

VANGUARD SHIELD MUTUAL - LIFE INSURANCE POLICY DECLARATIONS

Policy Number: LC-2019-08844

Issue Date: September 1, 2019

Policy Type: Term Life - 20 Year

Insured

Name: Robert James Martinez

Date of Birth: June 14, 1968

SSN (last 4): 4456

Death Benefit / Face Amount: \$400,000.00

Beneficiary Schedule

Primary Beneficiaries:

1. Maria L. Martinez (Spouse) - 60%
2. David R. Martinez (Son) - 40%

Contingent Beneficiaries:

1. Elena Martinez (Sister) - 100%

Premium Information

Annual Premium: \$1,240.00

Payment Mode: Monthly (\$103.33)

Premium Status: Current through April 2026

Policy Owner: Robert James Martinez

Agent: Patricia Connolly, License #CT-441892