

Protect your mortgage in the event of an unexpected tragedy:

- **Death** - Pays off your 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** - Makes your premiums in case of job loss* (Available in most states)
- **Return of premiums** - Returns your premiums if the benefits are not used by the end of the mortgage term
- **Knowing the family will not lose their home no matter what the tragedy**

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

	<i>Borrower</i>	<i>Spouse/Co-borrower</i>
DATE OF BIRTH	____/____/____	____/____/____
SEX	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
HEIGHT	____ ft. ____ in	____ ft. ____ in.
WEIGHT	____ lbs.	____ lbs.
SMOKER?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Have you ever had:</i>		
High Blood Pressure/High Cholesterol?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart Attack, Stroke or Cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation: _____		Occupation: _____
Phone #: (____) _____		Work #(____) _____
Best time to call: _____		Home <input type="checkbox"/> Work <input type="checkbox"/>
*Your first Name: _____		Cellular # (Optional): _____

AVAILABLE RATES ARE AMONG THE LOWEST OFFERED!