



Helping agents meet prospects™

1-800-992-2722

Life Insurance Catalog

FE39G99F

**Important Information Regarding Your
Government Paid Death Benefit**

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The Social Security administration provides a financial death benefit to assist citizens with final expenses. There is also a state regulated insurance program to help pay what the government benefit does not cover. If you qualify, this program can pay 100% of all funeral and final expenses for each person covered.

These programs require no physical exam and guarantee acceptance.

Simply complete and return this no-postage-required card to receive your free information.

SIGNATURE

Samp 9 T1 P1
*****ECRLOT **C-004

AGE — SPOUSE AGE

Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908

AREA — PHONE

FE39G99F
FE39G99F

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY]

FE39.5G45F

Front

PRESORTED
FIRST-CLASS
U.S. POSTAGE
PAID ARM

**IMPORTANT INFORMATION REGARDING
YOUR GOVERNMENT PAID DEATH BENEFIT**



Back

FE39SPG99F

Spanish

**Información importante sobre tu
subsidio por fallecimiento pagado por el gobierno**

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La administración del Seguro Social proporciona un beneficio financiero por muerte para ayudar a los ciudadanos con los gastos finales. También hay un programa de seguro regulado por el estado para ayudar a pagar lo que el beneficio del gobierno no cubre. Si calificas, este programa puede pagar el 100% de todos los gastos funerarios y finales de cada persona cubierta.

Estos programas no requieren un examen físico y garantizan la aceptación.

Simplemente rellena y devuelve esta tarjeta sin franqueo para recibir tu información gratuita.

FIRMA

Samp 9 T1 P1
*****ECRLOT **C-004

EDAD — EDAD DEL CÓNYUGE

Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908

AREA — TELÉFONO

FE39SPG99F

The Social Security Administration provides a financial death benefit to assist citizens with final expenses. There is also a state regulated insurance program to help pay what your government benefit does not cover. This program can pay 100% of all funeral and final expenses for each person covered.

No medical questions

No physical exam required

Guaranteed acceptance

Get FREE information about this program. Simply complete the attached, no-postage-required card.

<<SO Disclaimers>> NOT AFFILIATED WITH ANY GOVERNMENT AGENCY

1-800-992-2722

Life Insurance Catalog

MO11G11V

Fresh mortage protection mailer.

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Important Notice for: «first_name» «last_name» Loan Amount: <<mort_amount>> Record Date: <<record_date>>			
<p style="text-align: center;"> Complete and Return Entire Form </p> <p>Dear «first_name»,</p> <p>You are invited to participate in our low-cost Mortgage Protection Insurance, which can protect your <<mort_amount>> home loan in case of an unexpected emergency.</p> <p>► Without a plan, your family would still be required to make your monthly payments.</p> <p><<first_name>>, your benefits can include:</p> <p>Disability: Provides cash to make your mortgage payment if you cannot work.</p> <p>Critical Illness: Can pay a portion of your death benefit if you're diagnosed with a covered critical illness.</p> <p>Death: Pays off your <<mort_amount>> home loan in the event of your death.</p> <p>Level Premium: Costs do not increase.</p> <p>Money-Back Option: Returns all of your premium payments if benefits are not used.</p> <p>Knowing Your Family will not lose your home.</p> <p>FOR COMPLETE DETAILS WITH NO COST OR OBLIGATION TO YOU, please complete the information below and return this entire letter in the enclosed postage-paid envelope.</p> <p>Loan Amount: \$ <<mort_amount>> Lender: <<mort_co>></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Borrower <<Name_County>> <<first_name>> <last_name>> <<address>> <<city>> <<state>> <<zip>> Date of Birth Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE _____ / _____ / _____ Smoker: <input type="checkbox"/> NO <input type="checkbox"/> YES <small>Answering questions does not affect eligibility for coverage.</small> </td> <td style="width: 50%; padding: 5px;"> Co-Borrower  First Name: _____ Last Name: _____ Date of Birth Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE _____ / _____ / _____ Smoker: <input type="checkbox"/> NO <input type="checkbox"/> YES <small>Answering questions does not affect eligibility for coverage.</small> </td> </tr> </table> <p>Home Phone: (_____) _____ Other Phone: (_____) _____</p> <p>Person completing this form: _____ Date: _____ / _____ / _____ <small>RETURN PROMPTLY - Simply complete and return this today. Not affiliated with any lender. Products and rates vary from state to state.</small> <small>MO11G11V 000000 000000 Keycode</small></p>		Borrower <<Name_County>> <<first_name>> <last_name>> <<address>> <<city>> <<state>> <<zip>> Date of Birth Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE _____ / _____ / _____ Smoker: <input type="checkbox"/> NO <input type="checkbox"/> YES <small>Answering questions does not affect eligibility for coverage.</small>	Co-Borrower  First Name: _____ Last Name: _____ Date of Birth Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE _____ / _____ / _____ Smoker: <input type="checkbox"/> NO <input type="checkbox"/> YES <small>Answering questions does not affect eligibility for coverage.</small>
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MO25G38V

Retro mortage data mailer.

FINAL NOTICE: << FIRST NAME>> << LAST NAME>>
ENROLLMENT PERIOD EXTENDED

LOAN ORIGINATED: <<DATE>>

The enrollment period has been extended for Mortgage Protection coverage with no physical exam required for approval. For a limited time, you can lock in coverage at **special rates** with **NO PHYSICAL EXAM REQUIRED**.

- Mortgage Life Coverage - Pays off your << Mortgage Amount>> in the event of your death.
- Major Illness - Pays off your entire mortgage balance if you are diagnosed with illness such as stroke, heart attack or cancer.
- Disability - Pays monthly mortgage payments in the event of disability.

For Coverage Details Complete Below:

Name: _____

Spouse Name: _____

Age: _____ Spouse Age: _____

Home Phone: _____

Cell Phone: (_____) _____

For details on this specialized coverage, complete and return this card
 in the postage paid envelope.

<<BARCODE SO# REC>>