



1234567 *3 10B
CHRISTOPHER SMITH
1234 ANYWHERE ST.
ANYWHERE, USA 12345-1234

Policy Number:
1234567

Coverage Amount:
\$10,000

Welcome to Globe Life, [Christina]!

We want to welcome you to the Globe Life family and congratulate you on the wise decision to open an insurance policy for [Christina]. Your policy information should be arriving in the mail soon and we hope you take an opportunity to review all the benefits this important coverage can offer.

Activating this policy and preserving your family's financial future is simple, [Christopher]. Just submit your first payment by [01/01/11] with the attached notice and provide your family with an added sense of security.



PAY BY PHONE
972-540-6542



PAY ONLINE
www.GlobeOnTheWeb.com/eServicecenter



PAY BY MAIL
P.O. Box 268844
Oklahoma City,
OK 73126-8844

FXXXX

- DETACH HERE AND MAIL IMMEDIATELY IN THE ENVELOPE PROVIDED -

Globe Life And Accident Insurance Company
Globe Life Center • Oklahoma City, OK 73184
972-540-6542

\$6.99 Is All It Takes To Activate This Coverage

Payment Options: (Choose one)

- 1 Month Premium: \$6.99
- 3 Month Premium: \$20.57
- 6 Month Premium: \$40.37
- 12 Month Premium: \$77.64

Due Date: [01/01/11]

Amount Enclosed: _____

Return in the enclosed envelope provided.

Please make address changes to your address, phone number or email below:

SAVE A STAMP!
SET UP AUTOMATIC BANK DRAFT TODAY

- I'd like to make automatic payments from my bank account or credit card (see reverse side)



1234567 *3 10B
CHRISTOPHER SMITH
1234 ANYWHERE ST.
ANYWHERE, USA 12345-1234

Insured: Christina Smith
Coverage Amount: \$10,000
Policy Number: 1234567
Due Date: Upon Receipt

[Christopher],

Life is full of the unexpected, and **you made a responsible decision when you decided to secure coverage** for [Christina]. We make it our priority to help concerned parents and grandparents like you secure and maintain this policy. That's why we're giving you another opportunity to activate this policy.

Giving [Christina] the protection they need is **as easy as submitting your first payment** with the attached notice through the mail, online, over the phone or by setting up an automatic bank draft.

[Christopher], if for any reason you are not satisfied with your coverage, you have 30 days after the first payment is submitted to receive a full refund with no further obligations.

Thank you for trusting in Globe Life for your life insurance needs.



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Due Date: [01/01/11]

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1234567 *3 10B
CHRISTOPHER SMITH
1234 ANYWHERE ST.
ANYWHERE, USA 12345-1234

[Christina's] Application Is Still Approved

[Christopher],
We want to say thank you for choosing Globe Life for your life insurance needs. It is our mission to help you provide your family with a financial security for life, and it's as easy as returning your first payment by [01/01/11] with the premium notice below. Please contact customer service at (972) 540-6542 to help answer any questions.

[Christopher], you can also view and manage your policy online with our convenient eService Center!

Insured: Christina Smith
Coverage Amount: \$10,000

Policy Number: 1234567
Due Date: Upon Receipt

@Service Center

- Make a one-time payment
- Sign up for automatic bank draft
- Manage your policy online
- And much more!

Visit
www.GlobeOnTheWeb.com/eServicecenter

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1234567 *3 10B
CHRISTOPHER SMITH
1234 ANYWHERE ST.
ANYWHERE, USA 12345-1234

Insured: Christina Smith
Coverage Amount: \$10,000
Policy Number: 1234567
Due Date: Upon Receipt

[Christopher,]

On [01/01/11] you agreed to allow Globe Life to provide [Christina] with **coverage for life.**

What You Should Know:

- Policy can **never be cancelled** due to changes in health, age or occupation.
- Policy builds **cash value** for their future.
- Policy offers **financial protection** for young loved one's future.

Easy Steps You Can Take:

- ✓ Make first premium payment
- ✓ Return payment with attached notice in the envelope provided
- ✓ Register with our convenient online eService Center to access information instantly

FXXXX

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972-540-6542

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- 12 Month Premium: \$77.64

Due Date: [01/01/11]

Amount Enclosed: _____

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1234567 *3 10B
CHRISTOPHER SMITH
1234 ANYWHERE ST.
ANYWHERE, USA 12345-1234

Policy Number:
1234567

Coverage Amount:
\$10,000

Dear [Christopher,]

Who knew securing your family's financial future could be so important? You did when you decided to open a policy for [Christina].

Please take a moment to review the option you've chosen below and activate the policy when you are ready to do so. We are here to help, so please contact us if we can be of assistance.



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972-540-6542



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www.GlobeOnTheWeb.com/eServicecenter



PAY BY MAIL
P.O. Box 268844
Oklahoma City,
OK 73126-8844

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Globe Life Center • Oklahoma City, OK 73184
972-540-6542

\$6.99 Is All It Takes To Activate This Coverage

Payment Options: (Choose one)

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- 3 Month Premium: \$20.57 12 Month Premium: \$77.64

Due Date: [01/01/11]

Amount Enclosed: _____

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1234567 *3 10B
CHRISTOPHER SMITH
1234 ANYWHERE ST.
ANYWHERE, USA 12345-1234

Policy Number: 1234567
Coverage Amount: \$10,000

URGENT NOTICE

Christopher,

When you made the wise decision to allow **Globe Life** to
provide life insurance for
[Christina],

you demonstrated that offering lifelong protection for your
young loved one was important to you.

