

SPIA QUOTE

1. NAME OF CLIENT: _____

GENDER: M / F AGE/DOB: / / _____ (both are required)

2. NAME OF CLIENT: _____

GENDER: M / F AGE/DOB: / / _____ (both are required)

STATE: _____

INITIAL DEPOSIT AMOUNT: \$ _____

INITIAL PAYMENT AMOUNT: \$ _____

PAYMENT: (CIRCLE) MONTHLY, QUARTERLY, SEMI ANNUAL, ANNUALLY

PAYMENTS TO BEGIN : _____ (date)

QUALIFIED: _____ NON-QUALIFIED: _____

BENEFIT PREFERENCE:

- LIFE (ONLY) _____
- LIFE W/ _____ YEARS CERTAIN
- PERIOD CERTAIN ONLY _____
- JOINT SURVIVOR 1. _____ %, 2. _____ %

AGENT

NAME: _____ EMAIL/PHONE: _____

SPECIAL REQUESTS:

**If you would like a rated SPIA Quote, please send Medical Records
with Quote Request Form**

Fax Proposal Request To: The Producers Firm - 860-584-8462