

Important Notice for <FullName>

Please Complete and Return

To Borrower:

<Sequen> <Sack and Pa Opt# Endorsement Line Vis>
<FullName>
<Address>
<City><State><Zip9>
<IMB>

Lender: <Lender>
Loan Amount: <MortgageAmount>
Record Date: <RecordDate>
Mortgage ID: <MortgageID>

Dear <FullName>,

You are entitled to participate in our low cost **Mortgage Protection Life Insurance** program, with **NO Physical Exam**. The plan can protect your <MortAmt> loan in the event of an unexpected tragedy. Without this plan, your family would still need to make your monthly mortgage payments. **Plans options can pay funds directly to you or your family and can include Life and/or Disability benefits such as:**

- **Death Benefit** – Pays off your <MortAmt> loan in the event of your death from accidental or natural causes
- **Disability Coverage** – Pays your mortgage loan payments if you become sick or injured and cannot work
- **Unemployment Coverage** – Pays your plan premiums in the event of a job loss*
- **Money Back Option** – Returns your plan premiums if benefits are not used by the end of the mortgage term

PLUS – Gain Peace of Mind, Knowing That Your Family Will Not Lose Their Home!

For more details at no cost or obligation, please complete and return this form in the enclosed postage paid envelope.

* The application process is easy and **can be done by phone**.

BORROWER

Name: _____

Date of Birth: _____

Male Female

Home Phone: (_____) _____

Cell Phone: (_____) _____

Best time to call: _____

SPOUSE/CO-BORROWER

Name: _____

Date of Birth: _____

Male Female

Cell Phone: (_____) _____

<FullName>

<Address>

<City><State><Zip5>

<County>

<Lender> | <MortgageAmount>



<ScanCode>

PLM-01