

INCOME CALCULATOR QUOTE REQUEST FORM

NAME OF CLIENT 1: _____

JOINT CLIENT 2: _____

DOB & AGE (PLEASE PROVIDE BOTH)

CLIENT 1: _____ CLIENT 2: _____

PREMIUM AMOUNT\$: _____ BENEFIT AMOUNT\$ _____

PREMIUM MODE: MONTHLY QUARTERLY SEMI ANNUAL ANNUAL

DEFERRAL PERIOD: _____ (YEARS) QUALIFIED _____ NON QUAL _____

COMPANY(S), RIDERS AND PRODUCTS:

AVIVA

INDEX PRODUCT:

1. INCOME PLUS S _____
2. INCOME 5 OR 7 _____
3. INCOME TEN _____

FIXED PRODUCT:

1. FREEDOM PLUS S _____
2. FREEDOM 3, 5 OR 7 _____

INDEX RIDER(S):

1. LIFETIME PAY PLUS _____ (7.2%)
2. LIFETIME PAY _____ (6%)

FIXED RIDER(S):

1. LIFETIME PAY FLEX _____ (7.2%)
2. INSURE PAY _____ (6%)

LIFE OF THE SOUTH WEST

INDEX PRODUCTS:

1. SECURE PLUS SAVER _____
2. SECURE PLUS SILVER _____
3. SECURE PLUS PREMIER 3 _____
4. SECURE PLUS GOLD _____
5. SECURE PLUS ACCUMULATOR 3 _____

FIXED PRODUCTS:

1. SURE RATE 2 _____
2. RETIRE ONE _____
3. RETIRE FIVE _____

NOTES:

AGENT: _____ PHONE/EMAIL: _____

FAX TO THE PRODUCERS FIRM 1-860-584-8462