



# A PROTECTION PLAN THAT SHOWS YOU CARE

## *THE LAST GIFT YOU WILL EVER GIVE*

OPTION 1	
_____	
DEATH BENEFIT	
AGE: _____	\$ _____
AGE: _____	\$ _____
TOTAL \$ _____	

OPTION 2	
_____	
DEATH BENEFIT	
AGE: _____	\$ _____
AGE: _____	\$ _____
TOTAL \$ _____	

OPTION 3	
_____	
DEATH BENEFIT	
AGE: _____	\$ _____
AGE: _____	\$ _____
TOTAL \$ _____	

## WHOLE LIFE PERMANENT COVERAGE

PREMIUM COLLECTED WITH APPLICATION: \$ \_\_\_\_\_

1<sup>ST</sup> PAYMENT DATE: \_\_\_\_\_

DATE OF RECURRING MONTHLY PAYMENT: \_\_\_\_\_ OF EACH MONTH

APPROVED PLAN:  PREFERRED WHOLE LIFE  MODIFIED WHOLE LIFE

EXTRAS:  CHILD/GRANDCHILD BENEFIT

## POLICY HIGHLIGHTS

## AGENT CONTACT

- GUARANTEED PROTECTION FOR THE REST OF YOUR LIFE
- PREMIUM RATES WILL NEVER INCREASE
- COVERAGE CHOSEN WILL NEVER DECREASE
- BUILDS CASH VALUE

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_