**Agent Split Designation:**  
If you would like to split commission with another agent, please enter commission split percentage above "0%."



## Signature Guidelines

The following guidelines are to assist you when completing applications:

- The Owner/Annuitant or a properly empowered POA/Guardian for the Owner/Annuitant must sign the application.
- If a competent Owner/Annuitant signs with an "X" or uses a printed or stamped signature, a separate explanation, signed by two witnesses, must accompany the application. The printed or stamped signature on the application must match the signature on the check.

## Signature Guidelines - Frequently Asked Questions

**Q: What is the correct way for an Agent under Power of Attorney to sign?**

A: Annuitant/Owner is John Smith                      POA for John Smith is Suzie Doe

Signature in Insured section on application should be:  
John Smith by Suzie Doe, POA

**Q: What is the correct way for a Guardian/Conservator to sign?**

A: Annuitant/Owner is John Smith                      Guardian for John Smith is Suzie Doe

Signature in Insured section on application should be:  
John Smith by Suzie Doe, GDN


## Submitting an Application


The application must be submitted fully completed and with all appropriate paperwork. Please see below for more details.

- Both application pages are present and all fields have been completed.
- Annuitant/Owner's personal information has been verified correct.
- At least one beneficiary is named (Attached supplemental beneficiary form if more than 2).
- Replacement forms are enclosed if applicable.
- Any required state specific forms are complete and attached.
- Direct Deposit authorization is enclosed.
- Is any portion of the policy funded with a personal check, bank check, or money order? Please enclose the payment and MAIL the entire application only.
- If Policy is funded by 1035 exchange or rollover from another company and exchange/rollover authorization form is enclosed.
- If Policy is funded by ACH withdrawal and authorization is enclosed.

All applications must be submitted according to the following order:

1. SPIA New Application Cover and Instructions form. (see sample below)
2. Single sided pages 1 and 2 of the application in sequential order.
3. Supplemental forms such as replacement forms and any state specific requirements.
4. Direct Deposit Authorization. (see sample below)
5. Payment form(s)

 <b>SPIA New Application Cover and Instructions</b> <small>National Guardian Life Insurance Company • P.O. Box 2867 • Clinton, IA 52733-2867 Phone 877.442.6960 • Fax 608.373.7384 • www.nglic.com</small>	
<b>Fax Applications To: 608.373.7384</b>	<input type="checkbox"/> New Application <input type="checkbox"/> Additional forms or corrections for application Policy Number:
Annuitant's Name	Producer # (s)
Agent's Name (s)	Agent Fax #
Phone Number	Email
Notes/Comments	
<b>Application checklist:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Both application pages are present and all fields have been completed.</li> <li><input type="checkbox"/> Annuitant/Owner's personal information has been verified correct.</li> <li><input type="checkbox"/> At least one beneficiary is named (Attached supplemental beneficiary form if more than 2).</li> <li><input type="checkbox"/> Replacement forms are enclosed if applicable.</li> <li><input type="checkbox"/> Any required state specific forms are complete and attached.</li> <li><input type="checkbox"/> Direct Deposit authorization is enclosed.</li> <li><input type="checkbox"/> Is any portion of the policy funded with a personal check, bank check, or money order? Please enclose the payment and MAIL the entire application only.</li> <li><input type="checkbox"/> If Policy is funded by 1035 exchange or rollover from another company and exchange/rollover authorization form is enclosed.</li> <li><input type="checkbox"/> If Policy is funded by ACH withdrawal and authorization is enclosed.</li> </ul>	
<b>All applications must be submitted according to the following order:</b> <ol style="list-style-type: none"> <li>1) SPIA New Application Cover and Instructions form.</li> <li>2) Single sided pages 1 and 2 of the application in sequential order.</li> <li>3) Supplemental forms such as replacement forms and any state specific requirements.</li> <li>4) Direct Deposit Authorization</li> <li>5) Payment form(s)</li> </ol>	
Please be sure to fax the application pages single sided & in sequential order. If necessary, convert the application to a single sided document by photocopying the applications. <b>Applications may be submitted via Fax, Mail, or FTP Upload (Please only choose one)</b>	
<b>Reminders:</b> <ul style="list-style-type: none"> <li>• If submitting by mail, please use a paper clip to separate each application; mailing address is: P.O. Box 2867, Clinton, IA 52733-2867</li> <li>• Agents may contact the New Business Agent Support Department to confirm that the application was received and submitted correctly: 877.442.6960. If faxing please allow at least 4 hours before contacting the Agent Support</li> <li>• Information regarding application and policy status, commissions, business reports, policyholder correspondence and more is available at MyNGLConnect please log on to www.MyNGLConnect.com</li> </ul>	
4100-NACI 01/16	

