

Gift Certificate

American Income Life
Insurance Company

\$2,000

P.O. Box 2608
Waco, Texas 76702

AD&D Policy

Please provide a full year's coverage of a \$2,000 Accidental Death and Dismemberment policy to the following person at no cost, with our compliments.

Name	Date of Birth	Sponsor's Name	
Street Address	Phone	Relationship to Insured	
City	State	Zip	Signature of Sponsor
Beneficiary			Date Certificate Delivered
Relationship to Insured		Agency	Agency Phone
Agent's Signature			

You are covered for the year following the date this certificate was delivered by an agent and dated above.
To obtain your policy, please mail this certificate to the Company at any time within the next year.

Return to the Agency Office

Insured's Name	Insured's Date of Birth
X Insured's Signature	Agent

5

CHILD'S PHOTO

Attach Photo Here

Child's Age in Photo

Date Photo Taken

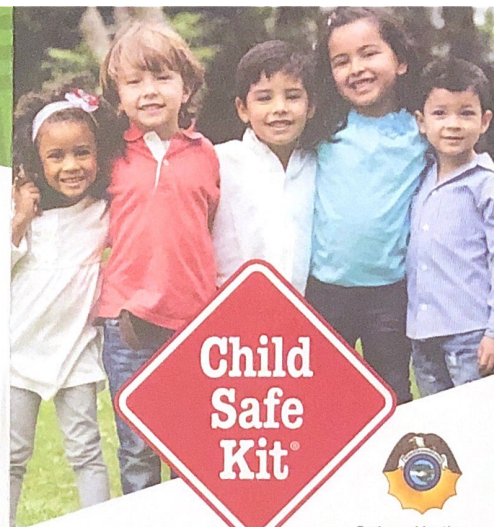
Remember to update your child's photo every 6-12 months!

Important Information for Parents

1. Teach your child how to use 911. Your child should also know his or her full name, address and phone number.
2. Teach your child about the dangers of strangers. For example, never go anywhere with someone they do not know. Do not approach an unfamiliar car.
3. Do not place your child's name on personal items. This information could be used by strangers.
4. Teach your child what to do if you are separated in a public place.
5. Know exactly where your child is and who they are with at all times.

There is no waiting period before a missing child can be reported to the police. Report it immediately and have the info they will need on hand.

To order additional Child Safe Kits, please log on to www.aillife.com/ChildSafe or call 1-800-742-6783.



Endorsed by the International Union of Police Associations

This kit belongs to:

Child's Name

Completed on:

Day/Month/Year

Remember to update every year!



AMERICAN INCOME LIFE insurance company

1

PERSONAL INFORMATION

Child's Full Name & Nicknames

Birth Date / / Age Gender Female Male

Height Weight

Eye Color Hair Color

Street Address

City State Zip Code

Blood Type Medications

Allergies, illnesses or other important medical information

Social Security Number

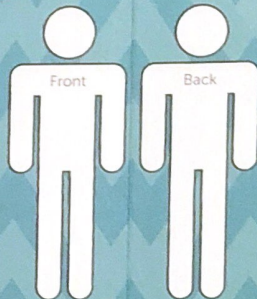
Mother or Guardian () Phone Number

Father or Guardian () Phone Number

2

PHYSICAL DESCRIPTION

Indicate any identifying marks or features with their location (birthmarks, scars, glasses, braces...)



3

DNA SAMPLE

Attach Hair Sample Here (Hairs must be pulled, not cut, and include the hair follicle or "root")

4

FINGERPRINT INFORMATION

Fingerprint chart with labels: Left Pinkie, Left Ring, Left Middle, Left Index, Left Thumb, Right Pinkie, Right Index, Right Middle, Right Ring, Right Thumb.

INSTRUCTIONS

1. Lift clear protective sheet to expose ink
2. Lightly press each of your child's fingers on the ink
3. Press each finger flat **DO NOT** roll nail to nail
4. Allow chart to dry before placing into protective sleeve



AILPlus

DISCOUNT CARD



Your Connection to Convenient Savings

JOHN Q. CUSTOMER
Group ID: AIL76710
Member ID: SAMPLE001



This is not Insurance.

Health Services Discounts



Mobile App



Membership Portal



Provider Search



Customer Service



PHARMACY



CHIROPRACTIC



VISION



HEARING AIDS



DENTAL



VITAMINS



DIABETIC SUPPLIES



MRI & CT SCANS



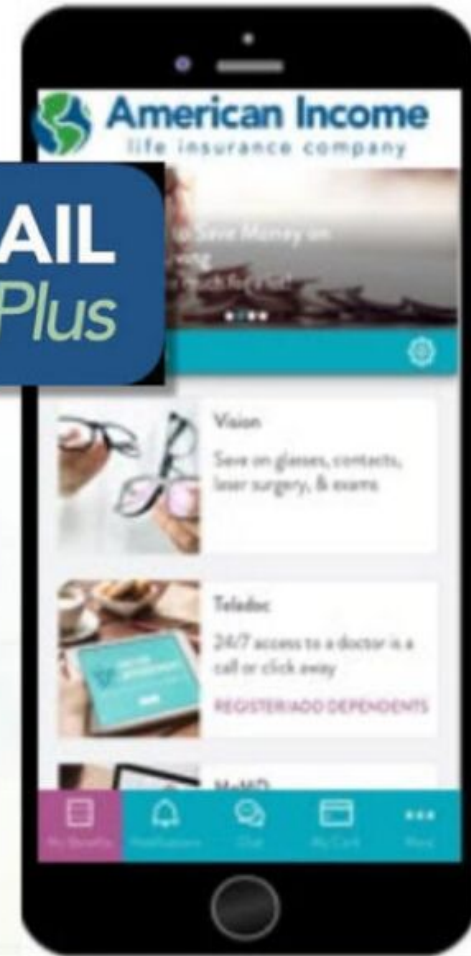
LAB TESTING



DURABLE MEDICAL EQUIPMENT



TELEMEDICINE



AIL Plus

*AIL Plus not available in NY.

**Lab Testing not available in MD, NJ, or RI.

Freedom of Choice

Funeral Benefit Plan
(life insurance)

offered by
American Income Life
Insurance Company

Choice of Funeral Home

Attention: Funeral Director
Please fax the signed form to :

254-741-5705

For questions, call
1-800-433-3405
www.aillife.com

AG-2077 (R9-18)

Signature of Agent

ASSIGNMENT

I hereby assign \$ _____ of life insurance policy number _____
(amount)

with American Income Life Insurance Company to: _____

In connection with my contract with the assignee dated _____

Dated this _____ day of _____

Witness

Beneficiary

Address

AG-2077 (R9-18)