

**Contract/Policy Delivery Receipt**

Annuitant/  
Insured: CALLA BROSE  
(please print or type)

Contract/  
Policy Number: 002988603

Contract/  
Policy Owner:  
CALLA BROSE  
(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:

11/05/21  
Date

  
Contract/Policy Owner Signature

\_\_\_\_\_  
Policy Co-Owner Signature (if applicable)

**Farmers Insurance Producer:**

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

13-80-0AH  
Agent Code Number

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