



Policy Summary

Member Name: _____

Members Final Wishes: Burial / Cremation

Viewing: Yes / No

Circle All That Apply: Casket / Vault / Monument / Urn
Prices Locked In At Wholesale

Natural Death Benefit: _____

Accidental Death Benefit: _____

\$_____ Senior Life

\$ 3 _____ Legacy Assurance

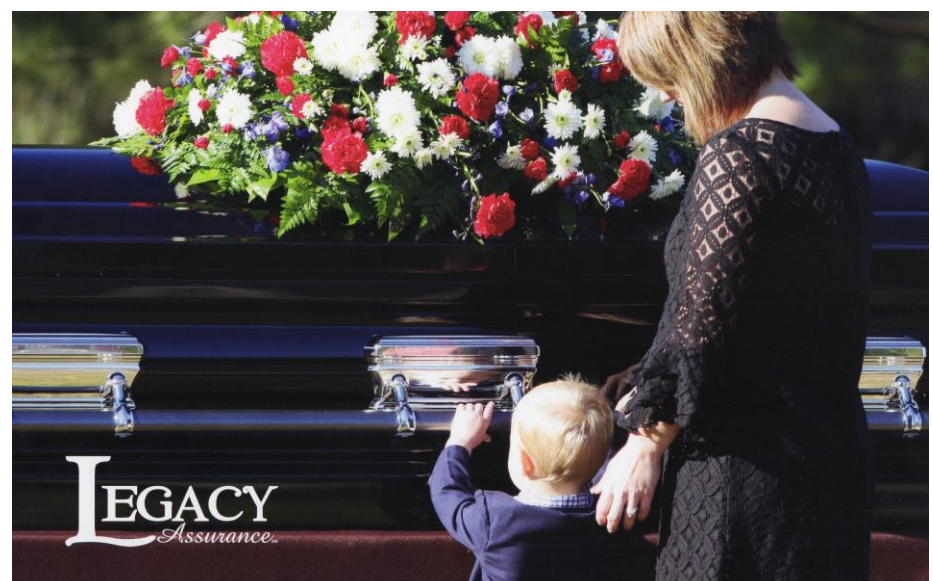
\$_____ Monthly Premium

Policy Effective ____ / ____ / ____ **Due Date On** _____ **of**
every month thereafter starting in _____.

2 weeks from your Effective Date
you will receive your Funding
Documents.



3 to 4 weeks from your Effective
Date you will receive your
Membership Planning Packet.



Agent: _____ **Agent #** _____