

# 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  
AllLife.com

## Return to the Agency Office

Insured's Name \_\_\_\_\_ Insured's Date of Birth \_\_\_\_\_

Insured's Signature \_\_\_\_\_ Agent's Name \_\_\_\_\_