

May 23, 2017



GRACE NOTICE – REQUIRES IMMEDIATE ATTENTION

ACCORDING TO OUR RECORDS, IF A SUFFICIENT ADDITIONAL PREMIUM PAYMENT IS NOT RECEIVED BY THE DEADLINE STATED BELOW, YOUR LIFE INSURANCE COVERAGE WILL BE TERMINATED.

Policy/Certificate Number:L Insured(s):

Last payment: \$33.44

Date Last Payment Received: March 21, 2017

Minimum additional premium required by June 21, 2017 to avoid termination of coverage: \$104.12

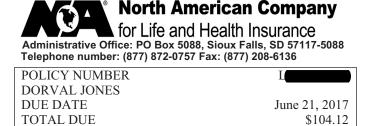
Dear Policyowner:

Our records indicate that the insurance Policy/Certificate ("Policy") identified above entered a grace period on April 21, 2017. If we do not receive the planned premium of \$104.12 on or before June 21, 2017, the insurance coverage the Policy provides will terminate except for the right to any automatic premium loan, extended term insurance, or reduced paid-up policy as provided in the non-forfeiture options of your Policy.

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Original copy sent to the owner of the Policy/Certificate. Duplicates will be sent to insured, secondary addressee and collateral assignee if applicable.

Please retain the top portion of this notice for your records.



AMOUNT ENCLOSED

Check here and see reverse for address correction

NORTH AMERICAN COMPANY PO BOX 660768 DALLAS TX 75266-0768 The last premium payment that was processed before this letter was created is indicated above. If you have made a more recent payment, you should call us immediately to determine whether it was received and whether any further payment is required to avoid termination of coverage at the end of the current grace period. Our website, www.NorthAmericanCompany.com, is also available 24 hours a day to access additional information regarding your Policy.

If your Policy is being paid by Payroll Deduction, your planned premium may either be below the minimum payment amount needed for your Policy or we are no longer receiving your Payroll Deduction. Please contact your Payroll Office immediately to increase your deduction.

Please use the enclosed envelope to immediately forward your payment or contact us directly to arrange for an additional EFT draft for the minimum additional payment above. Also, please note that payment of any regularly scheduled premiums for which you may receive premium notices or which may be automatically paid from your bank account may no longer be sufficient to prevent your coverage from terminating. In the event you fail to pay the minimum additional payment reflected above, and coverage under the Policy terminates, any request for reinstatement will be subject to evidence of insurability satisfactory to us. We strongly encourage you to contact your agent or our office at (877) 872-0757 to obtain additional information to assist you in determining a planned premium payment amount and schedule that reflects your current goals for the Policy.

Sincerely,

Customer Service Department

CC: AD596

NEW ADDRESS? SHOW ADDRESS CHANGE/CORRECTION BELOW			
ADDRESS			
CITY	STATE	ZIP CODE	
AREA CODE	TELEPHONE NUMBER		
OWNER'S SIGNATURE			
OTHER POLICY NUMB	ER(S) TO WHICH THIS CHANGE AF	PPLIES	