



**ANNUITY CONTRACT
PURCHASE PAYMENT
RECEIPT**

P.O. Box 5420 • Cincinnati, OH 45201-5420

Name of Applicant or Contract Holder: _____

Social Security Number: _____

Address: _____

Paid By: Check \$ _____

Cashier's Check \$ _____

Agent Signature Date

ALL PREMIUM CHECKS OR ANNUITY CONSIDERATIONS MUST BE MADE PAYABLE TO THE INSURANCE COMPANY – DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

X1205709NW

(8/09)



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