FARM BUREAU INSURANCE

LOAN REPAYMENT/ADDITIONAL PREMIUM SLIP

Farm Bureau Life Insurance Company
of Michigan

Date: _____

Life Insurance Policy No.: 0 0 0 —

Annuity Policy No.: 0 9 0 — 1

Insured/Annuitant Name _____

☐ **Additional Premium Payment Amount $** _____

☐ **Loan Repayment Amount $** _____

FOR PROPER CREDIT TO YOUR POLICY, PLEASE RETURN THIS FORM WITH YOUR PAYMENT

☐ *Check box if more slips are needed.*

MAKE CHECK PAYABLE AND MAIL TO:

Farm Bureau Life Insurance Company
of Michigan
P.O. Box 30200
Lansing, MI 48909-7700

LG383 (2-98)

KEEP THIS PORTION FOR YOUR RECORDS

Policy No. _____

Date Paid _____

Check No. _____

Amount $ _____

☐ Loan Repayment

☐ Additional Premium

FARM BUREAU LIFE INSURANCE COMPANY OF MICHIGAN

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