



# Annuity Sale Disclosure

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

On the date indicated below, an application has been executed to purchase an annuity contract with National Guardian Life Insurance Company. I acknowledge that the following items are important and critical elements of the proposed annuity contract:

***The Proposed Owner should read and initial all items.  
 Items are in 13pt. typeface to aid in readability.***

**For Single Premium Immediate Annuities:**

_____ Initial	I understand that this annuity is non-transferrable, non-assignable, non-commutable, non-surrenderable, non-forfeitable and irrevocable. The annuity may not be assigned, pledged, gifted or otherwise sold.	
_____ Initial	I understand that the annuity is a single premium immediate annuity and has no cash surrender value. The annuity pays income according to the schedule in the policy and I am unable to make withdrawals, surrenders, or take any loans from the annuity.	
_____ Initial	I understand that if I die before the contract has made all scheduled payments, the payments will continue to the named beneficiaries listed in the application. I have consulted with a knowledgeable advisor about the beneficiary designation and understand that NGL is not responsible for determining if the beneficiary designation meets my legal requirements.	
_____ Initial	I understand that if there is a legal obligation to notify a governmental agency concerning this annuity, that I am responsible for such notification; however, I hereby authorize NGL to respond to inquiries from any governmental agency that I have notified about my annuity.	
_____ Initial	I understand that 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).	
<b>Signed At:</b>	City, State:	Date:
<b>Proposed Owner's Printed Name:</b>		<b>Proposed Owner's Signature:</b>
<b>Agent's Printed Name:</b>		<b>Agent's Signature:</b>