united american insurance company

3700 SOUTH STONEBRIDGE DRIVE • POST OFFICE BOX 8080 • McKINNEY, TEXAS 75070-8080

ADDITIONAL PREMIUM RECEIPT

Please apply these funds	to my exist	ing Flexible	Premium Annuity.		
Annuitant Name:			Owner Name:		
Annuity #			Addition Amoun	Addition Amount: \$(minimum \$50	
Is this an IRA annuity?			If yes, addition is for tax year (If no tax year is specified, funds will be applied for current tax year		
Received by:	Date: Authorized Signature				······································
UASA APR 6-01	White: Unite	d American	Yellow: Customer	Pink: Sales Representative	