



National Guardian[®] Life Insurance Company

Home Office: [Two East Gilman Street, PO Box 1191, Madison, WI 53701]

Administrative Office: [Administrator Name; Address; Phone Number]

INSURED	[JOHN DOE]	POLICY NUMBER	[999999]
ISSUE AGE	[35]	POLICY DATE	[July 1, 2015]
GENDER	[MALE]	MONTHLY DISABILITY INCOME BENEFIT	[\$3,000.00]
STATE OF ISSUE	[WISCONSIN]		

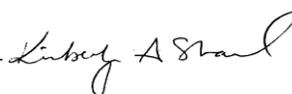
DISABILITY INCOME POLICY

This Policy is a legal contract between You and Us and takes effect on the Policy Date. We agree to pay You the benefits provided under this Policy subject to the payment of premiums and the provisions of this Policy.

Please Read This Policy Carefully

This Policy was issued based on the information entered in Your application, a copy of which is attached and made part of this Policy. **READ YOUR APPLICATION CAREFULLY.** If there is a misstatement in Your application or if any information concerning Your medical history has been omitted, advise Us immediately regarding the incorrect or omitted information; otherwise, Your Policy may not be a valid contract. **Pre-existing Condition limitations or exclusions, or other limitations or exclusions, may apply. Please read Your Policy carefully.**

Signed by National Guardian Life Insurance Company
at its Home Office in [Madison, Wisconsin].

[] []

President Secretary

For Policyowner Service or Claim Information Call: [1-800-XXX-XXXX]

GUARANTEED RENEWABLE TO AGE 67. This Policy is guaranteed renewable, upon the timely payment of premiums, from the Policy Date to the first anniversary of the Policy Date on or after Your 67th birthday and, during that period, can neither be cancelled nor have its terms, other than premiums, changed by Us. Premiums may be changed by class. We will notify You in writing at least sixty (60) days before any premium change. In no event will the premium increase during the first twelve (12) months following the Policy Date.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE POLICY. Please read this Policy carefully. This Policy may be returned to Us at Our Administrative Office, [Administrator Name; Address] within thirty (30) days from the date it was received. This Policy will be considered as void from the beginning, and You and We shall be in the same position as if no Policy had been issued. Any premium paid for this Policy, including any policy fees or other charges, will be refunded.

PARTICIPATING POLICY

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A copy of Your application, endorsements, if any, and additional benefits You have purchased are attached to this Policy.

Policy Schedule Page

Insured: [John Q. Doe]
Issue Age: [35]

Policy Number: [999999]
Policy Date: [July 1, 2015]

Gender: [Male]
State of Issue: [Wisconsin]

Occupation Class: [4]
Tobacco Use: [No*]

Form Number	Benefit	Annual Premium
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ICC15-NIDI 07/15	Total Disability Income Benefit (Injury & Sickness)	[\$956.00]
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Monthly Disability Income Benefit [\$3,000]

Waiting Period [90 Days]

Maximum Benefit Period [To Age 67]

60 months if Total Disability Income Benefits begin on or after
Age 62 but before Age 63;

48 months if Total Disability Income Benefits begin on or after
Age 63 but before Age 64;

36 months if Total Disability Income Benefits begin on or after
Age 64 but before Age 65;

24 months if Total Disability Income Benefits begin on or after Age 65]

Form Number	Optional Benefit Riders	Annual Premium
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[ICC15-NIDI RID-COLA 07/15]	[Cost of Living Adjustment Rider]	[\$534.60]
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[ICC15-NIDI RID-AMI 07/15]	[Additional Monthly Disability Income Benefit Rider] Additional Monthly Disability Income Benefit [\$1,000.00]	[\$480.20]
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Premium amounts:

The premium for this Policy consists of the applicable [substandard] annual premium(s) shown above. This includes a policy fee of \$50.00. The amount of the first premium for this Policy is dependent on the mode of premium You select: Monthly [\$164.23]; Quarterly [\$492.70]; Semi-Annual [\$985.40]; Annual [\$1,970.80].