 <b>Direct Deposit Authorization</b> <small>National Guardian Life Insurance Company • P.O. Box 2867 • Clinton, IA 52733-2867 Phone 877.442.6960 • Fax 608.373.7384 • www.nglic.com</small>	
<b>Information About Annuitant/Payee</b>	
Name	Social Security Number/Tax ID
Address	City State Zip
Phone #	
If Deposit account is jointly owned:	
Joint Owner Name	Social Security Number/Tax ID
Address	City State Zip
Phone #	
<b>Banking Information</b>	
Financial Institution (Bank) Name:	City State Zip
Routing/ABA Number	Account Type: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (Please check one box)
Account Number	Attach a voided check (checking account) or deposit slip (savings account)
(VOIDED CHECK OR DEPOSIT SLIP)	
<b>Authorization and Agreement</b>	
I (we) hereby authorize National Guardian Life Insurance Company (NGL) to initiate credit entries (deposits) to my (our) account indicated above at the depository financial institution named above, hereafter called BANK, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I agree to direct my joint account owners, executors, administrators, or assignees to refund to NGL any payments that are made following my death so that they may be redistributed to my beneficiary(ies) or contingent annuitant(s), if applicable. If the financial institution account identified above is jointly owned, this authorization will not be effective without the signature of the joint account owner below.	
4100-DDA 01/16	

## Payout Period

The payout period may not exceed the actuarial life expectancy of the annuitant and is determined based on the life expectancy of the annuitant without prior approval and submission of Form 4100-IRSAT. The staff at Whitehall Bay will assist with determining the payout period and will provide a quote upon request.

## Death Claim

Should the annuitant die during the payout period, a death claim and supporting documentation will be filed with Whitehall Bay. Whitehall Bay will notify NGL and NGL will modify the payment structure so that payments will be made to the beneficiary or beneficiaries.

# Suitability

## NAIC Model Suitability Guidelines

Four Hour Annuity Course - Many states now require the completion of a 4-hour annuity suitability training course: AK, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MS, ND, NJ, NE, NH, OH, OK, OR, RI, SC, SD, TN, TX, WA, WI, WV, WY (as of 04/08/2016).

- CA (8 hour annuity suitability training course)
- FL (3 hour annuity suitability training course)

Other states will be changing their laws to conform to the new NAIC annuity suitability model regulation. If you are uncertain what your state requires, visit [www.webce.com/catalog](http://www.webce.com/catalog) and click on your state to determine the requirement.

Over the past several years, the NAIC has established model regulations to better protect annuity consumers from unsuitable sales and abusive sales and marketing practices. These model regulations initially set forth standards and procedures for making recommendations to senior consumers that result in a transaction involving annuity products. The model regulations later evolved to cover all consumers.

The standards and procedures help assure that an insurance producer appropriately addresses the insurance needs and financial objectives of consumers at the time of the transaction. Specifically, the NAIC regulations:

1. Hold insurers responsible for ensuring that annuity transactions are suitable by establishing a system to supervise agents' recommendations to consumers.
2. Require that agents be trained on the provisions of the annuities in general and the specific products you are selling.

National Guardian Life Insurance Company reviews each application and suitability form to assure that the transaction is in the applicant's best interest. Based on the facts entered on the suitability form by the applicant as to their financial situation, needs, investments and other products, the insurance producer and insurer must have reasonable grounds for believing that the annuity recommendation is suitable for the consumer.

## Special Purpose Planning

Prior to recommending a particular annuity to a consumer, an insurer or producer must obtain the consumer's suitability information; however, the proposed owner/annuity may choose not to provide this information.

Suitability Information means information that is reasonably appropriate to determine the suitability of a recommendation, including the following:

- a. Age of annuitant
- b. Annual income of the annuitant
- c. Financial situation and needs, including the financial resources used for the funding of the annuity.
- d. Financial experience of the annuitant
- e. Financial objectives of the annuitant
- f. Intended use of the annuity
- g. Financial time horizon of the annuity (maximum value)
- h. Existing assets, including investments and life insurance holdings
- i. Liquidity needs
- j. Liquid net worth
- k. Risk tolerance
- l. Tax Status

By having the annuitant complete the Suitability Form, the annuitant and you agree that the proposed annuity is suitable for the financial needs and objectives of your client.

Request any other information that may apply in relation to the annuity purchase or exchange. Explain the advantages and disadvantages of a consumer purchasing or exchanging an annuity.

Follow the laws of the state where you write business and if you have questions regarding the suitability of annuity transactions, please contact Whitehall Bay at 855-663-4883.

It is understood that many annuities purchased for the purpose of achieving benefit eligibility requirements may be suitable to the owner/annuitant's benefit planning objectives, but may not meet the model liquidity guidelines. In these circumstances, the proposed owner/annuitant may still purchase the product but must agree to accept full liability for the suitability of the product for their circumstances.

## Ethical Conduct in Sales

Performing a needs-based analysis helps to ensure that your clients get the product and amount of coverage that comes closest to meeting their objectives.

Determining the suitability of a particular insurance or annuity product for a particular client is one of the most important services you can provide; it is a critical element of every sale. A purchase recommendation is “suitable” when it is appropriate for your client’s insurable needs, financial objectives and affordability.

