



**FAMILY GUARDIAN  
INSURANCE COMPANY**

## CONTACT US:

CALL OR VISIT ANY OF OUR LOCAL SALES OFFICES

### MARATHON DISTRICT

Marathon Estates Road  
T: 242.393.0091

### CHIPPINGHAM DISTRICT

Thompson Boulevard  
T: 242.325.1811

### CARMICHAEL DISTRICT

Top of the Hill, Baillou Hill Road  
T: 242.341.4429

### ABACO OFFICE

Memorial Plaza  
T: 242.367.3264

### EXUMA OFFICE

Turnquest Plaza  
T: 242.336.3418

### ELEUTHERA OFFICE

Bay Front Plaza  
T: 242.332.2258

This plan of insurance has been especially prepared for:

NAME: \_\_\_\_\_ PREMIUM: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DISTRICT OFFICE: \_\_\_\_\_

This is not a contract, nor an offer, but it is a general description of benefits available under a policy providing this protection outlined. The exact provision, terms and condition of the contract are set forth in detail in any such policy as may be issued.



# ENDOWMENT PLANS

Family Guardian introduces an Endowment Plan especially for you:

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

We pay to the insured, the amount of insurance specified for the plan selected on the anniversary date of the policy immediately preceding the stated time of the policy.

Endowment at 18                    \$ \_\_\_\_\_

10 Year Endowment                \$ \_\_\_\_\_

20 Year Endowment                \$ \_\_\_\_\_

Endowment at Age 60              \$ \_\_\_\_\_

If Endowment at 18, the premium payments will be waived upon the death of the original beneficiary.

If death occurs prior to the policy period, full benefit will be paid to the beneficiary.

This benefit is yours for a monthly premium of .....\$ \_\_\_\_\_

Or a discounted premium of .....\$ \_\_\_\_\_

**I will pay by:**

- |  |  |
|--|--|
| <input type="checkbox"/> Salary Deduction      | <input type="checkbox"/> Office Visit      |
| <input type="checkbox"/> Pre-authorized Cheque | <input type="checkbox"/> Post-dated Cheque |
| <input type="checkbox"/> Collect by Agent      |  |