ANNUITY QUOTE REQUEST

DATE: AGENT NAME: DATE REQUIRED:

AGENT PHONE: AGENT EMAIL:

PREMIUM INFORMATION (check one): ☐ NON-QUALIFIED ☐ QUALIFIED (IRA, 403B, 401K, etc.)

CLIENT INFORMATION

NAME:

☐ MALE ☐ FEMALE (check one):

DATE OF BIRTH/AGE

RESIDENT STATE:

JOINT CLIENT INFORMATION

NAME:

☐ MALE ☐ FEMALE (check one):

DATE OF BIRTH/AGE:

RESIDENT STATE:

ANNUITY QUOTE REQUESTED

IMMEDIATE ANNUITY (SPIA)

PREMIUM AMOUNT: **OR** INCOME DESIRED:

PAYMENT MODE (check one): ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

FIRST PAYMENT DATE (default is 30 days from quote date) ☐ 30 Days ☐ 1 Year ☐ Specific Date:

PAYMENT TERM:

☐ YEAR PERIOD CERTAIN ONLY (fill in year)

☐ YEAR PERIOD CERTAIN AND LIFE (fill in year)

☐ LIFE ONLY ☐ LIFE WITH CASH REFUND ☐ LIFE WITH INSTALLMENT REFUND

☐ JOINT LIFE & % SURVIVOR (fill in percent)

☐ JOINT LIFE & % SURVIVOR WITH YEAR PERIOD CERTAIN (fill in percent and year)

FIXED DEFERRED (SINGLE PREMIUM) ANNUITY/GUARANTEED RATE ANNUITY

PREMIUM AMOUNT: TIME HORIZON/GUARANTEED TERM:

FLEXIBLE PREMIUM

PREMIUM AMOUNT: ADDITIONAL DEPOSIT AMOUNT:

FREQUENCY: TIME HORIZON:

INDEX ANNUITY

PREMIUM AMOUNT: TIME HORIZON:

GOAL: ☐ Income Cash Accumulation ☐ Wealth Transfer

INCOME RIDER (check one): ☐ Yes ☐ No If Yes, when will income start (in years or age): ☐ Single Joint Payout

NOTES/OTHER INSTRUCTIONS: