

Western American Life Insurance Company
PO Box 833879, Richardson TX 75083-3879

Your payment must be received in our
office by the due date shown in order
to keep your valuable coverage in force.

Due date: 09/09/9999
Reference ID: W999999999
Total Due: 9,999.99

Please write new address here _____

Please return the top two portions with your payment.

SAMPLE

John Doe
123 MAIN ST
SAMPLE CITY TX 77777

Western American Life
PO BOX 833879
RICHARDSON TX 75083-3879

-----FOLD HERE-----

Reference ID: W999999999

Please return the top two portions with your payment.

<u>Insured Name</u>	<u>Policy #</u>	<u>Date</u>	<u>Periods</u>	<u>Total Premiums</u>
John Doe	W999999999	09/09/9999	01	9,999.99

SAMPLE

Total Due 9,999.99

Check here if interested in more coverage.
 Check here if interested in paying by bank draft.

-----DETACH AND KEEP FOR YOUR RECORDS-----

YOUR COPY

Due date: 09/09/9999

Reference ID: W999999999

Western American Life Insurance Company
PO Box 833879, Richardson TX 75083-3879

<u>Insured Name</u>	<u>Policy #</u>	<u>Date</u>	<u>Periods</u>	<u>Total Premiums</u>
John Doe	W999999999	09/09/9999	01	9,999.99

SAMPLE

Total Due 9,999.99

Your Cancelled Check is Your Receipt.