



North American Company
for Life and Health Insurance
Since 1886

Questions?

A Client Communications Specialist
will be happy to assist you.

Phone: (877) 872-0757 ext. 32146

Fax: (605) 335-3621

Administrative Office: One Sammons Plaza, Sioux Falls, SD 57193

PREMIUM DUE NOTICE

James Sample
123 Any Street
Anywhere, US 12345

Premium Due Date **November 25, 2011**
Months **03**
Premium **\$141.45**
Total Due **\$141.45**

POLICY/CERTIFICATE (POLICY): **1234567890**

POLICY TYPE: Term

INSURED(S): **JANE SAMPLE**

Additional Insurance Coverage Available For A Limited Time

Dear **James Sample**,

The premium for your policy is now due, and you should pay it promptly to avoid any unintentional lapse in coverage.

Would your family be protected if you were in an accident?

We all hope for a long and healthy life for ourselves and our loved ones - but accidents can happen without warning. According to the National Safety Council, an accident claims the life of someone in the U.S. every 4 minutes*. While you can't plan on avoiding accidents, you can plan to protect your family, especially your children, from the financial blow that can result from unexpected events.

Do it for your family...not for yourself

Right now, **Jane Sample** is eligible for **\$100,000** in Accidental Death Protection for only **\$31.38 per quarter**. No physical exam is necessary and **Jane Sample** is eligible regardless of health or occupation. Best of all, it's easy to apply for this extra coverage: you, the Policyowner, **simply pay the amount shown as Option B below, and complete and sign the authorization form on the reverse**. Once we receive your authorization and your first premium, we will issue the Accidental Death Benefit Insurance Rider and your coverage will become effective.

To pay the premium for your current coverage ONLY without adding the Accidental Death Benefit Insurance Protection, simply pay the amount in **Option A**. If you have any questions or concerns, please contact our Client Communications department at the numbers shown above.

**National Safety Council, Injury Facts 2010 Edition*

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
PLEASE RETAIN TOP PORTION FOR YOUR RECORDS

Form #PR-2005 12/11



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PAYMENT OPTIONS

Quarterly Premium

Option A: Amount Due for your current coverage **\$141.45**

Option B: Amount Due for your current coverage PLUS \$100,000 of Accidental Death Benefit Protection for Jane Sample **\$172.53**

IF CHOOSING OPTION B PLEASE BE SURE TO SIGN AND DATE THE AUTHORIZATION ON THE REVERSE PRIOR TO NOVEMBER 25, 2011.

POLICY/CERTIFICATE("POLICY"): 123456789

JANE SAMPLE TERM

PREMIUM DUE DATE: 11-25-11

New Address?

Show address change/correction below.

Address

Address

City () State Zip Code

Area Code Telephone #

Owner's Signature

Other Policy numbers to which this change applies

00000000000000001234500000000000123456789000000000012345

IMPORTANT INFORMATION -- PAYING YOUR PREMIUM

- Make check payable to NACOLAH and write the Policy number on your check. Use enclosed envelope to remit check.
- Do not fold, staple or clip your check to payment stub.
- Send correspondence to the Policy Billing and Accounting department at the Administration Office address.
- Send overnight mail to: One Sammons Plaza, Sioux Falls, SD 57193.
- By sending us a check, you authorize us to use information from your check to make a one-time electronic debit from your account at your financial institution indicated on your check. If you do not want your check to be converted to an electronic funds transfer, please call Client Communications at the phone number on the reverse.
- We do not accept cash, money orders, travelers checks, Western Union money grams or counter checks.
- Checks must be drawn on a United States bank or a United States branch of an international bank.
- To be able to receive full benefits from your insurance protection, you should insure that your coverage remains in force by making payments promptly when they become due. If a payment is not made within the grace period as described in the Policy, your policy will terminate unless otherwise provided.
- If an agent suggests that you discontinue or replace your Policy, always remember to request a written replacement proposal and contact us so we can help you with any questions you may have.
- Enjoy the convenience of electronically paying your premiums from your checking account. Please note that with respect to term and whole life policies, if you elect to pay premium on a basis other than annual, you may pay more premium than would be required if you paid premium on an annual basis. If you are interested in more information on this topic, please call us at (877) 872-0757 ext. 32146.

