



# Comparative Information Form

National Guardian Life Insurance Company (NGL) • P.O. Box 2867 • Clinton, IA 52733-2867  
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Name of Proposed Insured \_\_\_\_\_ Address \_\_\_\_\_  
 City & State \_\_\_\_\_ Date of Birth \_\_\_\_\_

<u>GENERAL INFORMATION</u>	<u>EXISTING LIFE INSURANCE</u>	<u>PROPOSED LIFE INSURANCE</u>
Name of Company	_____	_____
Policy Number	_____	_____
Basic Policy; Generic Name	_____	_____
Name of Basic Policy	_____	_____
Rider 1; Generic Name	_____	_____
Rider 2; Generic Name	_____	_____
Rider 3; Generic Name	_____	_____
Issue Age	_____	_____
Date of Issue	_____	_____
Contestable Period Expires	_____	_____
Suicide Clause Expires	_____	_____

<u>PREMIUM DATA/DEATH BENEFITS</u>	<u>PREMIUM MODE: AMOUNT</u>	<u>AGE PAYABLE TO</u>	<u>DEATH BENEFIT</u>	<u>AGE BENEFIT CEASES</u>	<u>PREMIUM MODE: AMOUNT</u>	<u>AGE PAYABLE TO</u>	<u>DEATH BENEFIT</u>	<u>AGE BENEFIT CEASES</u>
Basic Policy	\$		\$		\$		\$	
Rider 1	\$		\$		\$		\$	
Rider 2	\$		\$		\$		\$	
Rider 3	\$		\$		\$		\$	
Accidental Death Benefit	\$		\$		\$		\$	
Option to Purchase Additional Insurance (GIR)			\$	(Option Ages: ____)	\$		\$	(Option Ages: ____)
Waiver of Premium Benefit	\$		\$ XXX		\$		\$ XXX	
Disability Income Benefit	\$		\$ XXX (Monthly Income: \$ ____)		\$		\$ XXX (Monthly Income: \$ ____)	
Total Current Premium	\$				\$			