**ASSURITY® LIFE INSURANCE COMPANY**
Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 276-7619 • FAX (402) 437-4591

# CONDITIONAL RECEIPT

The following Conditional Receipt of premium is issued by Assurity Life Insurance Company when the full initial premium is collected from the Proposed Insured/Owner at the time the application is completed.

Please make **all** premium checks payable to "Assurity Life Insurance Company." **Do not** make checks payable to the agent or leave "payee" blank.

The sum of $_____ is received of _____ by Assurity Life Insurance Company as payment of the full initial premium on insurance applied for on this date. Coverage starts once the application has been approved and the policy has been issued. It is expressly understood and agreed that this does not provide any coverage. In such case that the coverage is not issued, the Company's only liability and obligation is to promptly refund the premium payment received.

Dated at _____ On _____
*City, State* *Date (MM/DD/YYYY)*

_____ _____
*Signature of Agent* *Print Agent Name*

**Proposed Insured/Owner should retain this page if premium is collected.**