

Gift Certificate for \$2,000 AD&D Policy

Please provide a full year's coverage of a \$2,000 Accidental Death and Dismemberment policy to the following person at no cost, with our compliments.

Name _____ Date of Birth _____ Phone Number _____

Street Address _____ City _____ State _____ ZIP _____

Beneficiary _____ Relationship to Insured _____

Sponsor's Name _____ Relationship to Insured _____

Signature of Sponsor _____ Date Certificate Delivered _____

Agency _____ Agency Phone _____ Agent's Signature _____

You are covered for the year following the date this gift certificate was delivered by an agent and dated above. To obtain your policy, please mail this gift certificate to the Company at any time within the next year.



PO Box 2608
Waco, TX 76702
Allife.com

Return to the Agency Office

Insured's Name _____ Insured's Date of Birth _____

Insured's Signature _____ Agent's Name _____

