

**Please Check One**



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

**Receipt for Policy/Funds**

*PO Box 224, Brownwood, Texas 76804-0224 • 5750 CR 225, Brownwood, Texas 76801 (Overnight) • 800-745-4927 • 866-505-9377 • Fax*

I am in receipt of the applicant's previous policy issued by \_\_\_\_\_  
policy number \_\_\_\_\_.

I am in receipt of a check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_, which  
represents the initial premium for the attached annuity application.

Applicants Name: \_\_\_\_\_

Tax Payer ID or Social Security Number: \_\_\_\_\_

Agents Signature: \_\_\_\_\_

Date: \_\_\_\_\_