We agree

and want to help you maintain this financial security.

Simply return your first payment with the attached notice
and you will equip [Christina] with a future they can rely on.

How can a Globe Life policy protect my loved one?

- Policy builds cash value for their future.
- Can never be cancelled due to health changes.
- Provides family with financial security for a lifetime.

FXXXX

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\$6.99 Is All It Takes To Activate This Coverage

Payment Options: (Choose one)

- 1 Month Premium: \$6.99 6 Month Premium: \$40.37
 3 Month Premium: \$20.57 12 Month Premium: \$77.64

Due Date: [01/01/11]

Amount Enclosed: _____

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1234567 *3 10B
CHRISTOPHER SMITH
1234 ANYWHERE ST.
ANYWHERE, USA 12345-1234

Policy Number: 1234567
Coverage Amount: \$10,000

Christopher,
Did you know that if you wait and decide later to secure life insurance for Christina, you could be forced to pay higher premiums? The affordable premium of \$6.99 you secured below will never change for any reason – even if Christina chooses a hazardous occupation, enlists in the military or has future health changes. Think about how much money that could save Christina in the future and how much you can save right now! \$6.99 is all it takes to pay the first premium and activate this coverage.

INSURED: CHRISTINA SMITH
AMT. OF INSURANCE: \$10,000
POLICY NUMBER: 1234567
DUE DATE: UPON RECEIPT

- ! Christina’s coverage is not inforce. To activate this important coverage, simply pay one of the premium amounts below.
- ? Have Questions?
Visit our eService Center
www.globeontheweb.com or call us at 972-540-6542
- ! Please return payment upon receipt

FXXXX

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\$6.99 Is All It Takes To Activate This Coverage

Payment Options: (Choose one)

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- 12 Month Premium: \$77.64

Due Date: [01/01/11]

Amount Enclosed: _____

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CHRISTOPHER SMITH
1234 ANYWHERE ST.
ANYWHERE, USA 12345-1234

Policy Number: 1234567
Coverage Amount: \$10,000

[Christina's] Whole Life Policy Coverage Is Pending Your Reply

Christopher,

We realize **life can get busy**. That's why we want to gently remind you that [Christina]'s life insurance coverage only takes one payment to become active.

Insured Name	Policy #	Coverage	Premium	Due
[IChristina]	123456789	See Policy	\$6.99	Upon Receipt

We also know that **protecting your child or grandchild** is the most important job you can have. So we make it easy to contribute to your loved one's financial future. Simply return your first payment with the attached notice and begin securing [Insured Name]'s future today.

FXXXX

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972-540-6542

\$6.99 Is All It Takes To Activate This Coverage

Payment Options: (Choose one)

- 1 Month Premium: \$6.99 6 Month Premium: \$40.37
- 3 Month Premium: \$20.57 12 Month Premium: \$77.64

Due Date: [01/01/11]

Amount Enclosed: _____

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THIS IS YOUR FINAL NOTICE

1234567 *3 10B
CHRISTOPHER SMITH
1234 ANYWHERE ST.
ANYWHERE, USA 12345-1234

<u>Policy Number:</u>	<u>Coverage Amount:</u>
1234567	\$10,000

**** Please Read Carefully ****

Christopher:

After a review of our records, we show Christina's coverage is not active. Because of your relationship with Globe Life, we are offering you the opportunity to finalize Christina's coverage so the policy can build cash value for the future. Simply send in your premium payment today to secure the coverage Christina deserves.

<u>Insured Name</u>	<u>Policy #</u>	<u>Coverage</u>	<u>Premium</u>	<u>Due</u>
Christina	1234567	Whole Life With Cash Value	\$6.99	Upon Receipt

Did you know that as a policyholder, you have access to our online eService Center where you can pay premiums, make changes to your coverage and more? Making it convenient to start and maintain the coverage Christina needs is our priority. Just log on to www.globeontheweb.com and click on your eService Center link to pay online, or simply return the notice below with your premium payment.

FXXXX

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Globe Life And Accident Insurance Company
Globe Life Center | Oklahoma City, OK 73184
972-540-6542

FINAL NOTICE

Payment Plans: (Choose one)

- 1 Month Premium: \$6.99
- 3 Month Premium: \$20.57
- 6 Month Premium: \$40.37
- 12 Month Premium: \$77.64

Amount Due: \$6.99 Due Date: UPON RECEIPT

Amount Enclosed:

YOU CAN USE AN EASY PAY OPTION!

- I'd like to make automatic payments from my bank account or credit card (see reverse side)

If you have moved, please make address changes below:

Return in the enclosed envelope to this address:

**GLOBE LIFE AND ACCIDENT
INSURANCE COMPANY**
PO BOX XXXXXXX (For Placement Only)
OKLAHOMA CITY, OK 73126-8844