



BROADTOWER / NATIONAL GUARDIAN LIFE DECLARATION

I the undersigned declare my National Guardian Life production should be part of Broadtower Insurance Solutions National Distributor arrangement.

BGA NAME:

CONTRACTED ENTITY NAME (IF DIFFERENT THAN BGA NAME):

CONTRACT STATUS (CHECK ONE): ISSUED / SUBMITTED / CONTRACT ATTACHED

NGL CONTRACT NUMBER (IF ISSUED):

BGA PRINCIPAL NAME (PRINTED):

BGA PRINCIPAL SIGNATURE:

To ensure your participation in the Broadtower National Distributor hierarchy, each entity contracted at the BGA level - must complete and return this form to Kathy Brooks at Broadtower. Email the completed form to kbrooks@broadtowerinsurance.com.