

Gift Certificate

American Income Life
Insurance Company

\$2,000

P.O. Box 2608
Waco, Texas 76702

AD&D Policy

Please provide a full year's coverage of a \$2,000 Accidental Death and Dismemberment policy to the following person at no cost, with our compliments.

Name

Date of Birth

Sponsor's Name

Street Address

Phone

Relationship to Insured

City

State

Zip

Signature of Sponsor

Beneficiary

Date Certificate Delivered

Relationship to Insured

Agency

Agency Phone

Agent's Signature

You are covered for the year following the date this certificate was delivered by an agent and dated above.
To obtain your policy, please mail this certificate to the Company at any time within the next year.

Return to the Agency Office

Insured's Name

Insured's Date of Birth

X

Insured's Signature

Agent



Privacy Policy - American Income Life Insurance Company cares about protecting its policyholders' privacy. In the process of providing the products and services you requested, we will collect, use and share certain information you provided. This Privacy Policy explains what information we collect and how we use that information. The Policy also explains how we protect the security and confidentiality of your information.

Collection of Information - We collect and retain information necessary for us to provide the products and services you requested. In that process we may collect nonpublic information from you as a result of: your completion of an insurance application or other forms; your transactions and experience with us; or reports from a consumer reporting agency, such as the Medical Information Bureau.

Access and Correction of Information - Upon request you can obtain access to personal information about you which appears in our policy files or is contained in your investigative consumer reports. If you think that any personal information we have collected from or about you is inaccurate, you may notify us in writing. We will investigate your request and make appropriate changes as needed.

Investigative Consumer Reports Notification - As part of our routine underwriting procedure, an investigative consumer report may be obtained which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living (excluding sexual orientation). This information will be obtained through consumer reporting agencies and personal interviews with your friends, neighbors and associates. You may request to be interviewed in connection with the preparation of the report and upon request may receive a copy of the report.

Confidentiality of Information - We do not disclose any nonpublic information about you, either during or after your relationship with us, to anyone, except as permitted by law, such as to your authorized representative, or in order to provide the products and services you requested, or to comply with applicable laws or regulations.

Internal Protection of Information - We restrict access to nonpublic personal information about you to those employees who need to know that information to provide the products and services you requested. We maintain physical, electronic, and procedural safeguards to comply with federal regulations to guard this information.

Disclosure of Our Privacy Policy - We are sending you this Notice for informational purposes and may amend the Privacy Policy at any time and will update it as required. We also post our current Privacy Policy at our website: www.aillife.com.

F3313 (R4/15)



AILPlus



One-Year Membership at No-Cost to You

Enjoy discounts on your healthcare needs by signing up today!

- Pharmacy
- Vision
- Dental
- Telemedicine
- Chiropractic
- Durable Medical Equipment
- Diabetic Supplies
- Hearing Aids
- Lab Testing
- MRI & CT Scans
- Vitamins



AILPlus

DISCOUNT CARD

JOHN Q. CUSTOMER
Group ID: AIL76710
Member ID: SAMPLE001

This is not Insurance.



Your Connection to
Convenient Savings



Members save 10–85% on healthcare products and services from thousands of providers nationwide. They have access to convenient, around-the-clock physician consultations via phone or internet at a consultation fee often less than insurance co-pays.

The AIL Plus app and web portal provide members quick and easy access to their AIL Plus benefits.

Your American Income Life representative will sign you up today. Within a few days, you will receive an email providing instructions on how to activate your membership and begin enjoying your AIL Plus benefits.

You can also sign up at MyBenefits.AILife.com by entering the Access Code: AILPLUS. For questions please call 1-800-495-1213.

AILPlus

MEMBER ACCESS

Benefits accessible in the palm of your hand!



Mobile App



Membership Portal



Provider Search



Customer Service

*AIL Plus not available in NY.

**Lab Testing not available in MD, NJ, or RI.

This program is NOT insurance coverage, is not intended to replace insurance, and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CRM 5.00. It provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475.



