

<YEAR> BENEFIT INFORMATION FOR <STATENAME> RESIDENTS

You may qualify for state-regulated programs to pay for your final expenses.

It is important to know how to qualify for this benefit available to you. This life insurance benefit will pay for 100% of all your funeral and final expenses, up to \$35,000. This payment is tax-free for <StateName> residents.

You are entitled to receive no-cost information as a resident of <StateName>. **IMPORTANT** - Complete and return this postage-paid card by <ResponseDate>!

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

Name _____

Home Address _____
(street address, no PO boxes, please)

Phone (_____) _____
(phone # required for prequalification)

Age _____ Spouse's Age _____

Spouse's Name _____



<YEAR> BENEFIT INFORMATION FOR <STATENAME> RESIDENTS

As a resident of <StateName>, you are entitled to more benefits not provided by government funds.

You now have access to <year> state-regulated life insurance programs which will pay for 100% of all final expenses up to \$35,000.

Return this postage-paid card by <ResponseDate> to request this new benefit information.

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

Name _____

Home Address _____
(street address, no PO boxes, please)

Phone (_____) _____
(phone # required for proper routing)

Age _____ Spouse's Age _____

Spouse's Name _____
Not affiliated with or endorsed by any government agency.



OGB-FI-02

<LeadID>

NEW 2023 BENEFIT INFORMATION FOR <STATENAME> RESIDENTS

As a resident of <StateName>, you are entitled to more benefits not provided by government funds.

You now have access to new 2023 state-regulated life insurance programs which will pay for 100% of all final expenses up to \$35,000.

Return this postage-paid card within 5 days to request this new benefit information and receive a **FREE WALMART GIFT CARD!**

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

Name _____

Home Address _____
(street address, no PO boxes, please)

Phone (_____) _____
(phone # required for proper routing)

Age _____ Spouse's Age _____

Spouse's Name _____

Not affiliated with or endorsed by any government agency.



OGB-FIW-02

<LeadID>

<YEAR> BENEFIT INFORMATION FOR <STATENAME> RESIDENTS

As a resident of <StateName>, you are entitled to more benefits not provided by government funds.

You now have access to <year> state-regulated programs which will pay for 100% of all final expenses up to \$35,000.

Return this postage-paid card within 5 days to request this new benefit information.

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

Name _____

Home Address _____
(street address, no PO boxes, please)

Phone (_____) _____
(phone # required for proper routing)

Age _____ Spouse's Age _____

Spouse's Name _____

Not affiliated with or endorsed by any government agency.



OGB-FX-02

<LeadID>

<YEAR> BENEFIT INFORMATION FOR <STATENAME> RESIDENTS

As a resident of <StateName>, you are entitled to more benefits not provided by government funds.

You now have access to <year> state-regulated programs which will pay for 100% of all final expenses up to \$35,000.

To receive a **FREE FINAL WISHES PLANNING GUIDE**, please complete and return this postage-paid card within 5 days!

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

Name _____

Home Address _____
(street address, no PO boxes, please)

Phone (_____) _____
(phone # required for proper routing)

Age _____ Spouse's Age _____

Spouse's Name _____

Not affiliated with or endorsed by any government agency.



OGB-FXG-02

<LeadID>