



## For Alabama Residents Annuity Premium Receipt

ALL PREMIUM CHECKS OR ANNUITY CONSIDERATIONS MUST BE MADE PAYABLE TO THE INSURANCE COMPANY – DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Owner(s): \_\_\_\_\_

\_\_\_\_\_

Product Name: \_\_\_\_\_

Total Consideration (premium): \$ \_\_\_\_\_

Agent Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return one copy to Security Benefit with check or payment.**

**Mail to:**

Security Benefit  
P.O. Box 750497  
Topeka, Kansas 66675-0497  
Fax to: 785.368.1772

**For expedited or overnight delivery:**

Security Benefit  
Mail Zone 497  
One Security Benefit Place  
Topeka, Kansas 66636-0001

Visit us online at [SecurityBenefit.com](http://SecurityBenefit.com)

