[AGENCY NAME]
Life Insurance for Final Expenses — Licensed Insurance Agency

[ADDRESS]
[CITY, STATE ZIP]
[PHONE]

[DATE]

Have you set aside a plan for your final expenses, so the cost doesn't fall on your family?

Dear [FIRST NAME],

Funerals, burial or cremation, and the bills that follow a death often arrive at the hardest possible moment — and without a plan, that cost is usually paid by a spouse or children. Many families in [COUNTY / CITY] choose a small **whole life insurance policy** (often called final expense insurance) to help cover those costs.

As a licensed insurance agent serving this area, I help people compare coverage options such as:

- Benefit amounts from [$X,XXX] to [$XX,XXX], chosen to fit your budget
- Simplified application — no medical exam required; **whether a policy can be issued may depend on your answers to the health questions in the application**
- [EDIT: list only features your carrier's policy form actually provides — e.g., level premiums, coverage that does not expire at a set age]

EDIT BEFORE MAILING — if your policy form pays graded or modified benefits in the first years, you must say so prominently, e.g.: "During the first [X] policy years, the death benefit is limited to [describe per your policy form]." Delete this note either way.

There is **no cost and no obligation** to request information. To receive details by mail or a short call, return the postage-paid card below or call me at **[PHONE]**.

Sincerely,

[AGENT NAME]

Licensed Insurance Agent · License # [LICENSE #]

EDITABLE DISCLAIMER — review with your compliance contact before mailing. This is an advertisement and a solicitation of insurance. Whole life insurance products are underwritten by [INSURER NAME], policy form [POLICY FORM #]. Product availability, benefits, and premiums vary by state, age, and underwriting. [CONSULT COUNSEL: add any disclosures your state requires for lead-generating mail, including minimum type sizes and ad-filing requirements.]

✂ DETACH AND RETURN IN THE ENCLOSED POSTAGE-PAID ENVELOPE

Free Information Request — Final Expense Whole Life Insurance

☐ **YES** — please send me free information about whole life insurance to help with final expenses. I understand there is no obligation.

Name _____ Date of birth _____

Address _____ City / State / ZIP _____

Phone _____ Best time to reach me _____

This is a solicitation of insurance. By returning this card you are requesting information about life insurance, and a licensed insurance agent may contact you by telephone or mail.

Return to: [AGENCY NAME], [ADDRESS], [CITY, STATE ZIP] · Mailer form [MAILER FORM / TRACKING #]