



## 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

\$ 4 Legacy Assurance

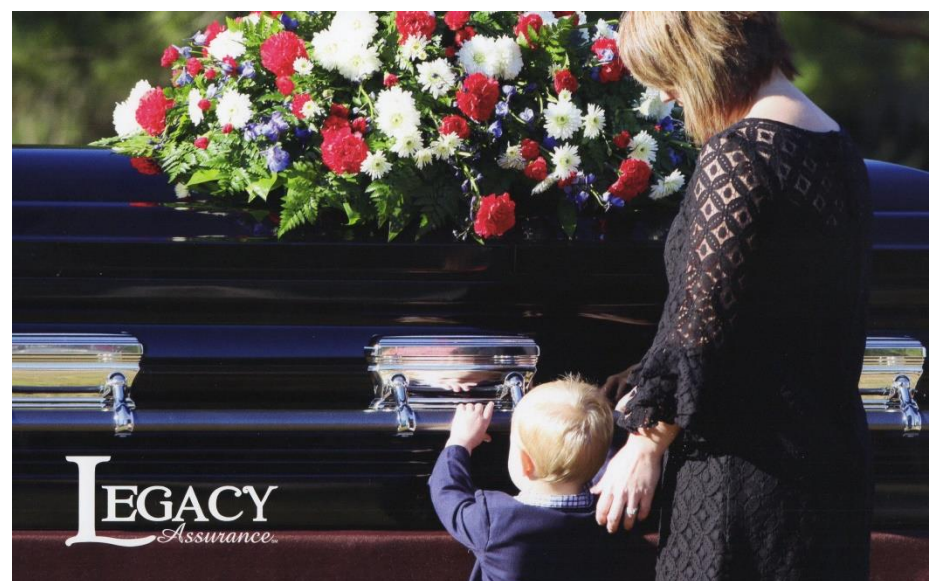
\$ \_\_\_\_\_ Monthly Premium

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 # \_\_\_\_\_