



# Irrevocable Assignment of Ownership to NGL Funeral Expense Trust (herein called "Trust")

National Guardian Life Insurance Company (NGL)  
P.O. Box 1191 • Madison WI 53701-1191 • Phone: 800.988.0826

Please print all information.

Insured \_\_\_\_\_

*For Home Office Use Only*

**Policy Number** \_\_\_\_\_

Owner (If other than Insured) \_\_\_\_\_

**Effective 45 days from the date NGL receives this form, I hereby assign ownership and change the beneficiary of this policy to the Trust. This transfer, once effective, is made to comply with the requirements of any applicable state public assistance and federal public assistance programs.**

I understand that by transferring ownership of this policy to the Trust, as of the effective date:

1. This policy is accepted by the Trust subject to all the terms of the Trust which includes payment of the policy proceeds for the funeral expenses, burial and cremation for the Insured, as listed on the back of this form;
2. The change of ownership is permanent and, except as stated herein, I renounce my power to control ownership of the policy;
3. I give up any remaining right to cancel the policy and receive a return of premium under the Right to Cancel provision;
4. I waive all rights under the policy to surrender it for cash, or to obtain a loan against the policy;
5. I give up the right to change the beneficiary on this policy or riders, if any;
6. Policy proceeds that exceed the cost of the approved goods and services for the Insured's funeral, burial or cremation shall be paid to the State, if required by the applicable State's Medicaid recovery program. If payment to the State is not required, or if excess proceeds exist after payment to the State, all such excess proceeds shall be paid to the Estate of the Insured. This supersedes any Beneficiary named on my policy application; and
7. It is my personal obligation to pay all premiums due on this policy (if any) and, if my failure to pay premiums results in the lapse of the policy, the Trust will have no obligation to pay my funeral expenses.

**I may obtain a full copy of the Trust, at any time, upon written request to:**

**National Guardian Life Insurance Company (NGL)  
Two East Gilman Street  
Madison WI 53703**

**For Applicant: (To be used for purposes of Immediate Medicaid Eligibility ONLY)** - I hereby elect to make this irrevocable assignment effective immediately. I understand that by making this election I give up all rights to cancel the Policy and receive a return of premium under the Right to Cancel provision of the policy.

**To make an immediate transfer election please initial here** \_\_\_\_\_

**For Agent:** I \_\_\_\_\_ certify that on \_\_\_\_\_ I have explained to this insured that by initialing the above line, he/she is forfeiting their right to cancel the policy and assert that he/she is aware of the consequences of immediate transfer. I understand that this option should only be used if there is an **immediate** need to reduce assets in order to qualify for Medicaid.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

The Trust accepts this assignment and agrees to use the proceeds of the Policy for the payment of funeral expenses.

By: \_\_\_\_\_  
Administrator or Trustee

\_\_\_\_\_  
Date

## **Authorized Expense Directive**

Insured hereby expressly authorizes and directs Trustee to expend Trust assets to service or product providers in payment of expenses related to the provision of the following services and/or products.

### **List of possible goods and services qualifying for reimbursement**

#### **Basic Services of Funeral Director & Staff**

#### **Other Professional Funeral Services**

#### **Embalming**

#### **Other Care of Deceased**

Dressing/Cosmetology/Casketing

#### **Funeral Home Facilities and/or Staff Services**

Viewing/Visitation

Funeral Service

Memorial Service

Graveside Service

Other

#### **Cremation**

#### **Other Funeral Merchandise**

Clergy Honorarium

Death Certificates

Musicians

Temporary Marker

Stationery Package

Obituary Notices

Flowers

Clothing

Open/Close

#### **Casket**

#### **Alternative Container**

#### **Outer Burial Container**

#### **Other Services**

#### **Transportation Equipment & Driver**

Transfer of Deceased

Funeral Vehicle/Hearse

Car/Limousine

Utility/Service Vehicle

Other

#### **Cemetery Charges**