No Waiver of Prior Default: This Premium Due Notice does not mean that we have waived any default in the payment of a previously due premium on your Policy. If a previously due premium is not paid within your Policy's grace period, you must reinstate the Policy according to the Policy provisions in order to resume premium payments and maintain your insurance protection.

Failure to Pay the Premium: The premium shown on the Notice is payable on or before the due date shown (or within the grace period) to us. If the premium due is not paid while the Policy is in force (or if a previously due premium is in default), the policy will be forfeited and rendered void, except for the right to any cash surrender value, reduced paid-up insurance or extended term insurance that may be provided by the Policy.

IMPORTANT INFORMATION -- ACCIDENTAL DEATH BENEFIT RIDER BEING OFFERED FOR PURCHASE

Benefits, Exclusions and Limitations

PROOF OF ACCIDENTAL DEATH – Written notice of claim and due proof of death must be given to Us at our Administrative Office within 90 days after the death of the Insured, or as soon as reasonably possible. We reserve the right to examine the body of the Insured and to have an autopsy performed, at Our expense, unless prohibited by law.

EXCLUSIONS - No payment will be made for death caused by or resulting from: 1. Suicide, or any attempt to commit suicide, while sane or insane. 2. Commission of or attempt at a felony. 3. Service in the military, land, sea or air, while at war or an act of war, whether declared or undeclared. 4. Abuse of alcohol. 5. Disease of the body or mind in any form. However, bacterial infection resulting from an injury on the exterior of the body is covered. 6. Hazardous avocations, including but not limited to, Scuba Diving, Aviation (all types including gliders), Ultralight, Ballooning (hot air or gas), Hang Gliding, Descent from elevated craft or platform, Motor Sports (racing) including powerboats, Racing for prize money, Skydiving, Yachting or Mountain Biking, Fighting. 7. Participation in civil disturbance or riot. 8. Operating, riding in, or descending from any kind of device for aerial navigation if the Insured is: a) a pilot, officer, or member of the crew. b) being flown for the purpose of descent from the device while in flight. c) giving or receiving any kind of training or instructions. d) in flight or on duty in a military, naval or airforce aircraft. 9. Voluntary gas inhalation or poison voluntarily taken, administered or inhaled. 10. Voluntary taking of a drug, or sedative, unless the use is as prescribed by a legally qualified physician. 11. Alcohol intoxication beyond the legal limit.

TERMINATION - The Accidental Death Benefit terminates on the Policy Anniversary the Insured reaches Policy Age 70 (or Attained Age 70), as defined in the Policy or on an earlier date if certain other events occur. Please contact a Client Communications Specialist for more information about termination.

Accidental Death Benefit Rider is issued on Rider Form Number Series LR392B by North American Company, Sioux Falls, SD. Limitations or restrictions may apply.

Form #PR-2005 12/11

AUTHORIZATION FORM

For Accidental Death Benefits

POLICYOWNER: James Sample

PRIMARY INSURED: Jane Sample



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CURRENT POLICY DETAILS

POLICY NUMBER: 123456789

CURRENT LIFE COVERAGE: \$100,000



Signature of Policyowner

Date _____ / _____ / _____
Month Day Year

By signing above, I authorize North American Company (the "Company") to add \$100,000 accidental death benefits to the current policy (referenced above), so that in the event of accidental death the beneficiary will receive increased benefits. I understand that the premium for this additional coverage is \$31.38/quarter, and that the Rider will not be issued unless this AUTHORIZATION has been received by the Company by November 25, 2011 along with a check for the initial premium of \$31.38. I authorize future payments of the rider premium by the same means as the current premium is paid for the policy.