

PROOF APPROVAL

VERIFY!

Before you approve this proof, please read the copy carefully and completely. Check for spelling errors, omissions, and accuracy. Please double check that all dates, days of the week, locations, and phone numbers are correct.

CHANGES?

If any changes are required, please reply to this email with the required changes. We will send a new proof to you after we make the requested changes.

APPROVAL.

When you are satisfied and ready to approve this proof, please reply to this email and include the word "Approved" in the body of the email.

TERMS & CONDITIONS

The following terms and conditions shall govern all transactions between Plum Direct Marketing and the Client:

- 1. Copyrights The Client is liable for any copyright breaches on any content provided by the client to Plum Direct Marketing. The Customer shall indemnify and hold harmless Plum Direct Marketing from any and all loss, cost, expense, and damages (including court costs and reasonable attorney fees) on account of any and all manner of claims, demands, actions, and proceedings that may be instituted against Plum Direct Marketing on grounds alleging that the printing violates any copyrights, or any proprietary right of any person, or that it contains any matter that is libelous, obscene, or scandalous.
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FINAL NOTICE: [FIRST] [LAST] ENROLLMENT PERIOD EXTENDED

LOAN ORIGINATED: [RECORD DATE]

The enrollment period has been extended for Mortgage Protection coverage with no physical exam required for approval. For a limited time, you can lock in coverage at **special rates** with <u>NO PHYSICAL EXAM REQUIRED</u>.

- Mortgage Life Coverage Pays off your << Mortgage Amount>> in the event of your death.
- · Major Illness Pays off your entire mortgage balance if you are diagnosed with illness such as stroke, heart attack or cancer.
- Disability Pays monthly mortgage payments in the event of disability.

[LENDER]

First Last Address1 Address2 City, ST ZIP d1 d2

For details on this specialized coverage, complete and return this card in the postage-paid envelope.

For Coverage Details Complete Below:

Email:

Name:		
Spouse Name:		
Age:	Spouse's Age:	
Home Phone: (
Cell Phone: ()	

Final Notice for [FIRST] [LAST] Lender: [LENDER]

The enrollment period has been extended for Specialized Mortgage Protection coverage designed to pay-off your mortgage in the event of death, disability or critical illness.

Amount: [AMOUNT]

As a "Mortgage Borrower", you can lock in special low rates with no medical exam required for approval.

Leave your family a "Mortgage-Free Home"

· Mortgage Life Insurance Benefit - Pays off your mortgage in the event of your death

Living Benefits Available:

- Disability Pays your monthly bills if you cannot work due to an illness or injury.
- Money Back Option Return of the premiums you've paid if benefits are not used.
- · Critical Illness Pays a benefit if you are diagnosed with a life-threatening illness.

For additional information with no cost or obligation, complete and return card in the postage paid envelope provided.

Information about your mortgage is obtained from public records. Not affiliated with and/or endorsed by any insurer or lending institution. <<SO Disclaimer>>