



A Life Insurance Plan to Achieve Peace of Mind

Insurance Carrier _____

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|-------------------|
| _____ |
| Death Benefit |
| Name _____ |
| Age ____ \$ _____ |
| Name _____ |
| Age ____ \$ _____ |
| Total _____ |

| |
|-------------------|
| _____ |
| Death Benefit |
| Name _____ |
| Age ____ \$ _____ |
| Name _____ |
| Age ____ \$ _____ |
| Total _____ |

| |
|-------------------|
| _____ |
| Death Benefit |
| Name _____ |
| Age ____ \$ _____ |
| Name _____ |
| Age ____ \$ _____ |
| Total _____ |

Which of these best fits your situation?

Who would you like to list as your beneficiary?

- Premiums will never increase
- Benefits will never decrease
- No medical exam
- Coverage is guaranteed as long as you pay your premiums

***The choice is whether you do it today,
or your loved ones are forced to do it later.***