Most states have adopted suitability regulations governing individual insurance and annuity contracts. The regulations generally require that you must have reasonable grounds for believing the policy or annuity contract you recommend is suitable for the client based upon the information supplied to you.

To address your client’s needs and meet suitability compliance standards for annuities:

1. Educate clients. Make certain that clients know how the policy or contract operates, including any premium payments, fees, penalties, interest rates and potential risks. Emphasize that annuities are long-term purchases and explain the potential risks. Emphasize that annuities are long-term purchases and explain the difference between “tax free” and “tax deferred”.
2. Do complete fact-finding, which includes reasonable efforts to obtain your client’s age, occupation, educational background, financial status, tax status, investment objectives, retirement and financial plans and other information you need to make a purchase recommendation.
3. Help clients select the right product based on their purchase needs, risk tolerance and financial means.
4. Use the state-required suitability forms provided. Completion of the form will assist you in obtaining the key information you need to determine suitability of the annuity.
5. Provide a balanced presentation of the features, benefits and restrictions for products that you recommend. Avoid overemphasizing any one benefit, such as tax-favored advantages for annuity interest or life insurance proceeds.
6. Follow up with your client regularly.

Additionally, every client who desires to use this product for benefit planning purposes should consult with an Elder Law attorney or other knowledgeable advisor (e.g., a CPA for tax planning advice) before deciding if this product is appropriate for their circumstances. You should be fully aware of and compliant with the limitations placed upon you in your state concerning the Unauthorized Practice of Law (UPL) which can vary from state to state. Every client who purchases a HarborMaster product must acknowledge the following:

NGL and its representatives do not offer legal, financial, tax, investment, Medicaid/Medi-Cal planning, VA benefit planning or estate planning advice and I have had an opportunity to seek such advice from the proper sources before purchasing this annuity. NGL makes no warranty, express or implied, or representations as to how this annuity may affect my or my spouse’s benefit eligibility (Medicaid/Medi-Cal or otherwise).

## **Death Claims**

### **Claims Made by Non-Governmental Beneficiary**

Death claims on non-Medicaid SPIA's will be filed by the named beneficiary on the annuity contract.

### **Claims Made by Governmental Beneficiary**

Death claims on Medicaid SPIA's will be made by the governmental beneficiary to the extent of their interest, if any. Once the government has recovered their portion the remainder of payments will be made to the non-governmental beneficiary.

### **Continuation of Payment or Commuted Death Settlement**

A beneficiaries will have the option to have the payment stream commuted and paid as a lump sum. NGL will calculate the commuted benefit upon request.

## Agent Delivery Requirements for All Annuity Plans

- All annuity policies should be delivered to the policy owner within 10 days of the agent's receipt of the policy.
- A delivery receipt accompanies each policy, which should be signed by the policy owner.
- Any amendments should be signed by the policyowner and witnessed by the agent.
- Signed delivery receipts and any amendments should be returned to the home office by fax, email or mail.
- **No immediate annuity payments will begin to the policyowner until all delivery requirements are received.**

### Right to Cancel for All Annuity Plans

- The owner may cancel this contract before midnight of the 30th day following the date of its receipt.
- Cancellation shall be accomplished by delivering or mailing a written notice to us or our authorized agent.
- Return of the contract is required. The giving of notice or return of this contract by mail is effective on being postmarked, properly addressed, with prepaid postage. The money will be returned within 10 days from the date of receipt at the home office.

### Misstatements

Any misstatements made in this training material, are purely unintentional. Should any conflict between this training material and our policy exist, the policy language shall take precedence and be the governing authority for any dispute.

# Agent Acknowledgment

National Guardian Life Insurance Company requires written acknowledgment that the agent has received and reviewed the HarborMaster product training material and has a clear understanding of the HarborMaster training materials.

I, the undersigned, hereby acknowledge the following:

- National Guardian Life Insurance Company has provided me with product-specific training for their HarborMaster Annuity products;
- I have thoroughly read the materials and have a clear understanding of them;
- The product-specific Harbor Master annuity training is unrelated to any annuity products course(s) which may be required in any state that I am licensed to sell annuities;
- If I am required by any state where I am licensed to obtain insurance department approved continuing education or other state required annuity product training, I have fulfilled this requirement;
- I am providing proof of compliance with all state required annuity product course(s) or required continuing education and I understand that my ability to sell the HarborMaster annuity products is contingent upon full compliance with the state required annuity product training or continuing education courses both now and in the future;

Agent's Printed Name:	Agent's Signature:	Date:
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PLEASE ATTACH PROOF OF COMPLETION OF ALL STATEWIDE ANNUITY TRAINING OR CONTINUING EDUCATION REQUIREMENTS WITH THIS FORM.

I AM SUBMITTING THIS FORM BY:	<input type="checkbox"/> FACSIMILE	<input type="checkbox"/> EMAIL	<input type="checkbox"/> REGULAR MAIL
	Fax to: 855-710-7421	Email to: contracting@whitehallbay.com	Mail to: Whitehall Bay, LLC Attn: Contracting 12800 Whitewater Drive, Ste. 100 Minnetonka, MN 55343

