



Contract/Policy Delivery Receipt

Annuitant/  
Insured: WAYLON SMUNK  
(please print or type)

Contract/  
Policy Number: 003122224U

Contract/  
Policy Owner:  
KELLY SMUNK  
(please print or type)

Policy Co-Owner:  
JOSHUA SMUNK  
(if applicable) (please print or type)

I (We), as Contract/Policy Owner(s), acknowledge receipt of this contract/policy delivered to me (us) on:

12/26/22  
Date

Kelly Smunk  
Contract/Policy Owner Signature

Joshua Smunk  
Policy Co-Owner Signature (if applicable)

Farmers Insurance Producer:

ANDREW T SCHMITZ  
Insurance Producer Name (please print or type)

13-80-OAH  
Agent Code Number

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



Contract/Policy Delivery Receipt

Annuitant/  
Insured: JOSHUA SMUNK  
(please print or type)

Contract/  
Policy Number: 003113946

Contract/  
Policy Owner:  
JOSHUA SMUNK  
(please print or type)

Policy Co-Owner:  
  
(if applicable) (please print or type)

I (We), as Contract/Policy Owner(s), acknowledge receipt of this contract/policy delivered to me (us) on:

12/26/22  
Date

*[Signature]*  
Contract/Policy Owner Signature

Policy Co-Owner Signature (if applicable)

Farmers Insurance Producer:

ANDREW T SCHMITZ  
Insurance Producer Name (please print or type)

13-80-OAH  
Agent Code Number

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