



# 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.**

**PLEASE READ THIS CAREFULLY.** In connection with the application, which bears the same date as this Receipt, made to Senior Life Insurance Company (the "Company") for a policy on the life of \_\_\_\_\_, a payment of \$ \_\_\_\_\_ has been received for the \_\_\_\_\_ plan with a face value of \$ \_\_\_\_\_.

I understand that even if I have paid a premium with, prior to the approval of, this application, I have not purchased immediate insurance coverage. I understand that the insurance applied for shall not go into effect until the first premium is honored by the bank, the application is approved for the class of risk and amount applied for, and the policy is issued, and only then if the Proposed Insured's health condition remains as described in the application at the time. If any of the above conditions are not met, the liability of the Company shall be limited to the return of any amount paid.

Pursuant to the requirements of California Insurance Code §10115, the Company limits the amount for which it may be liable prior to the actual issuance and delivery of a life insurance policy to a maximum of fifty thousand dollars (\$50,000).

I have read this Receipt and understand and agree to its terms. I understand this Receipt provides no insurance unless all conditions are met. I declare that the answers to the questions in the application are true and correct to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Proposed Insured's Signature Owner's Signature

I have advised each Proposed Insured of the terms, conditions, and limitations of this Receipt.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Agent's Signature Agent Number

SENIOR LIFE INSURANCE COMPANY  
P.O. Box 2447 • Thomasville, GA 31799 • 877.777.8808  
[www.SeniorLifeInsuranceCompany.com](http://www.SeniorLifeInsuranceCompany.com)



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