



IRS Actuarial Tables

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For use in HarborMaster Flex single premium immediate annuity with a term exceeding the owner/annuitant's Medicaid/Medi-Cal life expectancy.

To: National Guardian Life Insurance

RE: **Annuitant's
Printed Name:**

The above-referenced owner/annuitant's Medicaid/Medi-Cal life expectancy is _____ months. The term stated in the single premium immediate annuity application is _____ months, which exceeds the annuitant's Medicaid/Medi-Cal life expectancy. However, the term is within the annuitant's distribution period of _____ months, as provided by the Internal Revenue Service.*

I do hereby understand that the proposed annuity exceeds the Medicaid/Medi-Cal life expectancy and would not be considered actuarially sound under federal and state Medicaid/Medi-Cal rules. This may cause the annuity to be considered a *countable resource* for Medicaid in many states and may also cause the purchase of the annuity to be considered a penalty-causing transfer for less than fair market value if I apply for Medicaid during the applicable look back period.

*See: IRS Uniform Lifetime Table found in Publication 590.

**Proposed
Owner's
Signature:**

Date:

**Agent's
Signature:**

Date: