

ANNUITY QUOTE REQUEST

PRODUCER NAME: \_\_\_\_\_

ANNUITANT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: MALE / FEMALE

JOINT ANNUITANT NAME (if any) \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: MALE / FEMALE

INSURANCE COMPANY PREFERENCE (if any): \_\_\_\_\_

STATE OF ISSUE: \_\_\_\_\_ TAX QUALIFIED: YES \_\_\_ NO \_\_\_

**FOR DEFERRED ANNUITIES (FIXED OR INDEXED?)**

SINGLE PREMIUM DEPOSIT: \_\_\_\_\_

HOLDING PERIOD /SURRENDER CHARGE PERIOD 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

- \_\_\_\_\_ BIG BONUS - LARGE SURRENDER CHARGES & PERIOD
- \_\_\_\_\_ SMALL BONUS - SMALLER SURRENDER CHARGES & PERIOD
- \_\_\_\_\_ NO BONUS - SMALLEST SURRENDER CHARGES & PERIOD
- \_\_\_\_\_ GUARANTEED LIFETIME INCOME RIDER
- \_\_\_\_\_ GUARANTEED MINIMUM DEATH BENEFIT RIDER

**FOR IMMEDIATE ANNUITIES**

DEPOSIT AMOUNT: \_\_\_\_\_

BENEFIT MODE: MONTHLY \_\_\_ QUARTERLY \_\_\_ SEMI ANNUAL \_\_\_

\*LIFE ONLY \_\_\_ LIFE AND \_\_\_ YEAR CERTAIN

\*PERIOD CERTAIN ONLY : # OF YEARS \_\_\_\_\_

\*JOINT SURVIVOR OPTION 100% \_\_\_\_\_ 50% \_\_\_\_\_

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