

SAMPLE LEAD LETTERS

Attention: Notice to Homeowner

**** Urgent Response Needed ****

WELLS FARGO BANK

Loan Amount: \$ 117429

JOHN DOE
123 MAIN STREET
SACRAMENTO, CA 96123-1234

SACRAMENTO COUNTY

Dear John and Jane,

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

Benefits under this exclusive program* can include:

- **DEATH BENEFIT** - Pays off your loan in the event of your death from Natural or Accidental causes
- **DISABILITY PAYMENTS** - Makes your mortgage payments if you become sick or injured and cannot work
- **RETURN OF ALL PREMIUMS** - Guaranteed, tax-free return of all premiums you pay at the end of the term
- **PORTABILITY** - Coverage can be transferred to a new loan should the Insured move during the coverage period
- **LEVEL PREMIUMS** - Payments DO NOT Increase
- **KNOWING YOUR FAMILY WILL NOT RISK LOSING THEIR HOME**

For complete details with no cost or obligation, please fill in your information below and return this letter promptly in the enclosed postage paid envelope. Or, for faster service, you may also Fax this completed request (toll-free) to 1-888-698-8905.

	Borrower	Spouse/Co-Borrower
*Date of Birth	___/___/___	___/___/___
*Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Smoker	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Phone () _____	Alt. Phone () _____	Best time to call: _____

*Required information

First name of person filling out this form: _____

JOHN DOE 123 MAIN STREET SACRAMENTO, CA 96123-1234 SACRAMENTO WELLS FARGO BANK 117429

Among The Lowest Rates Available Offered Exclusively Through This Program*

*Available in most states. All information obtained through public records and provided by Legacy Life Insurance Solutions 1245 Tharp Road, Yuba City, CA 95993. Not affiliated with any lending institution. Benefits and carriers will vary for coverage and are subject to underwriting approval, product limitations and availability. As a consumer submitting this inquiry for coverage details, you are providing written permission to be contacted via telephone to provide the information you've requested. Lic #0H45163



(continued)

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SAMPLE LEAD LETTERS

Important Notice for: <first_name> <last_name>
 Loan Amount: <<mort_amount>> Record Date: <<record_date>>

<<carri>>
 Lender: <<mort_co>>
 <<first_name>> <<last_name>>
 <<address>>
 <<city>>, <<state>> <<zip>>

Complete and Return

Dear <first_name>,

You are invited to participate in our low-cost Mortgage Protection Insurance, which can protect your <<mort_amount>> home loan in case of an unexpected emergency.

► **Without a plan, your family would still be required to make your monthly payments.**

<<first_name>>, your benefits can include:

Disability: Provides cash to make your mortgage payment if you cannot work.

Critical Illness: Can pay a portion of your death benefit if you're diagnosed with a covered critical illness.

Death: Pays off your <<mort_amount>> home loan in the event of your death.

Level Premium: Costs do not increase.

Money-Back Option: Returns all of your premium payments if benefits are not used.


Knowing Your Family will not lose your home.

FOR COMPLETE DETAILS WITH NO COST OR OBLIGATION TO YOU, please complete the information below and return that portion in the enclosed postage-paid envelope.

.....cut here.....Return this completed form.....cut here.....

Loan Amount: \$ <<mort_amount>>

Lender: <<mort_co>>

Borrower	County: <<county>>	Co-Borrower
<<first_name>> <<last_name>> <<address>> <<city>> <<state>> <<zip>>		
Date of Birth: ____/____/____ Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Smoker: <input type="checkbox"/> NO <input type="checkbox"/> YES	First Name: _____ Last Name: _____ Date of Birth: ____/____/____ Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE Smoker: <input type="checkbox"/> NO <input type="checkbox"/> YES
<small>Answering questions does not affect eligibility for coverage.</small>		<small>Answering questions does not affect eligibility for coverage.</small>

Home Phone: (____) _____ Other Phone: (____) _____

Person completing this form: _____ Date: ____/____/____
<<first_name>> <<last_name>> <<address>> <<city>> <<state>> <<zip>> <<mort_co>> <<date>> <<mort_amount>>

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