

Constitution Life Insurance Company

434 South Vermont Ave., Los Angeles 5, California

NOTICE

THIS IS NOTICE THAT THE PAYMENT DESCRIBED BELOW WILL BE DUE ON THE DATE STATED, SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE.

Please show policy number on face of check or money order and return this notice with your payment.

PLEASE PAY PROMPTLY AS THIS IS THE ONLY NOTICE YOU WILL RECEIVE.

Jan B. Miller
Secretary

| | Amount Due | How Payable | Policy Number | Code | Date Due |
|------------|------------|-------------|----------------|----------|-----------------------|
| Premium \$ | 21.00 | 7M | L-98747 | 432-4635 | 23RD Day of AUG. 1954 |
| | | | SHIN TAKEDA | | |
| | | | [REDACTED] | | |
| | | | MILPITAS CALIF | | |

Remittance should be made payable to CONSTITUTION LIFE INSURANCE COMPANY.

Constitution Life Insurance Company

434 South Vermont Ave., Los Angeles 5, California

RETAIN THIS COPY
IT IS YOUR
RECORD OF PAYMENT
OF THE PREMIUM
DESCRIBED BELOW

DETACH HERE

| | Premium Amount | How Paid | Policy Number | Code | Date Due |
|------------|----------------|----------|----------------|----------|-----------------------|
| Premium \$ | 21.00 | 7M | L-98747 | 432-4635 | 23RD Day of AUG. 1954 |
| | | | SHIN TAKEDA | | |
| | | | [REDACTED] | | |
| | | | MILPITAS CALIF | | |

For Your Record:

| Paid By | No. | Date |
|----------------------|-----|------|
| CHECK MONEY ORDER | | |

RECEIPT FOR PAYMENT BY CHECK OR MONEY ORDER WILL BE SENT ONLY UPON REQUEST.

SEE REVERSE SIDE.

ANNOUNCING

A CHANGE IN PROCEDURE

PLEASE READ CAREFULLY

Following the practice of many businesses, including department stores, utility companies, and other life insurance companies, we have decided to give our Policyholders a Record of Payment form and discontinue premium receipts (except on specific request) since most people now pay by check and retain their canceled checks as evidence.

On the reverse side is your Record of Payment —

When paying by check return as usual the Notice with your check payable to Constitution Life Insurance Company. Detach and retain the Record of Payment portion to conveniently record the date paid and your check number. (If you pay by money order clip the stub to the Record of Payment.) If you need a receipt, so indicate on the Notice and return it with the Record of Payment.

If you pay in cash please present both Notice and Record of Payment. The Record of Payment will be receipted and returned.

If you are receiving a duplicate Notice because of ownership interest and need a receipt, mail to the office shown on the Notice your copy of the Record of Payment, indicating thereon that a receipt is requested. When payment has been received your copy will be receipted and mailed to you.

During a period marked by substantial price increases in almost everything you buy, premiums for personal insurance have remained moderate. Constant effort to achieve economies without impairing services have contributed to making this possible.

CONSTITUTION LIFE INSURANCE COMPANY

CONDITIONS OF NOTICE

Payment of the amount stated on the face hereof may be made only at the Company's Home Office or to the collection office designated. Said sum may be paid by cash, express or post office money order, bank draft, or check drawn to the order of Constitution Life Insurance Company, provided, however, said sum shall not be considered paid unless the check or draft is honored on first presentation for payment.

When payment is by any means other than cash, a receipt will be issued only on specific request. The attached copy is your record of payment. Your canceled check or money order stub is your evidence of payment.

Unless said premium and any other amounts due as described on the reverse side hereof shall be paid to the Home Office of the Company or to the collection office designated before the expiration of the grace period provided in the policy, said policy will become forfeited and void except as may be otherwise provided by the terms of the policy.

The sending of this notice by the Company does not waive any forfeiture or lapse of the policy. Should this policy be reinstated by acceptance of premium tendered after the expiration of the grace period, the same shall not create a waiver of any conditions of the policy requiring payment of any future premiums prior to expiration of the grace period.

FOR CHANGE OF ADDRESS ONLY

If your address is different from that appearing on this notice, fill in the correct address below and sign your name. We will correct our records for all policies in your name.

Please Print

| | | |
|-------------------------------|----------------|-------------------|
| First Name | Middle Initial | Last Name |
| Number and Street (or R.F.D.) | City or Town | State or Province |

Dated _____ Written Signature _____

I have other policies in the Constitution Life Insurance Company as follows:

Policy Numbers: _____

CONDITIONAL RECEIPT FOR FIRST PREMIUM

Aug. 11, 1954
Edward H. King
231.00

No: 25834

Shun Takada

Date

July 23, 1954

RECEIVED FROM

the sum of \$

203.54

which is tendered as payment on the first premium on a policy of life insurance for which an application bearing the same printed serial number as this receipt has been made to CONSTITUTION LIFE INSURANCE COMPANY, LOS ANGELES, CALIFORNIA, subject to the conditions on the reverse side hereof.

This Receipt must not be detached from Port 1 of the Application unless payment has been made at time of completing application.

CONSTITUTION LIFE INSURANCE COMPANY

E. H. King

Agent

SEE OTHER SIDE

It is understood and agreed that the payment referred to on the reverse side of this receipt is made and accepted subject to the following conditions: (1) that if a full first premium at the Company's published rates, but not less than the amount of one full monthly, quarterly, semi-annual or annual premium, be paid in cash with the application and so stated in this receipt and in the application, the insurance, subject to the terms and conditions of the policy contract, shall take effect on the date hereof (unless other dating is requested in Paragraph 14 of Part 1 of said application) provided the person upon whose life insurance is applied for is on the date of this application a risk acceptable to the Company for the plan, amount and premium rate of insurance applied for. (2) If no premium be paid in cash with the application, or if a policy be issued on a plan, or for an amount, or at a different premium rate than is applied for, then such insurance shall not become effective until the policy has been actually issued. (3) If the Company, after investigation, shall find that the applicant was not eligible on the date of the application for the insurance applied for, and for such reason fails to approve said application, then no insurance shall ever become effective and any amount paid on said application shall be refunded to the applicant. Any delay in the approval of the application or refund of premium shall not be construed as an approval of the application.

CONSTITUTION LIFE INSURANCE COMPANY, LOS ANGELES, CALIFORNIA



**OLD LINE LEGAL RESERVE
LIFE, ACCIDENT AND HEALTH**

CONSTITUTION LIFE INSURANCE CO.

**E. H. KING
HOME OFFICE
GENERAL AGENT**

**PHONE DUNKIRK 8-3271
434 SO. VERMONT AVE.
LOS ANGELES 5, CALIF.**

Constitution Life Insurance Company

434 SO. VERMONT AVE.
LOS ANGELES 5, CALIFORNIA

