



[John Sample
123 Any Street
Anytown, US 12345-6789]

Accept additional accident coverage by [November 11, 2019].

Do it quickly at www.lgamericaad.com/johnsamplexxx

Dear [John Sample],

We know your family's financial future is important to you because you are currently covered by a [term life] insurance policy for [\$100,000] from William Penn Life, a Legal & General America company. This policy will provide your beneficiaries with a cash benefit in the event of death from a covered claim, whether from illness or accident.

Did you know that accidents claim the life of someone in the U.S. every four minutes¹? The financial impact on those left behind can be devastating, especially since accidental death can happen when a family is least prepared to deal with it. **Additional financial protection** against accidents is important and today you can arrange it for your loved ones very easily ...

You can obtain accidental death coverage with **pre-approved acceptance** provided you are between ages 20 and 65. If you purchase this protection, your total coverage would pay an extra [\$100,000.00] benefit* in the event of a covered accidental death – for only [\$00.00] more per month.

No medical examination or health questions are required and there's no additional underwriting.

Simply accept your pre-approved coverage at www.lgamericaad.com/johnsamplexxx or mail your Enrollment Form in the enclosed postage-paid envelope. **Please do not send a check with your Form.**

For your convenience, the level monthly premium will be billed to the account [you're using to pay for your [term life] insurance.][you indicate on the Enrollment Form.]

Enclosed is your pre-approved coverage offer outlining the benefits you're entitled to and the exclusions, limitations and policy disclosures. If you have any questions, call 1-800-346-4773 Toll Free, weekdays 8:00 a.m. to 5:00 p.m. ET.

Please respond by **[November 11, 2019]** – accidental death protection could be an excellent complement to your current coverage!

Yours sincerely,

Michael D. Behlmaier
VP, Marketing, Legal & General America

P.S. You can quickly accept this pre-approved coverage today at www.lgamericaad.com/johnsamplexxx or by mail!

¹ National Safety Council, *Injury Facts*, 2017 Edition

* Subject to policy terms & conditions. The coverage amount under all Accidental Death Insurance policies issued to you by [William Penn Life Insurance Company] may not exceed \$1,000,000 regardless of offers made. The total amount of coverage under all insurance policies issued to you by [Banner Life Insurance Company], including Accidental Death Insurance, may not exceed \$2,000,000.

William Penn Life Insurance Company of New York 70 East Sunrise Highway, Suite 500, Valley Stream, New York 11581 800-346-4773

Date: 07/23/19 Project #: LGA010 Product: AD to Term Policyholders	Component: Drop 1 Letter – Front Mail States: NY Version: Insured w/dates	Size: 18" x 11" Trim Size: 8.375" x 11" folds to 8.375 X 3.75	Colors: 4/C Process Paper Stock: White Offset, 60#
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Pre-approved coverage offer

Policyholder	[John Sample]
Insured	[John Sample]
Current Banner policy type and number	[Term life], policy no [123456789]
Current Banner [term life] insurance policy	[\$100,000]
Current Banner [term life] insurance premium	[\$00.00]
Pre-approved accidental death insurance policy	[\$100,000]
Pre-approved accidental death insurance premium	[\$00.00] a month
Total benefit for covered accidental death*	[\$200,000]
	(\$100,000) Accidental Death + [\$100,000] current [term life] policy)
Payment mode	Monthly automatic deduction from checking account

*If you have other Banner life insurance policies, benefits paid upon accidental death may be greater than the amount shown, subject to policy terms and conditions.

Keep this information for your records until you receive your Accidental Death Insurance policy.

▼ Please respond online or detach, complete and submit the Enrollment Form below by [November 11, 2019]. ▼



WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

A Legal & General America Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428

Enrollment Form Accidental Death Insurance

Accidental Death Insurance [\$000,000] Accidental Death Insurance Premium [\$00.00] monthly

Please correct and complete information below as needed.

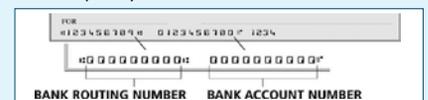
Policy Owner	<input type="text" value="[John Sample]"/>	Beneficiary	<input type="text"/>
Insured	<input type="text" value="[John Sample]"/>	Date of Birth	<input type="text"/>
Address	<input type="text" value="[123 Any Street
Any Town, ST 12345-6789]"/>	Relationship to Insured	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="text"/>
Date of Birth	<input type="text" value="[00/00/0000]"/>	(If no beneficiary is named, the benefit will be paid to the Insured's estate.)	
Email Address	<input type="text"/>		

I understand that I must be between 20-65 years of age on the date the insurance becomes effective to be eligible for this coverage. I wish to authorize the [\$000,000] Accidental Death Insurance Policy issued by William Penn Life Insurance Company of New York, 3275 Bennett Creek Avenue, Frederick, Maryland 21704 (the "Company"), for a monthly premium of [\$0.00]. I understand that the Insurance Policy will not be issued unless this Enrollment has been completed by me and submitted to the Company by [November 11, 2019], and the first premium has been collected.

I request and authorize the Company to charge my monthly insurance premiums to my checking account specified below. This authority is to remain in effect until I request cancellation in writing to the Company.

Account Number

Routing Number



Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGN HERE

X _____ / /
Signature of Policy Owner [John Sample] Date

Please respond online at www.lgamericaad.com/johnsamplexxx or by mail before [NOVEMBER 11, 2019].

ACD-APP-WP (2-19) [XXXXXXXX] [XXXXXXXX] [MGXX]



Date: 07/23/19	Component: Enrollment Form – Front – EFT	Size: 18" x 11"	Colors: 4/C Process
Project #: LGA010	Ltr Version: Insured w/dates	Trim Size: 8.375" x 11" folded to 8.375 X 3.75	Paper Stock: White Offset, 60#
Product: AD to Term Policyholders	State Version: NY	Perf: 3.75" Art & Mechanical Perf	