Farmers New World Life Insurance Company



Contract/Policy Delivery Receipt

Annuitant/ Insured: ERIC GUSTAFSON	Contract/ Policy Number: 002937350
(please print or type)	
Contract/	
Policy Owner:	Policy Co-Owner:
ERIC GUSTAFSON	
(please print or type)	(if applicable) (please print or type)
I (We), as Contract/Policy Owner(s), acknowledge receipt of	this contract/policy delivered to me (us) on:
Contract/Policy Owner Signature	Policy Co-Owner Signature (if applicable)
Farmers Insurance Producer:	
ANIDDENATICALITY	
ANDREW T SCHMITZ	
Insurance Producer Name (please print or type)	Agent Code Number

(Insurance Producer, please retain a completed copy of this document with your records.)