



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

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

For Home Office Use Only

Insured _____

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 below.

My Funeral Home of choice is _____ or any other Funeral Home as their interest may appear; (Insert funeral home name or leave blank if none chosen at this time)

- 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

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: _____

Date _____

Administrator or Trustee

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 Funeral Merchandise	Memorial Meal
Other Professional Funeral Services	Clergy Honorarium	Casket
Embalming	Death Certificates	Alternative Container
Other Care of Deceased	Musicians	Outer Burial Container
Dressing/Cosmetology/Casketing	Temporary Marker	Other Services
Funeral Home Facilities and/or Staff Services	Stationery Package	Transportation Equipment & Driver
Viewing/Visitation	Obituary Notices	Transfer of Deceased
Funeral Service	Flowers	Funeral Vehicle/Hearse
Memorial Service	Clothing	Car/Limousine
Graveside Service	Cemetery Charges	Utility/Service Vehicle
Other	Opening & Closing of Grave	Other
Cremation Services		

To be used for purposes of Immediate Medicaid Eligibility ONLY

For Applicant: 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 sign here _____

For Agent: I _____ certify that on _____ I have explained to this insured that by signing 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.

Agent Signature: _____ **Date** _____