



Premium Payment Receipt – Customer Copy

Valid only for the policy premium amount for the following application:

- Life Insurance
- Fixed Deferred Annuity
- Single Premium Immediate Annuity (Income Annuity)

Received from: _____ Date: _____

The sum of \$ _____ by Check or Electronic Fund Transfer (Complete Form 1585), for which an application has been made to this company bearing the same name and date as this receipt. This is not a conditional or temporary insurance receipt.

Signature of Agent: _____

Printed Name of Agent: _____

American Savings Life accepts premium payment by check or by financial institution checking or savings account EFT withdrawal using Form 1585 and attaching routing and account number documentation.

Checks must be payable to American Savings Life Insurance Company. Do not leave the check's payee blank or make payable to the agent.



Tear here & provide top portion to customer and send bottom portion to American Savings Life Insurance Company

Premium Payment Receipt – Agent/Company Copy

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Signature of Agent: _____

Printed Name of Agent: _____