

FACEBOOK™ INFORMATION REQUEST

Submitted request regarding my **FUNERAL INSURANCE INQUIRY** requested through **Facebook™** on 2026-04-15T20:03:53+0000. If you're in possession of this letter you may have been visited or currently present with an **Authorized & Licensed** individual by the States **Department of Insurance**.

Agent: _____ License # _____
Phone: (_____) _____ - _____ DATE: _____

This specific request is verified and consent for contact was given through the facebook™ submission by applicant listed below to receive more information about an affordable final expense whole life insurance policy that may cover a burial, cremation, and/or any debts/obligations that accrued with the loss of life, disability, critical, chronic, or terminal illness.

Proposed Insured Full Name: Debbie Hernandez

Proposed Insured Phone number: +12103316441

Proposed Insured Age: 50

Proposed Insured Delivery Home Address: 13316 sugarberry elm san antonio texas 78254

Favorite Hobby/Interest: Watching the Dallas Cowboys with my kids Beneficiary: Yes

Coverage type: Traditional Burial

CUT HERE AND TURN IN

****AGENT VISIT VERIFICATION****

I acknowledge that Agent Name: _____ visited me on Date: _____ and presented a solicitation for final expense insurance to cover burial or cremation. By signing below, I verify this meeting took place, ensuring the agent receives proper credit for their time and effort. Failure to sign may result in the agent not being compensated for their hard work or having proof of their visit. Your signature is greatly appreciated.

Signature: _____

MUST BE READ OUTLOUD BY AGENT TO PROPOSED INSURED IF OPTED OUT OF FUNERAL BENEFITS CONSULTATION

****DECLINATION OF BENEFIT ENFORCED UP TO 2 YEAR****

I, * _____, hereby voluntarily decline the offered final expense insurance coverage. I understand that by declining this coverage, I am assuming full responsibility for my end-of-life expenses, including funeral, burial, or cremation costs. I acknowledge that without this coverage, my family, friends, or designated representatives may be financially burdened by these expenses. I affirm that this decision is made of my own free will, without coercion, and I release the insurer from any liability resulting from my declination.

Signature: _____