



Replacement Form

National Guardian Life Insurance Company (NGL) • P.O. Box 2867 • Clinton, IA 52733-2867
Phone: 877.442.6960 • Fax: 608.373.7384 • www.nglic.com

Notice Regarding Proposed Replacement of Life Insurance or Annuity

Name of Existing Insurer

Address

City, State, Zip

Dear Sirs:

You are herewith given notice that we are in receipt of application(s) for life insurance or annuity(ies) for an individual presently insured with your Company.

Identification

Name of Insured

Address

City, State, Zip

Contract Number

Contract Number

Contract Number

Contract Number

This notice is given pursuant to 50 ILL. Adm. Code 917.70(c)

Agent's Signature