



Comparative Information Form (CONT'D)

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AGENT'S CERTIFICATION

I hereby certify that prior to taking an application for a policy, I have provided the applicant with the Notice Regarding Replacement of Life Insurance and that the information in this Comparative Information Form is true and correct to the best of my knowledge and belief.

Signature of Agent

Date

I have received and read a copy of this Comparative Information Form.

Signature of Applicant

Date

COMPANY CERTIFICATION

I hereby certify that I have received and read this Comparative Information Form and the Agent's Statement. I further certify that this company has sent to the applicant a verified Comparative Information Form as required in Rule 4-24.16 (3) (c) of the Florida Life Insurance Replacement rule chapter.

Signature of Company Officer

Date

Title of Company Officer