

Important Notice to Sample Name

Complete and Return

Reference Loan
Date: 4/16/2014

Sample Name
123 Main Street
City, State Zip

Dear Sample,

You are entitled to participate in an affordable Mortgage Protection Program, which can protect your «AMOUNT» loan in case of an unexpected tragedy. *Your family will still have to make your monthly mortgage payments without this type of plan.* SEE BELOW – Plans can include a choice of Life and/or Disability benefits.

«FN», your benefits can include:

- **DEATH** - Pays off your «AMOUNT» loan in the event of your death from Accidental or Natural Causes
- **DISABILITY** - Pays your Mortgage Loan Payments if you become sick or injured & cannot work.
- **UNEMPLOYMENT** - Pays your policy premium for up to six months.
- **CRITICAL ILLNESS** - Can pay a portion of your death benefit if you're diagnosed with a covered critical illness.
- **LEVEL PREMIUM** - Cost do not increase.
- **MONEY BACK OPTION** - Returns all of your premiums if benefits are not used.
- **KNOWING THE «LN» FAMILY WILL NOT LOSE THEIR HOME.**

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

«FN» «LN» «STREET», «CITY» «STATE», «ZIP»

Loan Amount: «AMOUNT»

Borrower	Spouse/Co-Borrower
Date of Birth: _____	_____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height: _____ ft. _____ in.	_____ ft. _____ in.
Weight: _____ lbs.	_____ lbs.
<i>Have you ever had?</i>	
1. High Blood Pressure/High Cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Heart Attack, Stroke or Cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Smoked cigarettes in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Occupation: _____

Home # (____) ____-____ Work # (____) ____-____

Cell # (____) ____-____ Best time to call: _____

First Name of person completing this form: _____

AVAILABLE RATES ARE EXTREEMLY AFFORDABLE

Carriers to obtain coverage will vary and are not underwritten or affiliated with the lender. Products and rider available varies from state to state. Plans including Term, Universal Life, and Disability income. Information obtained only through public record.