ANNUITY INCOME CALCULATOR QUOTE REQUEST FORM

NAME OF CLIENT 1: _____

(PLEASE PROVIDE BOTH) **DOB: _____ AGE: _____**

JOINT CLIENT 2: _____

(PLEASE PROVIDE BOTH) **DOB: _____ AGE: _____**

PREMIUM AMOUNT$:_____**BENEFIT AMOUNT**$_____

DEFERRAL PERIOD: _____ (YEARS) **QUALIFIED_____ NON QUALIFIED_____**

Please indicate which Company(s) , Product(s), or Rider(s) you would like us to illustrate for you (example: AVIVA, Great American, Phoenix, etc):

COMPANY(S)	**PRODUCT(S)**	**RIDER(S)**

NOTES:

_____

_____

_____

AGENT: _____PHONE/EMAIL: _____

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