Farmers New World Life Insurance Company



Contract/Policy Delivery Receipt

Annuitant/ Insured: Laura Schmitz	Contract/ Policy Number: <u>003021399U</u>	
(please print or type)		
	Policy Co-Owner:	
<u>Laura Schmitz</u> (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: Date Contract/Policy Owner Signature Policy Co-Owner Signature (if applicable)		
Farmers Insurance Producer:		
Andrew Thomas Schmitz	13-80-3AH	
Insurance Producer Name (please print or type)	Agent Code Number	

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

Farmers New World Life Insurance Company

Life Home Office: 3120 139th Ave SE Suite 300, Bellevue, WA 98005 / 1-800-238-9671 Mailing address: PO Box 248831, Oklahoma City, OK 73124 Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139 / 1-877-376-8008 Index UL Service Center: PO Box 725409, Atlanta, GA 31139 / 1-888-794-0608

Farmers New World Life Insurance Company



Contract/Policy Delivery Receipt

Annuitant/ Insured: LAURA SCHMITZ (please print or type)	Contract/ Policy Number: 003005617
Contract/ Policy Owner:	Policy Co-Owner:
LAURA SCHMITZ (please print or type)	(if applicable) (please print or type)
(We), as Contract/Policy Owner(s), acknowledge receiped to the second se	pt of this contract/policy delivered to me (us) on: Policy Co-Owner Signature (if applicable)
Farmers Insurance Producer:	
ANDREW T SCHMITZ Insurance Producer Name (please print or type)	13-80-0AH Agent Code Number

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