



Payment Now Due Pending Policy Lapse

MM/DD/YYYY

#BWNCDPH

ADDRESSEE
ADDRESS LINE 1
ADDRESS LINE 2
ADDRESS LINE 3
CITY STATE ZIP

Policy Number	CO1234567
Insured	INSURED NAME
Trust Number	78945678
	PLAN NAME 1
Plan Name	PLAN NAME 2
	PLAN NAME 3
Total Amount Due	\$00.00

Dear Policy Owner,

We want to take this time to alert you that your policy **CO1234567** is about to lapse.

To prevent forfeiting your coverage, an additional premium payment of **\$00.00** must be received in our office by **MM/DD/YYYY**.

Please contact your agent or National Life if you have any questions on your policy. If you would like an illustration, please contact your agent.

Thank you for being a valued customer.

National Life Group



Pay online!

Pay your bill online or on your mobile app for fast, simple, and convenient service, or sign-up for auto-pay.



Questions?

Contact your Agent or National Life to discuss your options.

Your Agent:

AGENT NAME
Agent Phone Number

National Life:

800-732-8939
Access your statement online at
NationalLife.com

Please detach this portion and return with your payment to the address shown below.

Total Amount Due	\$00.00	Insured	INSURED NAME
Payment Due Date	MM/DD/YYYY	Policy Number	CO1234567
Trust Number	78945678		

Amount Enclosed	Premium	Loan
\$	\$	\$

*Special Instructions :

*If your payment is intended for something different than outlined in this statement, please provide details in the Special Instructions area above.

Please make checks payable to:

National Life Group

WHO CODE MAIL STOP

NATIONAL LIFE GROUP
ONE NATIONAL LIFE DRIVE
MONTPELIER, VT 05604-1000

Important Information

The actual terms and conditions of the contract govern.

- Checks and drafts are accepted subject to collection.
- Only one pending lapse notice is sent prior to the due date. No agency or agent has the power to modify the contract (policy), to extend time for payments, to waive any provisions or bind the company by making any promise or accepting any representation or information not contained in the application for the contract.

If we do not receive this payment due while the insured is living and by the due date shown on the first page of this letter, this policy will lapse and your insurance coverage will be lost.

The planned premium payment previously chosen may no longer be sufficient to keep your policy in-force, as the cost of insurance increases over time.

Please note that unless this payment is made on or before the date when due or within the specified grace period thereafter, the policy shall terminate or lapse except as to the right to any cash surrender value or non-forfeiture benefit.

Disclosure for policies who have a resident state of CA, FL, ME, or VT.

Disclosure for policies who have an issue state of NY.



Recently Moved?

Let us know! Go **online** to update your address or call us at 1-800-732-8939.

Address on File:

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 3

CITY STATE ZIP

New Address:

Street Address:

City, ST, Zip: