



Irrevocable Assignment of Ownership to NGL Estate Planning 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 _____

Owner (If other than Insured) _____

Policy Beneficiary: Estate Planning Trust Other _____

If Policy Beneficiary is the Trust, name Trust Beneficiary for excess proceeds _____

For Home Office Use Only Policy Number _____

Effective 45 days from the date NGL receives this form, I hereby assign ownership of this policy to the Trust.

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, if the Trust is the primary beneficiary on the policy, includes payment of the policy proceeds for the funeral, burial and cremation expenses 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. I give up the right to change the Trust Beneficiary;
7. Any proceeds received by the Trust in excess of the amount required to cover the cost of any goods and services listed on the reverse side will be paid to the Trust Beneficiary named at the time of this assignment, if any, otherwise, to the estate of the Insured;
8. 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 or burial expenses; and
9. My ability to qualify for state and federal public assistance programs is not guaranteed.

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: _____

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