Sign up for AIL Plus today at no cost!

Members can save 10 to 85% on healthcare products and services from thousands of providers nationwide.

Retail Pharmacy

Don't let the cost of medications keep you from managing your health. Enjoy discounts on your prescription medications with Retail and Mail Order Pharmacy. Save 10% to 85% on most prescriptions at 60,000 retail pharmacies nationwide, and on 30+ day supply prescriptions shipped directly to your home with free standard shipping.

- Participating retail pharmacies include Walgreens, Target, CVS, and many other independent, national, and regional chains
- Even if you have insurance, you can present both cards at the pharmacy or research online to receive the lowest price
- Mail Order service includes a Patient Assistance Program that helps qualifying individuals receive free or low-cost prescriptions

Be sure to ask your pharmacist to check prices with and without your insurance to ensure the best price.

Vision

Your eyes are the windows to your health. Now you and your family can see better savings.

- **Eyewear & Exams** — 20% to 60% off prescription eyewear and 10% to 30% off exams. More than 20,000 vision providers nationwide, including national chains and local retailers.
- **Mail Order Contacts** — Save 10% to 40% on contact lenses through America's Eyewear mail order service
- **Designer Frames** — Save 15% to 55% off the average cost of eyeglasses and sunglasses
- **Laser Surgery** — 40% to 50% off the national average cost of LASIK surgery

Dental Powered by Humana Dental Access

Smile brighter with big savings at more than 160,000 dental locations nationwide. Use your card again and again to keep your teeth sparkling clean!

- In most instances, save 20% to 40% per visit*
- Save on dental services such as cleanings, x-rays, crowns, root canals and fillings
- Need specialty dental care? Save on orthodontics and periodontics, too! Contact the provider to confirm participation in Humana Dental Access
- Show your card with the Humana Dental Access logo and pay the discounted price at checkout*

*Actual costs and savings vary by provider, service and geographical area.

Telemedicine

Not feeling well? Avoid the waiting room and expensive ER bills. NBTelemedicine helps make healthcare convenient, immediate, and affordable for you and your immediate family with 24/7 access to a doctor to treat common ailments for only \$38 per visit. The visit can take place by a phone call, email, or a web-based video call, and may include discussing symptoms, treatment options, and prescriptions.

Chiropractic

Back out of whack? Save 30% to 50% on x-rays, diagnostic services and treatments at over 3,000 chiropractors nationwide.

- Free initial consultation
- 50% off diagnostic services and x-rays performed on-site
- 30% off treatments and other services
- Discounts on additional items may be available
- No limit on the number of visits

Durable Medical Equipment

Save 20% to 50% on medical equipment shipped directly to you, plus an additional \$5 on orders over \$100! Save on walking aids, wheelchairs, scooters, hospital beds, bathroom safety, orthopedic products and more.

- Order online 24/7 or by phone Monday, 7 am to 8 pm and Tuesday to Friday, 7 am to 7 pm Central Time
- Enter gift certificate code cbs02 during checkout to save \$5 on orders over \$100

Diabetic Supplies

Save 10% to 50% on diabetic testing supplies, and get a free fully-audible blood glucose meter with your first order. With the convenient online, pre-paid program, you receive discounted diabetic testing supplies shipped directly to your home. Services include:

- Free shipping on diabetic supply packages
- Tracking information updates via email or text
- Annual testing program or purchase-as-needed options available
- No prescription required for OTC testing supplies
- 100% satisfaction guaranteed, or get your money back

To activate your account, enter your Group ID located on your membership card. You will receive an email to confirm your email address and complete registration. Once you have completed activation, you can join a testing program or make a purchase.

Hearing Aids

Have you heard? Currently, one in seven Americans suffer from hearing loss.** Let Amplifon help you find the right hearing aid solution to fit your lifestyle through personalized service and exceptional products for every budget.

**Source: National Institute on Deafness and Other Communication Disorders (NIDCD), Quick Statistics About Hearing.. nidcd.nih.gov (April 21, 2020)

- One-year free follow-up care for cleaning and checkups with purchase
- Two-year supply of hearing aid batteries
- Three-year warranty
- 100% money-back guarantee during your 60-day risk-free trial
- Offering leading manufacturers including Siemens, Rexton, Miracle-Ear, Phonak, ReSound, Unitron, Oticon, Sonic Innovations, Starkey, and Widex

Lab Testing

Know your numbers with direct access to more than 1,500 major clinical laboratories nationwide to save you 10% to 80% on typical costs for lab work.

- Test categories include allergies, vitamin and cholesterol levels, liver function, fertility, thyroid and more
- Confidential results in as little as 24 hours for most tests
- Order by phone Monday to Friday, 7 am to 10 pm and Saturday, 8 am to 12 pm Central Time or online (Provide code R-NEWB when ordering)

Lab benefit not available in MD, NJ, NY and RI.

MRI & CT Scans

A better image leads to a better diagnosis, better treatment, and a better recovery. Save 40% to 75% on usual charges for MRI and CT Scans at thousands of credentialed radiology centers nationwide. You will be referred to a certified radiologist based on condition, preferences and location.

- When calling One Call Medical, mention the membership code GALAXY to obtain your discount
- Service representatives will assist you in selecting a network provider convenient to your home or work
- Once a facility is chosen, an appointment will be scheduled through a three-way conference call with the service representative, the imaging center, and the patient
- Service representatives can answer questions regarding tests, what to expect at your appointment, directions to the facility, etc.
- You must have your doctor's order before scheduling an appointment

Vitamins

Everyone has different health goals, and Vitacost has the products to help you reach them. Find the best prices online for the most trusted brands of vitamins, supplements, health foods, sports nutrition and wellness products. Take an additional 10% off already low prices on products for you, your family and even your pets. Vitacost takes the high cost out of healthy living.

- Use code UH992 during checkout to save 10%
- Find discounts on everything from natural household supplies and baby care essentials to skin care products and gluten-free foods
- 30-day money-back guarantee
- Call Monday to Friday, 7 am to 8 pm and Saturday to Sunday, 8 am to 5 pm Central Time to order over the phone

Savings Examples

Benefit	Discount
Retail pharmacy	10%-85%
Mail order pharmacy	10% - 60% (free shipping)
Prescription glasses (Coast to Coast)	20% - 60%
Mail order contacts (Coast to Coast)	10% - 40%
Eye exams (Coast to Coast)	10% - 30%
Laser surgery (Coast to Coast)	40% - 50% (off national average)
Chiropractic consult	Free
Chiropractic diagnostic svcs, X-rays	50%
Chiropractic treatment	30%
Dental (Humana)	20% - 40%
Diabetic supplies	10% - 50% (free shipping)
Hearing aids	Average savings of 30%-60% off retail
Lab testing	10% - 80%
MRI & CT	40% - 75%
Durable medical	20% - 50%
Telemedicine fee	\$38

5

CHILD'S PHOTO

Attach Photo Here

Child's Age in Photo

Date Photo Taken

Remember to update your child's photo every 6-12 months!

Important Information
for Parents

1. Teach your child how to use 911. Your child should also know his or her full name, address and phone number.
2. Teach your child about the dangers of strangers. For example, never go anywhere with someone they do not know. Do not approach an unfamiliar car.
3. Do not place your child's name on personal items. This information could be used by strangers.
4. Teach your child what to do if you are separated in a public place.
5. Know exactly where your child is and who they are with at all times.

There is no waiting period before a missing child can be reported to the police. Report it immediately and have the info they will need on hand.

To order additional Child Safe Kits, please log on to www.aillife.com/ChildSafe or call 1-800-742-6783.



Endorsed by the
**International Union
of Police Associations**

This kit belongs to:

Child's Name

Completed on:

Day/Month/Year

Remember to update every year!



AMERICAN INCOME LIFE
insurance company

1

PERSONAL INFORMATION

Child's Full Name & Nicknames

 / /

Birth Date

Age

☐ Female☐ Male

Gender

Height

Weight

Eye Color

Hair Color

Street Address

City

State

Zip Code

Blood Type

Medications

Allergies, illnesses or other important medical information

Social Security Number

 ()

Mother or Guardian

Phone Number

 ()

Father or Guardian

Phone Number

2

PHYSICAL DESCRIPTION

Indicate any identifying marks or features with their location (birthmarks, scars, glasses, braces...)



Front



Back

3

DNA SAMPLE

Attach Hair Sample Here

(Hairs must be pulled, not cut, and include the hair follicle or "root.")

4

FINGERPRINT INFORMATION

Left Pinkie	Left Ring	Left Middle	Left Index	Left Thumb	Right Index	Right Middle	Right Ring	Right Pinkie	Right Thumb
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INSTRUCTIONS

1. Lift clear protective sheet to expose ink
2. Lightly press each of your child's fingers on the ink
3. Press each finger flat **DO NOT** roll nail to nail
4. Allow chart to dry before placing into protective sleeve

No Cost Law



Last Will & Testament Kit

Will Writing Instruction & Guidance

United States



About the Will & Testament

Why do you need to write a will?

Having a will prepared is one of the most important things you can do for your family after you pass on. By doing so, a will can legally protect your children, spouse, and assets. On top of that, it can also set forth your wishes on how things should be handled after you pass on. Most commonly, people have a will prepared to decide how to distribute their estate, who will take care of their child(ren), avoiding a cumbersome probate process, to make gifts and donations, and disinherit any individual who would otherwise stand to inherit their estate and property.

What are the next steps?

For you to process your No-Cost Last Will & Testament, you need to complete this kit. Once you complete the kit, you will need to go to www.americawills.com to finish your No-Cost Will & Testament.

Is my information protected?

Your privacy is important and this will collects highly sensitive information. We value you as a client and we will take all appropriate measures to protect the information collected from you. Everything is confidential and will never be released to any third party. We only request information essential to help you create your No-Cost Last Will & Testament. Always use the secure link at the beginning or end of this kit to take this information and generate your No-Cost Last Will & Testament.



Visit:

www.americawills.com/willkit

To claim your FREE Last Will & Testament

Disclaimers



Once finished, this kit will NOT be your official will. At the end of this kit, you will be directed to *America Wills*, a website that helps you prepare and generate your free will, in which the information given here helps to fill out your official will. All questions applicable need to be completed in their entirety to have your will prepared.

The final will, produced at www.americawills.com/willkit,

meets state requirements if it is completed, signed, and witnessed in accordance with the directions provided in the website.

If you have any questions while filling out this kit, please reach out to us at info@nocostlaw.com.

The author, the publisher and the vendor of these forms makes no representations or warranties regarding the outcome or the use to which these forms are put and are not assuming any liability for any claims, losses, or damages arising out of the use of these forms. The user should not rely on the author or the publisher of these forms for any professional advice. Always consult with a lawyer regarding the rules and regulations governing your residing state/province. The information provided is for illustrative purposes only and not for the purpose of providing legal advice. You should contact an attorney to obtain advice with respect to any particular issues and concerns related to the drafting of wills and other legal documents. Remember that individual situations and estate planning needs differ, and this Kit may not be suitable for your specific circumstances.

For more information, please see our Privacy Policy at the end of this Will & Testament Kit

Step 1: About You

Please enter the following details:

First Name:	Middle Name:		
Last Name:	Surname:		
Date of Birth: / /	Nickname(s):		
Address:	City:		
	State:		
County:	Zip/Postal:		
Home Phone:	Cell Phone:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Domestic P.

Additional Info:

Step 2: Spouse/Partner

First Name:	Middle Name:		
Last Name:	Surname:		
Date of Birth: / /	Nickname(s):		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary

Additional Info:

Step 3: Children

Are there any surviving children? ☐ Yes ☐ No

If yes, please fill out info below:

Child's Name	Relationship	Birth Date

Are there any deceased children? ☐ Yes ☐ No

If yes, please fill out info below:

Child's Name	Relationship	Birth Date

Any reason to treat your children other than equally? ☐ Yes ☐ No

If yes, please explain:

Step 4: Guardianship

In the event of your death, who should be the guardian of your minor children? (*A guardian has physical and legal control over your children until they reach the age of eighteen*)

First Choice:

Name:	Relationship:
Address:	

Second Choice:

Name:	Relationship:
Address:	

Step 5: Executor of Your Estate

Who should be the executor of your estate? (*A personal representative is responsible for probating your will, paying debts, collecting your assets, and settling your estate*). **Spouse will be named unless specified otherwise.**

First Choice:

Name:	Relationship:
Address:	

Second Choice:

Name:

Relationship:

Address:

Step 6: Bequests

A bequest is the act of giving (not the act of receiving) property by will. To help you decide how to give away your property, there are four common types of bequests. Use at least one or as many of the four bequests you require to explain how you would you would like to distribute your property.

Specific Bequests: A specific bequest is a gift or specific item of property. For example, specifically providing a family heirloom (painting, diamond ring, etc.) for your daughter is a specific bequest, and can be easily distinguishable from all other property in your estate.

Please add any specific bequests in your will here:

Charity Bequests: A charitable bequest is simply a distribution from your estate to a charitable organization through your Last Will & Testament. However, there are different kinds of charitable bequests. Use very specific language to indicate the precise direction of your assets and to successfully carry out your wishes - ***name the recipient accurately***. A bequest to Red Cross might go to national headquarters when you intended for it to go to a local affiliate in your area.

Please add any charity percentage gifts in your will here:

General Bequests: A general bequest is a testamentary gift that is paid out of the general assets of the estate. *For example, making a \$5,000 bequest to your niece would be a general bequest.*

Please add any general bequests in your will here:

Residuary Bequests: The amount remaining in the estate after payment of the administration expenses, creditors’ claims, and other dispositions’ specific, demonstrative and general bequests. *For example, the balance of your estate is to be distributed as follows: 25% to your niece, 25% to your son, 25% to your daughter, and 25%, split amongst your siblings.*

Please add any residuary bequests here:

Alternative Beneficiaries

If persons receiving the specific percentage or estate predeceased you, who is to receive that specific percentage? *For example, if the person receiving it is your niece and she predeceases you, then who should receive it?*

Person/charity/org	Relationship	% Share

Do you wish to disinherit anyone? ☐ Yes ☐ No

If yes, please list any individuals below:

Step 7: Burial/Cremation

Do you want “burial instructions” to be included in your will? ☐ Yes ☐ No

This portion can be handwritten and attached to your Last Will & Testament at a later date, or you can provide the information now.

Cremation Instructions: If you choose cremation and know what you want done with your ashes, you can list your final wishes here.

Burial Instructions: If you have purchased a plot or made any other arrangements, you can list your final wishes here.

Additional Information

If applicable, you can insert any additional information below that you feel will help us write your will(s):

You're almost ready to get your No-Cost Last Will & Testament!

Please go to www.americawills.com/willkit to have your Free Last Will & Testament prepared based on the instructions contained in this kit.

1. Once on the page, fill out all the information. In the "Promo Code" box, be sure to type in the code: **willkit2020**. (You will not be able to click "Continue" without filling in the promo code)
2. You will then be directed through the email authorization process, and you're ready to get your free Last Will & Testament!

This questionnaire was completed by myself ☐ or by _____ on my behalf.

Privacy Policy

This Privacy Policy (or “Policy”) explains how Safe Life Network LLC (“SLN,” “Company,” “we,” or “us”) collects, uses, stores, and protects your information whenever you use the SLN Services, as the SLN Services are described in our [Terms of Service](#). By using the SLN Services, you consent to the data practices prescribed in this Policy. We may periodically post changes to this Policy on this page by revising the date at the top of this Policy, and it is your responsibility to review this Privacy Policy, and we encourage you to visit this page often.

Information You Provide to Us

We collect information you provide to us, including but not limited to when you register for an account, complete a transaction, link an external account to the Services, sign up to receive our email updates, fill out a form, or when you communicate with us. The types of information we may collect include your name, phone number, email address, username, password, government-issued identification numbers and/or copies of government-issued identification cards, services or products requested, and any other information you choose to provide.

Information We Collect Automatically from our Services

When you use our Services, we automatically collect information about you as follows:

- **Transaction Information:** We collect information in connection with each transaction you engage in via the Services, including transaction time, amount of transaction, counterparties to each transaction (if any), and other transaction details.
- **Log Information:** We collect standard server logs in connection with your use of our Services, including the type of browser you use, access times, pages viewed, IP address, and the web page you visited before navigating to, or after navigation away from, the SLN Site.
- **Device Information:** We collect information about the computer or mobile device you use to access our Services, including the hardware model, operating system and version, unique device identifiers, and mobile network information.
- **Location Information:** With your permission, we collect precise location from your mobile device in connection with your use of our mobile app. We may also derive your approximate location from your IP address.
- **Information Collected by Tracking Technologies:** We may use various technologies to collect information in connection with your use of our Services. The technologies we use include the following:
 - o **Cookies**, which are small files that are sent to your computer or mobile device when you visit a website. Cookies allow our SLN Services to recognize your browser or device and track your usage each time you visit. You can usually decline or remove cookies through your browser or device, but doing so may interfere with your use of SLN Services; and
 - o **Local storage**, which stores data locally in your browser, including user preferences; and
 - o **Pixel tags**, which are small blocks of code often used in connection with cookies. Pixel tags (or web beacons) may be placed on our websites and emails, and allow us to track website usage, including to determine when emails have been opened and acted upon.

Information From Other Sources

We collect information from other companies and associate that with the information we collect about you. For example, in connection with your creation of an account, we may collect information about you from identity verification services, including your prior addresses and names. Also, if you use your credentials from a third-party social media service to log into your SLN Services account, we may collect information from that service, such as your name and other account information, in accordance with the authorization procedures determined by that service.

SLN takes reasonable measures designed to protect the information we collect from loss, theft, misuse, and unauthorized access, disclosure, alteration, and destruction. In particular, we implement reasonable security practices and procedures designed to protect the confidentiality and security of this information in accordance

with, and prohibit disclosure other than as permitted by, this privacy policy. We also use reasonable measures designed to limit access to the information we collect about you to employees that have a business reason to know such information..

SLN is based in the United States and the information we collect is governed by U.S. law. By accessing or using our Services or otherwise providing information to us, you consent to the processing and transfer of information in and to the U.S. and other countries, where you may not have the same rights as you do under local law. Where this is the case, we will take appropriate measures to protect information about you in accordance with this Privacy Policy.

We may use your information to:

- Provide, maintain, and improve the SLN Services;
- Process transactions and send notices about your transactions;
- Resolve disputes, troubleshoot problems, and provide customer service;
- Prevent and investigate violations of our terms and conditions and protect the rights and property of SLN and others;
- Measure, and monitor trends, activities, and usage of the SLN Services;
- Personalize the SLN Services, including by delivering targeted content or advertisements;
- Send you targeted marketing, and promotional offers we think will be of interest to you;
- Verify your identity; and
- Carry out any other purpose described to you at the time the information was collected.

We may also disclose any information we collect about current and former customers with non-affiliated third parties as follows:

(1) With non-financial companies and financial service providers that perform services on our behalf, including identity verification services, fraud prevention services, and email marketing services;

(2) With other companies as permitted by law and for our everyday business purposes, such as to process transactions, maintain accounts, respond to court orders and legal investigations, or report to credit bureaus. For example, in connection with our everyday business purposes or as permitted by law, we may share information about you as follows:

§ To comply with an applicable law or regulation, or in response to a request for information if we believe disclosure is in accordance with any applicable law, regulation, or legal process;

§ To protect against or prevent actual or potential fraud, unauthorized transactions, claims, or other liability;

§ To protect the rights, property, and safety of SLN or others;

§ In connection with a proposed or actual sale, merger, transfer, or exchange of all or a portion of SLN's assets to another company; and

§ With your consent or at your direction, including if we notify you that the information you provide will be shared in a particular manner and you provide such information.

(3) We may also share aggregated or de-identified information, which cannot reasonably be used to identify you.

(4) We may also include your information in the leads that are sold to fulfillment agencies in order to complete and deliver requested products and services. We do not sell your information to third parties, but only to fulfillment companies and agents that we work with to deliver requested products and services.

The Services may offer social sharing features and other integrated tools (such as the Facebook “Like” button), which let you share actions you take on our Services with other media, and vice versa. Your use of such features enables the sharing of information with your friends or the public, depending on the settings you establish with the entity that provides the social sharing feature. For more information about the purpose and scope of data collection and processing in connection with social sharing features, please visit the privacy policies of the entities that provide these features. By associating an account managed by a third party with your SLN account and authorizing SLN to have access to this information, you agree that SLN may collect, store, and use this information in accordance with this Privacy Policy.

We may allow others to provide analytics services and serve advertisements on our behalf. These entities may use cookies, web beacons, device identifiers, and other technologies to collect information about your use of the Services and other websites and online services, including your IP address, web browser, mobile network information, pages viewed, time spent on pages or in apps, links clicked, and conversion information. This information may be used by SLN and others to, among other things, analyze and track data, determine the popularity of certain content, deliver advertising and content targeted to your interests on our Services and other websites or online services, and better understand your online activity. You may be able to opt out of having third parties use your web browsing information for behavioral advertising purposes, by visiting www.aboutads.info/choices. You may also be able to opt out of having third parties use information collected through apps for behavioral advertising purposes by visiting your mobile device operating system settings.

Account Information

You may access and update your account profile information by logging into your account via our Services. When you close your account, we may retain certain information as required by law or for our legitimate business purposes. We may also retain cached or archived copies of information about you for a certain period of time.

Promotional Communications

You may opt out of receiving promotional communications from SLN by following the instructions in those messages. Please note that if you opt out, we may still send you transactional or relationship messages, such as those about your account or our ongoing business relations.

Location Information

If you initially consent to the collection of precise location information by SLN via our mobile app, you should be able to subsequently stop this collection through your device operating system settings or by removing our mobile app from your device. You understand and agree that disabling location information may limit the SLN Services available to you.

Cookies and Local Storage

Most web browsers are set to accept cookies and local storage by default. If you prefer, you can usually choose to set your browser to remove browser cookies or clear local storage. Please note that if you choose to remove or reject these technologies, this could affect the availability and functionality of our Services.

Mobile Push Notifications/Alerts. With your consent, we may send promotional and non-promotional push notifications or alerts to your mobile device. You should be able to stop receiving these messages by changing the notification settings on your mobile device.

If you have any questions about this Privacy Policy, please contact us at support@safelifenetwork.com

Disclaimer:

The author, the publisher and the vendor of these forms makes no representations or warranties regarding the outcome or the use to which these forms are put and are not assuming any liability for any claims, losses, or damages arising out of the use of these forms. The user should not rely on the author or the publisher of these forms for any professional advice. Always consult with a lawyer regarding the rules and regulations governing your residing state/province. The information provided is for illustrative purposes only and not for the purpose of providing legal advice. You should contact an attorney to obtain advice with respect to any particular issues and concerns related to the drafting of wills and other legal documents. Remember that individual situations and estate planning needs differ, and this Kit may not be suitable for your specific circumstances.

Family Information Guide

Important Information
and Instructions
(Confidential)



AMERICAN INCOME LIFE
insurance company

Note: This guide should be kept in a safe place at home.
Do Not Keep in a Safe Deposit Box

Vital Statistics and Historical Data

Full Name _____

Phone _____

Address _____

City _____ County _____

State _____ Zip _____

Birthdate _____

Birthplace _____

In City Since _____

In County Since _____

In State Since _____

Single ☐ Married ☐ Widowed ☐ Divorced ☐

Social Security Number _____

Union Local _____ Number _____

Employed By (or retired from) _____

Job Title _____

Father's Name _____

Living: Yes ☐ No ☐

Birthplace _____

Mother's Name _____

Living: Yes ☐ No ☐

Birthplace _____

Veterans Information

Branch of Service _____

Name of War _____

Rank and Rate at Discharge _____

Service Number _____

V.A. Claim Number _____

Place of Enlistment _____

Place of Discharge _____

Enlistment Dates: _____ to _____

Location of Discharge Papers: In Home _____

Other _____

Spouse Vital Statistics and Historical Data

Full Name _____

Living: Yes ☐ No ☐ Date of Death _____

Birthdate _____

Birthplace _____

Social Security Number _____

Persons To Be Notified

In the event of an emergency, please notify the following people to assist in any further arrangements. (Relatives, Friends, Neighbors)

Name _____

Relationship _____

Phone _____

Address _____

City _____

State _____ Zip _____

Name _____

Relationship _____

Phone _____

Address _____

City _____

State _____ Zip _____

Person To Be In Charge of Final Arrangements:

Name _____

Phone _____

Address _____

City _____

State _____ Zip _____

Last Will and Testament

I Have Prepared My Will: Husband _____ Wife _____

My Attorney Is _____

City _____ Phone _____

Executor/Executrix _____

Relationship _____ Phone _____

Papers Are On File: Where _____

I Have a Living Will: Yes ☐ No ☐ Location _____

Estate Information

Life Insurance:

Company _____

Policy Number _____ Amount (\$) _____

Company _____

Policy Number _____ Amount (\$) _____

Company _____

Policy Number _____ Amount (\$) _____

Group Coverage:

Company _____

Policy Number _____ Amount (\$) _____

Hospital & Medical:

Company _____ Policy Number _____

Company _____ Policy Number _____

Financial Institution Information

Name of Institution _____

Phone _____

Address _____ City _____

State _____ Zip _____

Account Number _____

Checking/Share Draft ☐ Savings ☐

Name of Institution _____

Phone _____

Address _____ City _____

State _____ Zip _____

Account Number _____

Checking/Share Draft ☐ Savings ☐

Safe Deposit Box

Name of Institution _____

Phone _____

Address _____ City _____

State _____ Zip _____

Funeral Service Requests

Funeral Home _____

Chapel _____ City _____

Church Denomination _____

Minister _____

Mass: Yes ☐ No ☐ Rosary: Yes ☐ No ☐

Place of Service: Funeral Home ☐ Church ☐ Graveside ☐

I Prefer: Earth Burial ☐ Mausoleum ☐ Cremation ☐

I Have Purchased Lots: Yes ☐ No ☐

My Choice of Cemetery Is _____

Location: City _____ State _____

If Interment Is To Be Elsewhere:

Ship To _____ Funeral Home

City _____ State _____

Phone _____

Glasses: Yes ☐ No ☐ Jewelry: Yes ☐ No ☐

Clothing: My Own ☐ New ☐

Special Instructions _____

Counselor _____

Signature _____ Date _____



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