

**Critical Period Term 10 years  
Mortgage Payment Plan**

Personalized for: \_\_\_\_\_

Date: \_\_\_\_\_ Non Medical

**Face Amount:                      Term: 10 years                      # of Payments**

\$ \_\_\_\_\_ age \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

\$ \_\_\_\_\_ age \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

\$ \_\_\_\_\_ age \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

\$ \_\_\_\_\_ age \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

**Monthly Mortgage Payment \$ \_\_\_\_\_                      Equity \_\_\_\_\_**