

THE PEACE OF MIND YOUR FAMILY NEEDS



DISCOVERY

M - MOTIVE

Why did you decide to learn about final protection?

- I recently lost someone close or known to me
- I am looking for protection for myself or a family member
- I wish to leave a financial benefit
- I want to be remembered as responsible

E - EMOTION

What impacts or worries you the most?

- Concern for my children
- Peace of mind when planning
- Fear of leaving debts
- Desire to ease the burden on the family

T - TIME

How long have you been thinking about it?

- I've thought about it recently
- Several months ago
- For years

H - HEIR (Beneficiaries)

Who will be your primary beneficiary today? What is his/her name?

- Spouse Son/Daughter Grandchild
 Other: _____
Name: _____

A - AUTHORITY

Do you make your own decisions or consult with someone else?

- I make my own decisions
- I consult with my partner
- I decide with my family

F - FINANCES

What monthly range seems reasonable to you?

- \$60 \$65 \$65 \$70 \$70 \$75
 Other: _____

NOW I KNOW WHY I'M HERE...

If today I can find an option that fits your budget, is there any reason not to explore it?

"Today's decision eliminates the pressure of that day."



Lincoln Heritage[®]
LIFE INSURANCE COMPANY



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Corporate Phone 1-800-433-8181 • LHLIC.com
Local Toll Free 888-407-0924

Lincoln Heritage Is Your Strong Financial Partner

Over 1 Million people have Lincoln Heritage protecting their loved ones — with over \$11 billion of insurance in force.



**Lincoln Heritage
Claims Paid 2025**

\$257,517,424 millions

License HERE

**Print a copy of your
insurance license and
place it here.**

Funeral Advantage Program Benefits

“Our mission is to make sure that when that difficult moment comes, everything is easier and more manageable. That is what you want, right?”

Immediate Coverage Benefit Up to \$35k

Leave additional money for your loved ones, repatriation, final planning, and you qualify without a medical exam, just a few health questions, and benefits are paid directly to the beneficiary at: _____

Guaranteed Benefit (Lock In)

Benefits never decrease with age or health changes. Your premium deposits do not change as long as they are paid. **How does it make you feel that with a small premium deposit, your program is activated today?**

Fast Claims Benefit

Claims are paid within 24 hours of receiving all required documents. We pay quickly because it's money needed to cover expenses.

Flexible Deposits

Monthly premium deposits adjust to your budget.

Global Coverage Benefit

The insured amount can be used anywhere in the world and is not tied to any particular funeral home.

Accidental Death Benefit

Your plan can include an Accidental Death Benefit of up to \$100,000+ without a medical exam or other evidence of insurability. **How does it make you feel that today you have qualified for all these benefits?**

Documentation is Very Simple

It's a single page. Most people pre-qualify even with health issues. **(Pre-qualification Questions)**

Complimentary FCGS Membership Benefit

24/7 Funeral Advisor. Options are compared and priced for your loved ones, at no cost.* You can change your last wishes at any time.* They help ensure insurance benefits are paid faster.



A Letter For My Trusted Loved One

A Personal Funeral Advisor

from the Funeral Consumer Guardian Society (FCGS)* will manage all the details of my final wishes for you — FREE of charge.



The Funeral Consumer Guardian Society (FCGS) is an independent senior consumer advocate now serving hundreds of thousands of Americans.

To: My Trusted Loved One(s)

My final wishes are securely on file with Funeral Advantage.

In the event of my death, Funeral Advantage has been authorized to share my final wishes with a trusted loved one to help with my final arrangements. I have carefully selected you as my trusted representative.

Because this is a big responsibility, I want to do my best to ease any burden that might be placed on you when it comes to my funeral arrangements. So, I've recorded all my final wishes and they're securely on file.

My final expense insurance policy through Lincoln Heritage Funeral Advantage® includes free funeral planning services to make sure my final wishes are carried out.

My wishes will guide you through the complicated decisions. You can start with one easy call.

When the time comes, and before you contact any funeral homes — just call the number on this card first. A Personal Funeral Advisor will happily work with the person arranging my funeral and will help manage the details, **FREE of charge.**

See my additional notes on the back of this card.

— **Sample Funeral Advantage Member**

*FCGS is not affiliated with any religion, funeral home, cemetery, or any particular funeral approach.

**Lincoln Heritage
Funeral Advantage**



Funeral Advantage Member

**Sample Funeral Advantage Member
Membership ID# 123456**

In the event of my death
CALL THIS NUMBER FIRST 1-866-571-2772

A personal funeral advisor will handle all funeral details for you.
My final wishes are safely on file with Funeral Advantage.



My Final Wishes Profile



Complete this form — we'll keep your preferences safely on file until the time comes.

Step 1 Personal Details

Full Name
Date of Birth / / Phone
Sex Male Female Are you Married Widowed Single

Step 2 Your Trusted Loved One

! This is the person who will be in charge of your funeral arrangements.

Name
Relationship Phone
Address
City State Zip

Step 3 Type of Service

! Choose either burial or cremation.

Burial —
Would you like a Visitation or Wake? Yes No
If NO Visitation or Wake: Would you like a Graveside Service? Yes No

Cremation —
Would you like a Visitation or Wake? Yes No
If NO Visitation or Wake: Would you like a Celebration of Life? Yes No

Step 4 Optional Features

Please see reverse side to specify any additional features/services you may want.

Step 5 Mail completed Final Wishes Profile in the postage-paid envelope

! For a digital summary choose one.

Return this form to Funeral Advantage Member Services, PO Box 91; New Albany, IN 47150
If you'd like a digital summary of this document for your records, please choose at least one:

Text/Mobile
 Email

Optional Features



This section is entirely optional. Complete only if you wish.

Optional Features I want

! Please select one option, for services with or without the body present.

A visitation/wake at a funeral home
I would like it at: *Name of Funeral Home*

I don't have any preference on the funeral home and would like to have FCGS price-shop at the time of need for my family

Services will be held WITH the body present

Services will be held WITHOUT the body present

If a casket is desired, I want an Open casket Closed casket

Military honors Yes No *Branch of Service*

Church service *Name of Church*

Memorial ceremony *Location*

Reception *Location*

Eulogy spoken by

Music

Prayers

Stories

Other details (flowers, photos, etc.)

! Attach additional pages if you would like to leave more specific instructions about the features you want.

Final Resting Place

Cemetery *Name of Cemetery*

Scattering of ashes *Location*

Return ashes to

Mail completed Final Wishes Profile in the postage-paid envelope

Return this form to Funeral Advantage Member Services, PO Box 91; New Albany, IN 47150
If you'd like a digital summary of this document for your records, please provide your information in Step 5.



Lincoln Heritage
LIFE INSURANCE COMPANY

Funeral Advantage Program

Financial Expense

- Burial _____
- Cremation _____

Income Replacement _____

Child Rider

1. _____
2. _____
3. _____

Accidental Coverage

\$ 25,000 – \$ 100,000 _____

MONTHLY EXPENSES

- Mortgage - Rent
- Electricity Bill
- Food
- Phone Bill
- Car Insurance
- Credit Cards





SUMMARY OF BENEFITS

OWNER: _____

APPLICANT: _____

PLAN: ___ FINAL EXPENSES ___ 20 PAY ___ MODIFIED PLAN

IF MODIFIED PLAN THEN:

2 Year Modified Death Benefit (Ages 50-85) / 3 Year Modified Death Benefit (Ages 0-49)

Death Benefit

1ST Year Return of premiums plus 10% Int
 2nd Year Return of premiums plus 20% Int

Death Benefit

1ST Year Return of premiums plus 10% Int
 2nd Year Return of premiums plus 20% Int
 3rd Year Return of premiums plus 30% Int

Thereafter Full Benefit

If Accidental Death then Full Coverage from the first day

BENEFICIARIES: _____ - PRIMARY

_____ - CONTINGENT

FUNERAL COVERAGE: \$ _____ PREMIUM \$ _____ DUE DATE _____ of the month

CHILD RIDER _____ AMOUNT \$ _____
 _____ AMOUNT \$ _____
 _____ AMOUNT \$ _____
 _____ AMOUNT \$ _____

ACCIDENTAL COVERAGE _____ / _____

Accidental Death: \$ _____ / \$ _____

Dismemberment: \$ _____ / \$ _____

Death by car accident: \$ _____ / \$ _____

Death by public transportation: \$ _____ / \$ _____

Death by act of war or terrorism: \$ _____ / \$ _____

Transportation of mortal remains: Up To \$ _____ / \$ _____

Membership with FUNERAL CONSUMER GUARDIAN SOCIETY Included

Agent: _____ **Phone:** _____