

Request For Stretch IRA

Date: _____

Agent: _____ Email/Phone: _____

Client name: _____

DOB: _____ Smoker: ___ Non-smoker ___ Rating: _____

Spouse name: _____

DOB: _____ Smoker: ___ Non-smoker ___

Rating: _____

IRA amount: \$ _____ Projected growth rate of IRA: ___%

Total estate value: \$ _____

Current income tax rate: _____% Projected income tax rate: _____%

Projected estate tax rate: _____% Projected growth rate of estate: _____%

Beneficiary #1 name and age: _____

Beneficiary #2 name and age: _____

Beneficiary #3 name and age: _____

Beneficiary #4 name and age: _____

Beneficiary #5 name and age: _____

Beneficiary #6 name and age: _____

Beneficiary #7 name and age: _____

Fax To
The Producers Firm
860-584-8462