

37th PWAA National Convention SPECIAL



During our 37th PWAA NATIONAL CONVENTION SPECIAL you can apply for the NEW

37th National Convention Plan

This plan will be offered from June 1, 2014 to June 30, 2015 ONLY.

It is Whole Life insurance with a Single Premium payment.

The Single Premium in this plan is **reduced by \$37** by using the **37th PWAA National CONVENTION COUPON**.

Each active PWAA member can use one coupon only, either for yourself or to pass along to a friend or family member.

Minimum Face Amounts are

\$3,000	newborn to age 20
\$2,000	age 21 to 55
\$1,000	age 56 to 85 (nearest birthday)

(See premium chart, with the \$37 discount already included, on the back.)

Issue ages

16 days to 85 years of age

TO APPLY

- Simply fill out a life insurance application – form # PWAA LA-0900 2013
- For applications and the 37th PWAA National Convention COUPON, contact our Home Office toll-free at **888-522-1898**, send an email to padowski@pwa.org or visit our website at www.pwa.org (click on FORMS.) Or you can use the COUPON below.
- Your application, together with the 37th PWAA National Convention COUPON and applicable premium payment, must be returned to: **Polish Women's Alliance of America, 6643 N Northwest Hwy 2nd FL, Chicago, IL 60631** no later than **June 30, 2015**.

SPECIAL AWARDS

PWAA Groups will be awarded cash prizes as follows:

- **\$100** for 10 to 14 policies sold by group members
- **\$250** for 15 to 24 policies sold by group members
- **\$500** for 25 to 34 policies sold by group members
- **\$1000** for 35 or more policies sold by group members

All group awards will be announced and checks for the winning Groups will be presented to the Group Presidents at the PWA 37th National Convention in August 2015.

Any individual group member selling five or more policies will be recognized in the 37th National Convention Program Book.



37th PWAA National Convention

CONVENTION DISCOUNT COUPON

Can be used with the 37th Convention Plan only; cannot be redeemed for cash. One coupon per PWA member.

Information about You:

NAME: _____

BIRTHDATE: _____

ADDRESS: _____

PHONE NO: _____

EMAIL: _____

MEMBER OF PWA GROUP # _____

If used for someone else, please write below the name of the person you wish to redeem this coupon:

NAME: _____

Your Signature _____ City Date _____

FOR HOME OFFICE USE ONLY:

Number of New Policy: _____

Issue Date: _____ Gr. No: _____

Insured's Name: _____

37th NATIONAL CONVENTION PLAN RATES (Already REDUCED)

AGE	FEMALE		MALE		AGE	FEMALE		MALE		AGE	FEMALE		MALE	
	3,000	3,000	Nontobacco	Tobacco		Nontobacco	Tobacco	Nontobacco	Tobacco		Nontobacco	Tobacco	Nontobacco	Tobacco
0	245.54	283.34	21	303.02	368.78	339.76	407.44	56	416.77	477.26	458.64	515.76		
1	251.39	287.75	22	312.00	378.84	348.58	416.64	57	426.82	486.97	470.21	527.75		
2	257.99	294.68	23	321.16	388.98	357.90	426.62	58	437.00	496.81	481.60	539.33		
3	265.10	302.57	24	330.64	399.38	367.84	437.12	59	447.36	506.84	492.80	550.75		
4	272.93	311.54	25	340.42	410.00	378.26	448.18	60	457.80	516.77	503.79	561.86		
5	280.94	320.87	26	350.50	421.90	389.36	460.88	61	468.26	526.69	514.38	572.54		
6	289.43	330.53	27	360.88	434.22	401.00	474.30	62	478.87	536.52	524.74	583.08		
7	298.13	340.55	28	371.56	446.82	413.06	488.20	63	489.40	546.11	535.47	594.13		
8	307.07	350.90	29	382.58	459.88	425.52	502.50	64	500.18	556.03	546.49	605.51		
9	316.34	361.70	30	393.92	473.22	438.10	516.76	65	510.63	565.36	557.66	616.99		
10	325.88	372.92	31	405.72	487.14	450.82	531.10	66	521.41	574.19	569.25	627.68		
11	335.84	384.44	32	417.76	501.52	463.76	545.44	67	532.53	583.15	580.85	638.32		
12	346.07	396.38	33	430.30	516.32	477.16	560.52	68	544.10	592.45	593.30	649.81		
13	356.66	408.71	34	443.02	531.50	491.10	576.26	69	555.82	601.69	604.22	659.23		
14	367.55	421.37	35	456.22	547.20	505.30	592.38	70	567.66	610.93	617.32	670.61		
15	378.65	434.24	36	469.94	563.10	520.12	608.88	71	579.56	620.26	629.48	680.92		
16	389.21	446.87	37	483.90	579.30	535.12	625.62	72	592.32	630.50	638.04	688.39		
17	400.10	458.87	38	498.20	595.56	550.72	643.20	73	604.49	639.49	647.19	696.60		
18	411.14	470.48	39	512.94	612.32	566.74	661.16	74	617.25	649.04	657.50	706.39		
19	422.63	481.82	40	528.12	629.44	583.12	679.56	75	630.33	658.61	672.25	719.16		
20	434.33	493.28	41	543.68	647.02	600.24	698.64	76	643.45	670.73	686.69	731.65		
			42	559.60	665.08	617.62	717.98	77	656.81	683.40	699.34	743.78		
			43	576.04	683.60	634.66	736.52	78	670.37	696.34	714.30	755.97		
			44	592.72	702.54	651.90	755.22	79	683.67	709.15	726.09	768.66		
			45	609.72	721.76	669.66	774.68	80	697.34	722.17	740.09	781.26		
			46	627.34	741.38	688.42	794.52	81	711.15	735.59	753.87	793.31		
			47	645.08	761.04	707.66	814.88	82	724.95	749.00	767.04	805.44		
			48	662.98	780.56	727.14	835.30	83	738.66	761.87	781.59	817.44		
			49	680.80	799.58	746.86	855.88	84	752.79	775.23	796.02	830.26		
			50	698.68	818.30	766.94	876.68	85	766.53	788.40	810.23	842.90		
			51	716.78	837.16	787.36	897.94							
			52	734.94	855.72	807.98	919.58							
			53	753.20	874.22	829.08	941.60							
			54	771.66	893.00	850.56	963.92							
			55	790.58	912.30	872.12	985.94							

**Limited
Time
Offer!**

You can get RATES for higher face amounts by calling PWAA at
1-888-522-1898

* Age to the nearest birthday; Age 0 from 16 days old to 6 months.

Don't wait, apply today! Rates are based on the nearest birthday; the younger you are, the less you pay!

IF YOU APPLY BEFORE AUGUST 31, 2014, WE WILL SEND YOU A BONUS – a beautiful set of seven booklets from the PWAA Polish Heritage Series.

For higher face amounts, the 37th PWAA National Convention Coupon, and applications, please call the Home Office at **888-522-1898 ext 228**; send an email to padowski@pwa.org; or visit our website at www.pwa.org.

No commission payments or introducer fees will be paid with this promotion; it does qualify for the May Queen Contest.



CONVENTION DISCOUNT COUPON

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Information about You:

NAME: _____

BIRTHDATE: _____

ADDRESS: _____

PHONE NO: _____

EMAIL: _____

MEMBER OF PWA GROUP # _____

If used for someone else, please write below the name of the person you wish to redeem this coupon:

NAME: _____

Your Signature _____ City, Date _____

FOR HOME OFFICE USE ONLY:

Number of New Policy: _____

Issue Date: _____ Gr. No: _____

Insured's Name: _____