



SONS OF  
NORWAY

# Annuity Receipt

Date \_\_\_\_\_ 20\_\_\_\_

Received of \_\_\_\_\_ the sum of \$\_\_\_\_\_ and an application for an annuity to the Sons of Norway. If for any reason the application is declined, this payment is to be refunded. No liability is created or assumed by the Society, except for refund of this payment, until the policy applied for has been issued.

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Authorized Signature

If you do not receive your policy within 60 days from this date of your application, please write to:  
Sons of Norway, 1455 West Lake Street, Minneapolis MN 55408

Annuity Receipt 10/15

**Make Checks Payable to Sons of Norway**



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