



Disclosure Statement Minnesota

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

To:	Prospective Minnesota Client:
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From:	Agent's Printed Name:
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Name of Producer/General Agency:

Represented by Agent (if applicable):

Pursuant to Minnesota Statute 60K.46, prior to making any offer to sell you any life insurance or annuity product, I am required to advise you, in writing, that I am an appointed producer with National Guardian Life Insurance Company.

The name of the person who initiated contact with you for the purpose of this sales call is:

By signing below, I acknowledge receipt of this Disclosure Statement and that I have read and understand its contents.

Signature of Prospective Minnesota Client:	Date:
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Agent Signature:	Agent No:	Date:
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AGENT - LEAVE ONE COPY WITH PROSPECTIVE CLIENT

RETURN ONE COPY TO NATIONAL GUARDIAN LIFE INSURANCE COMPANY