



# LIFE INSURANCE

## DIGITAL LEADS

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PROSPECT IS PRESENTED  
WITH THE FOLLOWING



You may qualify for a state regulated life insurance plan that protects your family in the event of an unexpected tragedy. No physical exam is required to qualify for this low-cost plan!

**What is your desired amount of coverage?**

Click To Choose: 

**Continue** 

No Thanks

You may qualify for a state regulated life insurance plan that protects your family in the event of an unexpected tragedy. No physical exam is required to qualify for this low-cost plan!

**What is your desired amount of coverage?**

Click To Choose: ▼

- \$25,000 To \$99,000
- \$100,000 To \$249,000
- \$250,000 To \$499,000
- \$500,000 Plus

No Thanks

A valid phone number is required for access.

## What Is Your Phone Number?

1 + (  )  -

By checking the box below, I agree to receive text messages and/or telephone calls (including from an automated dialer) from our Marketing Partners regarding various offers, on the number I provided. Reply HELP at any time, or STOP to opt-out. Msg & Data rates may apply. Opt-in is not required to use this service.



I CONFIRM

all my information is accurate and consent to be texted as provided above.

Next →



## What Is Your Name?

First Name

Last Name

[Next →](#)



## What Is Your Birth Date?

Month:  Day:  Year:

[Next →](#)



To establish eligibility  
you must answer all questions accurately.

## What Is Your Address?

Address

City

Florida



33414

Next →



A valid email address is needed to validate your account.

## What Is Your Email?



I agree to receive emails and acknowledge that I have received and agree to the terms of the [Privacy Policy](#) and [Terms and Conditions](#). For more information about how we use your information please see our [Privacy Policy](#).



[View Benefits →](#)



# Great, Who Would You Like To Select As Your Primary Beneficiary?

## Beneficiary Type

Please Select An Option ▼

Two additional value-added questions

Please enter beneficiary's name

Beneficiary Relationship & Beneficiary Name

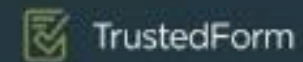
**Submit** →

No Thanks



# TrustedForm Certified Leads

Providing independent proof of consent



# Life Insurance

## Digital Leads

**First Name: Mary**

**Last Name: Ellis**

**Zip: 20852**

**Address: 123 Rockland Ave.**

**City: Rockville**

**State: MD**

**Phone: 1-301-414-8889**

**Email: mellis@gmail.com**

**DOB: 9/18/1975**

**Age: 46**

**Coverage Amount: 250000**

**Beneficiary Name: Rob Ellis**

**Beneficiary Type: Spouse**

**Date/Timestamp: 2/8/2022 07:55 AM**



THANK YOU

