

Attention: Final Notice to Homeowner
**** Urgent Response Necessary ****

Mortgage Lender: <<lender>>

Loan Balance (1st only): <<loanamt>>
 Recording No.: WA<<month>>.<<day>> .<<year>>STD

Keeping Your Business Local

Oregon/SW Washington

Re: Mortgage Lender: <<lender>>
 <<nametraypc>>
 <<address>>
 Aurora, OR 97002-9238

Dear <<first>>,

We are writing to notify you that as of the date above our records indicate that you have not responded and are not participating in an important program to protect your recent home loan. Special program enrollment benefits are available to homeowners who qualify for only a limited time after the close of escrow. Failure to respond within your enrollment period can lead to forfeiture of certain program specifications, additional qualification criteria and increased cost. Whether or not you believe you've responded to another request, we ask that you promptly respond to this notice to receive information on a comprehensive benefit program for Mortgage Protection to which you are entitled.

Your benefits include: **Death Benefit** – Pays off your loan in the event of you or your spouse’s death from Natural or Accidental causes **Income Replacement** – Makes your mortgage payments if you become sick or injured and cannot work **Level Premiums** – Payments do not increase **Chronic Illness** – Pays out a lump sum benefit on first diagnoses of cancer, heart attack, etc - tax free **Money Back Option** – Receive a tax-free refund equal to every dollar paid into the policy **Plans start at just \$16.95 a month.** **Special Senior Plans** – Custom to your needs and budget for ages 60-80 **Knowing** – Your family will not risk losing their home

For complete details at no cost obligation, please fill out the form below and return it in the enclosed postage paid envelope. For an immediate response, you may fax this form to (503) 303-8944.

Borrower	Spouse/Co-Borrower
The Basics	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: ____/____/____	____/____/____
Smoke/Nicotine: Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation: _____/_____	
Phone: (____) _____	Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>
Alt Phone: (____) _____	Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>
Best Time to Call and Number:	
Person Completing This Form:	
Email _____@_____	Most Health Conditions Accepted!

Lowest Rates Available Offered Exclusively Through This Program

Not affiliated with any bank or lending institution. Benefits and insurance carriers will vary with coverage and may be subject to medical underwriting approval, product limitations and state availability.