Premium due dates of second and later premiums:

At 12, 6, 3, 1 month intervals from the Policy Date depending on the mode of premium You select, unless another premium payment interval is agreed to by Us.

[*The Insured meets non-tobacco qualifications; therefore, this Policy is issued with non-tobacco rates.]

Dividends on this Policy are not guaranteed, and We do not anticipate they will be payable. However, if dividends are payable, it will be at the end of the Policy year. Refer to the Participation provision of this Policy.

If You have an unresolved complaint, contact [Wisconsin Commissioner of Insurance, 125 South Webster Street, Madison, WI 53703-3474, Telephone (800) 236-8517]

Definitions

Age

When used before a number as in “Age 67” means the anniversary of the Policy Date on or after Your birthday for that age.

Care

Treatment by a Physician whose specialty is appropriate for the Injury or Sickness causing the Disability. Such treatment must be at a frequency that is appropriate for the condition and in accordance with generally accepted medical standards.

Disability, Disabled, Disabling

Means Total Disability, Partial Disability, or Presumptive Disability.

Earnings

Your pre-tax salary, wages, commissions and bonuses as reported for federal income tax purposes. If You are self-employed, Earnings also include Your pre-tax share of the net profit of Your business and contributions to a pension and/or profit sharing plan made by Your business on Your behalf. Earnings do not include benefits from plans such as formal sick pay plans, individual and group disability income insurance plans or retirement plans.

Gainful Occupation

Any Occupation for income, compensation or profit, for which You are reasonably suited by education, training or experience.

Injury

Accidental bodily injury that occurs while this Policy is in force and results in Disability within thirty (30) days. If Disability occurs more than thirty (30) days from sustaining the Injury, then the Disability shall be considered as resulting from a Sickness.

Issue Age

Your age on Your birthday nearest the Policy Date. Issue Age is shown on the Policy Schedule Page of this Policy.

Maximum Benefit Period

The longest period for which Monthly Disability Income Benefits are payable for any one period of Disability, regardless of whether the Disability is from one or more causes. The Maximum Benefit Period is shown on the Policy Schedule Page of this Policy. The Maximum Benefit Period begins after the Waiting Period is satisfied. No Monthly Disability Income Benefits are payable after the end of the Maximum Benefit Period, even if You remain Disabled. Benefits will cease upon Your death.

Monthly Disability Income Benefit

The amount We will pay You for each month of Total Disability during the Maximum Benefit Period, regardless of whether the Total Disability is from one or more causes.

Occupation

Means a position or professional calling for which You receive or can receive remuneration.

Onset Date

Means the first day of a Disability.

Partial Disability, Partially Disabled

Means that, immediately following a period of Total Disability for which You received benefits under this Policy, due to the same Injury or Sickness:

1. You are under the Care of a Physician; and
2. You are working in Your Regular Occupation but unable to perform one or more, but not all, of the material and substantial duties of Your Regular Occupation; or
3. You are working in Your Regular Occupation but You are unable to perform the material and substantial duties of Your Regular Occupation for at least **50%** of the time that You engaged in such duties prior to Total Disability. However, if You are unable to perform the material and substantial duties of Your Regular Occupation for more than 80% of the time that You engaged in such duties prior to Total Disability (i.e. You are only able to perform those duties 20% or less of the time), then You may be eligible for further Total Disability benefits, subject to satisfaction of all other terms and conditions of the Policy.

Physician

A licensed health care practitioner working within the scope of his or her license. The Physician cannot be You or anyone to whom You are related by blood or marriage, or anyone with whom You share a business interest.

Policy

The entire legal contract between You and Us consisting of this base policy, the application(s) and any riders, endorsements, amendments, or exclusions that may be attached.

Policy Date

The date You first become insured under this Policy.

Pre-Disability Earnings

The greater of Your monthly Earnings immediately before the Onset Date or Your average monthly Earnings for the period of two (2) years immediately before the Onset Date.

Premium Due Date

Each date for which premiums are due starting on the Policy Date shown on the Policy Schedule Page.

Presumptive Disability, Presumptively Disabled

Your total and permanent loss of one or more of the following bodily functions due to Injury or Sickness:

1. Sight in both eyes; total and permanent loss of sight does not include a loss of sight recovered or recoverable by artificial means or by application of generally accepted medical procedures; or
2. Hearing in both ears; hearing means the capacity to perceive and understand audible sound with or without artificial assistance; or
3. Power of speech; speech means audible communication of words; or
4. Use of both hands or both feet; or
5. Use of one hand and one foot.

Regular Occupation

The Occupation or Occupations in which You are engaged on the Onset Date.

Sickness

A disease, illness or condition, including complications of pregnancy, which is diagnosed or treated on or after the Policy Date. We will accept a Physician's diagnosis of complications of pregnancy. Sickness also includes the transplant of a part of Your body to another person, if that transplant occurs after the Policy Date.

Suspension Period

A period of time during which the Policy will not be in force. We will neither accept premiums nor pay benefits under the Policy during a Suspension Period. The Policy will not cover losses that result from an accidental bodily injury or a disease, illness or condition that first manifests during a Suspension Period. No privileges or options under the Policy or any attached rider may be exercised during a Suspension Period.

Total Disability, Totally Disabled

Means that due to an Injury or Sickness:

1. You are under the Care of a Physician; and
2. You are unable to perform all of the material and substantial duties of Your Regular Occupation; and
3. You are not engaged in any Gainful Occupation.

Valid Loss of Time Coverage

Individual, group and self-insured disability insurance plans such as disability insurance policies, employer, association or union sponsored disability plans, and salary continuation or replacement disability plans. Valid Loss of Time Coverage includes this Policy.

Waiting Period

The number of days that a Total Disability must exist before benefits begin to accrue. The days of Total Disability do not have to be consecutive; however, the Waiting Period must be satisfied within eighteen (18) calendar months from the Onset Date. The Waiting Period is shown on the Policy Schedule Page of this Policy.

We, Us, Our, Ours

Means National Guardian Life Insurance Company.

You, Your, Yourself

Means the Insured as named on the Policy Schedule Page.

Benefit Provisions**Total Disability Income Benefit**

During Your Total Disability and subject to all of the provisions of this Policy, We will pay You the Monthly Disability Income Benefit for each month of Total Disability until the earlier of the end of the Maximum Benefit Period for such Total Disability or the date such Total Disability ceases, provided that:

1. You have a Total Disability as defined in this Policy; and
2. Your Total Disability begins while this Policy is in force; and
3. Your Total Disability did not result from, and was not contributed to by, the conditions outlined in the Exclusions and Limitations section of this Policy.

The Monthly Disability Income Benefit will begin to accrue after You have satisfied the Waiting Period and You have met all of the requirements to receive the Monthly Disability Income Benefit under this Policy. Benefits are paid monthly, in arrears. Benefits for less than one (1) calendar month are paid on a per day basis of 1/30 of the Monthly Disability Income Benefit.

Partial Disability Income Benefit

During Your Partial Disability and subject to all of the provisions of this Policy, We will pay You 50% of the Monthly Disability Income Benefit for each month of Partial Disability provided that:

1. Your Partial Disability begins while this Policy is in force; and
2. You have resumed employment immediately after a period of Total Disability for which You received benefits under this Policy.

Partial Disability Income Benefits will not be paid for a period greater than twelve (12) months for any one (1) period of Disability. Benefits for less than one (1) calendar month are paid on a per day basis of 1/30 of the Partial Disability Income Benefit. You cannot receive Partial Disability Income Benefits while You are receiving Total Disability Income Benefits. However, any period for which Partial Disability Income Benefits are received will not impact the Maximum Benefit Period for the immediately preceding Total Disability.

