

## MM/DD/YYYY

#BWNCDPH

## **ADDRESSEE ADDRESS LINE 1 ADDRESS LINE 2 ADDRESS LINE 3**

CITY STATE ZIP

Dear Policy Owner,

As a valued client, we want to inform you that your life insurance policy has lapsed and no longer provides coverage.

You may restore your policy by submitting payment of \$00.00 by MM/DD/YYYY. After this date, you may still be able to restore your policy by submitting a Reinstatement Application, which requires medical information and underwriting review to determine eligibility.

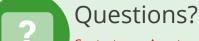
We're here to help. For reinstatement information or if you have questions regarding this notice, please contact your agent or National Life Group.

Sincerely,

National Life Group



Policy Number Insured	C01234567 INSURED NAME



Contact your Agent or National Life to discuss your options.

Your Agent:

AGENT NAME **Agent Phone Number** 

**National Life:** 

800-732-8939 Visit us online at NationalLife.com

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

**Total Amount Due** Offer End Date

\$00.00 MM/DD/YYYY

Insured Policy Number

**INSURED NAME** CO1234567

Amount Enclosed Premium \$ \$ \$

\*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



## 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: