GET A WALMART GIFT CARD
FOR PARTICIPATING!



PRSRT STD
US POSTAGE
PAID
PERMIT 170
76051

<<FirstName>> <<LastName>>
<<Street>>
<<City>> <<State>> <<Zip>>-<<Zip+4>>

Please complete ALL information below and return in the self-enclosed envelope to see what you qualify for and get your FREE gift card.

Get a FREE Walmart Gift Card as a thanks for participating in our survey.

1. What is your age? ❑ 45-54 ❑ 55-64 ❑ 65-74 ❑ 75-85
2. Do you own a life insurance policy? ❑ Yes ❑ No
   If yes, what type of policy? ❑ Term Life ❑ Whole Life ❑ Universal ❑ Not sure
3. Are you currently: ❑ Employed Full Time ❑ Employed Part Time
   ❑ Disabled ❑ Retired ❑ Other _____
4. Do you have a plan that protects you and your family from critical illnesses (*heart attack, cancer, stroke*)? ❑ Yes ❑ No
5. Please check the boxes for any insurance services you are interested in receiving:
   - ❑ Term Life Insurance
   - ❑ Whole Life Insurance
   - ❑ Burial Insurance
   - ❑ Critical Illness Coverage (heart attack, cancer, stroke)
   - ❑ Final Will Resources
   - ❑ Final Expense Coverage
   - ❑ Grandchildren Insurance

Signature: _____ Date: _____

THANK YOU
for completing our survey!



❑ **Yes, I want a Walmart Gift Card.**
I'm aware I must complete ALL questions and fill out the information below within 30 days to receive my gift card.

Name _____

Beneficiaries Name _____ Relationship _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Phone _____ Best time to call: _____

Keycode Barcode FE-11-LW

LEAD CONCEPTS SAMPLE