Presumptive Disability Income Benefit

If You are Presumptively Disabled, We will waive this Policy's Waiting Period and pay You the Monthly Disability Income Benefit from the Onset Date until the end of the Maximum Benefit Period.

Waiver of Premium Benefit

If You are Totally Disabled for at least ninety (90) days, We will refund 90 days of premiums paid by You. We will then waive any later premium that becomes due while You remain Disabled. If You have a Presumptive Disability, the 90-day period does not apply and We will waive premiums immediately.

When Your Disability ends, You must resume payment of premiums on the next premium due date and continue to pay premiums as provided in this Policy.

Relation of Earnings to Insurance

We will reduce the Monthly Disability Income Benefit during a claim whenever the total monthly benefits available for the same loss under all of Your Valid Loss of Time Coverage exceed Your Pre-Disability Earnings.

If We reduce the Monthly Disability Income Benefit, We will refund the portion of the premium that applies to the reduction, back to the date when the total monthly benefits available under all of Your Valid Loss of Time Coverage began to exceed Your Pre-Disability Earnings. However, We will not refund premiums paid for a period of more than two (2) years before the Onset Date.

The reduced Monthly Disability Income Benefit under this provision is equal to:

$$\text{Monthly Disability Income Benefit} \times A/B$$

"A" is Your Pre-Disability Earnings.

"B" is the total monthly amount payable under all of Your Valid Loss of Time Coverage.

All benefits and Earnings shall be treated on a consistent monthly basis. All references to the Monthly Disability Income Benefit in this Policy will mean the monthly benefit obtained after applying this provision.

The Monthly Disability Income Benefit will not be reduced under this provision due to any cost of living adjustments in Your other Valid Loss of Time Coverage made after Your other Valid Loss of Time Coverage first becomes payable.

In no event will the Monthly Disability Income Benefit be reduced under this provision to an amount that causes the total amount of monthly benefits payable under all of Your Valid Loss of Time Coverage to be reduced below Three Hundred Dollars (\$300.00).

Recurrent Disability

A recurrence of Your Disability from the same or related causes will be considered a continuation of the prior Disability if the Recurrent Disability starts while this Policy is in force and before the expiration of six (6) months from the end of the prior Disability.

If Your Disability is treated as a Recurrent Disability of the prior Disability, it will not be subject to a new Waiting Period or new Maximum Benefit Period.

This Recurrent Disability provision will not extend the Mental and/or Substance-Related Disorders Limitation beyond the stated lifetime maximum of twenty-four (24) months.

Concurrent Disability

We will consider a period of Disability that is due to more than one cause as a single period of Disability. In no event will more than the benefits shown on the Policy Schedule Page of this Policy be paid for a single monthly period of Disability, regardless of whether the Disability is due to more than one cause.

Rehabilitation & Retraining Benefit

While You are receiving Disability benefits, if a vocational rehabilitation program is mutually agreed upon, in writing, between You and Us, We will pay up to six (6) times the Monthly Disability Income Benefit towards the expenses of the program. The goal of the vocational rehabilitation program is Your return to work in any Gainful Occupation and is voluntary.

Rehabilitation assistance may include, but is not limited to:

1. Job modification;
2. Retraining for a new Occupation;
3. Purchase of adaptive equipment; and
4. Educational expenses

We will not cover expenses that are defined as covered expenses by another insurer or actually paid by another source.

Exclusions & Limitations

Exclusions

We will not pay any benefits if Disability results from, or is contributed to in whole or in part, by any of the following:

1. Your attempted suicide while sane or insane, or an intentionally self-inflicted injury.
2. Your committing or attempting to commit a felony.
3. An accident while You are legally intoxicated, as determined by the laws of the state or territory where the accident occurs, or under the influence of narcotics or other controlled substances, unless prescribed by Your Physician for You.
4. War, or any act of war, declared or undeclared. War includes armed action by the military forces of any country, countries or international organization.
5. Military action, military conflict or war, whether declared or undeclared, while You are on active duty in the armed forces of any nation or international governmental authority or units auxiliary thereto or the National Guard or similar governmental organizations.
6. Your legal incarceration in a penal or correctional institution of more than seven (7) days or Your legal detainment in a government detention facility of more than seven (7) days.
7. Your normal pregnancy or childbirth.

8. Suspension, revocation or surrender of Your professional occupational license or certification.
9. Your engaging in an illegal Occupation or illegal activity.
10. Any loss We have excluded by name or specific description in any attached rider or endorsement.

Pre-existing Condition Limitation

No benefits are payable for a Disability which starts within two (2) years after the Policy Date and results from a pre-existing condition. Pre-existing condition means a condition not fully and accurately disclosed or not revealed at all in the application: (a) for which medical advice or treatment was received from or recommended by a Physician within two (2) years prior to the Policy Date; or (b) which caused symptoms within one (1) year prior to the Policy Date for which an ordinarily prudent person would seek medical advice or treatment.

Mental and/or Substance-Related Disorders Limitation

Benefits for a Disability or a loss caused by Mental and/or Substance-Related Disorders will be limited to a lifetime maximum of twenty-four (24) months regardless of the Maximum Benefit Period.

Mental and/or Substance-Related Disorders means any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM). This includes but is not limited to, psychiatric, psychological, emotional, or behavioral disorders, or disorders related to stress or to substance abuse or dependency, or any biological or biochemical disorder or imbalance of the brain regardless of the cause, including any complications thereof. This does not include dementia or cognitive impairment resulting from stroke, physical trauma, infections or a form of senility or irreversible dementia such as Alzheimer's Disease.

DSM means the most recent version of the diagnostic manual as published by the American Psychiatric Association (APA) as of the Onset Date. Subject to the prior approval of the Interstate Insurance Product Regulation Commission, if the DSM is discontinued, We will use the replacement chosen by the APA or by any organization which succeeds it.

Premiums

Premium Payments

The initial premium payment is due upon Your acceptance of this Policy. After such payment, coverage will become effective as of the Policy Date shown on page 1. Subsequent to the first premium payment, premiums are payable to Us at Our Administrative Office, [Administrator Name; Address]. You may change the frequency of payment by notifying Us in writing. We will refund any unearned premiums in the event of Your death or Your request to terminate this Policy.

Grace Period

A grace period of thirty-one (31) days from the Premium Due Date will be granted for the payment of each premium falling due after the first premium. During the Grace Period the Policy shall continue in force.

Reinstatement

If You do not pay Your premium by the end of the Grace Period, Your Policy will terminate.

If any renewal premium is not paid by the end of the Grace Period, any subsequent premium that We or an agent of Ours accepts without requiring an application for reinstatement will reinstate Your Policy as though a lapse had not occurred. If We or an agent of Ours require an application and premium payment to reinstate this Policy, a conditional receipt will be issued for the premium paid. If Your reinstatement application is approved, the Policy will be reinstated as of the approval date. If Your reinstatement application is not approved, We will inform You in writing within forty-five (45) days after the date of the reinstatement application. If We fail to inform You of our decision within forty-five (45) days, the Policy will be reinstated. The amount of the premium payment will be the sum of all overdue premiums.

The reinstated Policy will only cover a Disability resulting from an accidental bodily injury that occurs on or after the approval date of the Reinstatement; or a disease, illness or condition that first manifests on or after the approval date of the Reinstatement.

Suspension During Military Service

You may suspend the Policy while You are on active duty in the military of any nation or international authority or in a reserve component of the armed forces of the United States, including the National Guard. Such active duty will not include temporary active duty for training that lasts 90 days or less. We will suspend the Policy on the date We receive Your written request for suspension, or a later date if requested by You. We will refund the pro rata portion of any premium paid for a period of time beyond the date that the Suspension Period begins. Premiums must be paid to the date on which the Suspension Period begins.

You do not have to provide evidence of medical insurability or income to end the Suspension Period. The Suspension Period will end on the date We receive Your written request to place the Policy back in force and Your premium payment. This date must occur within ninety (90) days after Your active duty ends.

After the end of the Suspension Period, premiums will be at the same rate that they would have been had the Policy remained in force. The Policy will not cover losses that result from an accidental bodily injury or a disease, illness or condition that first manifests during a Suspension Period. The Policy will cover only losses that result from an accidental bodily injury that occurs after the end of the Suspension Period; or a disease, illness or condition that first manifests after the end of the Suspension Period. In all other respects, You and We will have the same rights under the Policy as before it was suspended.

After the end of the Suspension Period, You must pay the pro rata portion of any premium due on the Policy until the next Premium Due Date.

Claims

Notice of Claim

Notice of Claim must be provided within thirty (30) days from the Onset Date, or as soon thereafter as reasonably possible.

Any written Notice of Claim is acceptable if it identifies You, and is given to Our Administrative Office, [Administrator Name; Address] or to one of Our authorized agents.

Proof of Disability

Proof of Disability includes:

1. An Attending Physician's Statement completed by the Physician;
2. Completed Claim Forms;
3. Proof of Your Regular Occupation and duties; and
4. Upon Our request, release of Your medical records.

Such Proof of Disability may also include personal and business tax returns filed with the Internal Revenue Service, financial statements, accountant's statements or other Proof of Disability satisfactory to Us. You must furnish Proof of Disability to Us at our Administrative Office [Administrator Name; Address] within ninety (90) days of the Onset Date. Thereafter, Proof of Disability must be furnished to Us monthly or at intervals as We may require. If it is not reasonably possible to give Proof of Disability in the time required, We will not reduce or nullify the claim if such Proof of Disability is sent to Us within one (1) year of the Onset Date. However, We will not pay benefits for any period more than one (1) year prior to the date Proof of Disability is given, unless the delay is caused by Your legal incapacity.

Claim Forms

When We receive Notice of Claim, We will send You Claim Forms for filing Proof of Disability. Claim Forms must be completed, signed and returned to Us. If We do not send You Claim Forms within fifteen (15) days after receiving Your Notice of Claim, You may submit a written statement within the time period required in this Policy for filing Proof of Disability.

Timely Payment of Claims

Benefits payable for any Disability covered by this Policy will be paid immediately upon Our receipt of Proof of Disability satisfactory to Us. If We do not pay the claim within 30 days of Our receipt of satisfactory Proof of Disability, the benefit payment will include simple interest of 10% per year from the 31st day until the day the benefit payment is made. All accrued benefits for which this Policy provides periodic payment will be paid monthly in arrears and any balance remaining unpaid for less than one (1) calendar month will be paid immediately upon Our receipt of Proof of Disability satisfactory to Us.

Payment of Claims

All benefits will be paid to You. Any benefits that are unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We may pay the benefits up to a maximum of Five Thousand Dollars (\$5,000) to someone related to You by blood or marriage whom We deem to be equitably entitled to such benefits. We will be fully discharged to the extent of any such payments made by Us in good faith.

Claim Determination Appeals

You have the right to appeal any claim determination by contacting Our Administrative Office [Administrator Name; Address]. A representative will be available to assist You with this appeal process.

Physical Examinations

We, at Our expense, have the right to have You physically or mentally examined as often as We may reasonably require during Your Disability. Functional capacity evaluations and/or interviews may also be required.

General Provisions

Conformity with Laws

This Policy was approved under the authority of the Interstate Insurance Product Regulation Commission (“IIPRC”) and issued under the IIPRC standards. Any provision of this Policy which is in conflict with the IIPRC standards for this product type on the Policy Date is hereby amended to conform to those standards.

