



PREMIUM RECEIPT

***All Premium Checks must be made payable to Senior Life Insurance Company.
Do not make check payable to the agent or leave Payee blank.***

In connection with the application, which bears the same date as this receipt, made to Senior Life Insurance Company (and referred to in this paragraph as the "Company") for a policy on the life of _____, a payment of \$ _____ has been received for the _____ plan. Insurance under the terms of the policy applied for in the above referenced application shall not become effective unless actually issued by the Company and the first premium paid and honored upon first presentation, all during the Proposed Insured's lifetime and before any change in the Proposed Insured's health as stated in the application. Otherwise, there shall be no liability on the part of the Company except to refund this payment upon surrender of this receipt.

Date ____ / ____ / ____ Agent's Signature: _____

SENIOR LIFE INSURANCE COMPANY
P.O. Box 2447 • Thomasville, GA 31799 • 877.777.8808
www.SeniorLifeInsuranceCompany.com

PREMREC12



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