Participation

We do not expect any dividends to be apportioned to this Policy. However, while this Policy is in force it will share in Our divisible surplus to the extent that We may provide. The share to be apportioned to this Policy, if any, will be determined annually by Us and credited as a dividend. Dividends, if any, will be payable at the end of each Policy year. Any dividends that become payable will be paid in cash.

Entire Contract

The entire contract between You and Us consists of:

1. This Policy;
2. The application(s) and
3. Any riders, endorsements, amendments, or exclusions that may be attached.

The consideration for this contract is the application which is attached to and made part of this contract, and the payment of premium. The coverage under this Policy will begin at 12:01 am local time at Your home on the Policy Date; it will end at 11:59 pm local time at Your home on the date this Policy terminates.

No change in this contract will be valid until such change is approved by an executive officer of Ours, and such approval is endorsed on or attached to this contract. No agent of Ours has authority to change this contract or to waive any of its provisions.

Legal Action

No one can bring an action at law or in equity under this Policy until sixty (60) days after written Proof of Disability has been furnished to Us as required by this Policy. In no case can any action be brought against Us more than three (3) years after written Proof of Disability is required to be furnished. Any action brought under this Policy will be subject to the laws of the state or territory where this Policy is issued (as shown on page 1 of this Policy).

Misstatement of Age, Gender, or Tobacco Use

If You misstated Your age, gender, or tobacco use on Your application, or any subsequent reinstatement application, We will change the Monthly Disability Income Benefit to reflect the Monthly Disability Income Benefit the premium would have purchased at Your correct age, gender, or tobacco use status. We will refund premium if We would not have issued this Policy at Your correct age.

Time Limit on Certain Defenses

This Policy will be incontestable after it has been in force during Your lifetime for two (2) years from the Policy Date, except in the case of fraudulent misstatements made in the application for insurance.

Subject to the preceding paragraph, no claim for benefits under this Policy for a Disability that starts after two (2) years from the Policy Date will be reduced or denied on the ground that an accidental bodily injury or a disease, illness or condition, not excluded from coverage by name or specific description, existed prior to the Policy Date.

If this Policy is terminated and subsequently reinstated, a new two (2) year period of contestability will apply to statements made by You in the application for Reinstatement.

Assignment

We will not be charged with notice of assignment of any interest in this Policy until a copy of the assignment is received by Us. We are not responsible for the validity or effect of any assignment. We may rely solely on the assignee's statement as to the amount of the assignee's interest. Unless otherwise specified by You, an assignment will become effective on the date the assignment is signed, subject to any actions taken by Us prior to receiving notice of the assignment.

Eligibility

After coverage takes effect on the Policy Date, there are no conditions of eligibility to continue the coverage other than the timely payment of premiums.

Policy Termination

This Policy will terminate upon the earliest of the following events:

1. The first anniversary of the Policy Date on or after Your 67th birthday.
2. When any premium for this Policy is due and not paid by a Premium Due Date (subject to the Grace Period).
3. Your request, in writing, for the termination of this Policy.
4. The date of Your death.

Termination of this Policy will not affect any Disability which began while this Policy was in force. Benefits will be paid until the earlier of the end of the Maximum Benefit Period shown on the Policy Schedule Page or the date such Disability ceases.

DISABILITY INCOME POLICY
GUARANTEED RENEWABLE POLICY TO AGE 67
PARTICIPATING

This Policy is a legal contract. Read Your Policy Carefully.

**FOR INFORMATION,
OR TO MAKE A COMPLAINT,
CALL: [Administrator's Toll Free #]**



National Guardian[®]
Life Insurance Company

Home Office: [Two East Gilman Street, PO Box 1191, Madison, WI 53701]
Administrative Office: [Administrator Name; Address; Phone Number]