

ANNUITY QUOTE REQUEST FORM

NAME OF CLIENT 1: _____

JOINT CLIENT 2: _____

DOB

CLIENT 1: _____ CLIENT 2: _____

PREMIUM AMOUNT\$: _____ QUALIFIED _____ NON QUAL _____

PLANNING GOAL:

DEFER _____ NUMBER OF YEARS _____

INCOME NOW _____ INCOME IN _____ YEARS

DESIRED INCOME BENEFIT AMOUNT \$ _____

MONTHLY QUARTERLY SEMI ANNUAL ANNUAL

INCOME RIDER BENEFIT COMPARISON:

HOW MANY YEARS TO DEFER: _____

JOINT _____ OR SINGLE LIFE _____

FOR PORTFOLIOS OVER \$500,000 WE CAN RUN AN ANALYSIS OF WHAT THE ANNUITY WILL DO TO OVERALL RISK. CALL US FOR DETAILS.

MORE INFORMATION NEEDED FOR RUNNING A QUOTE/MAKING RECOMENDATIONS

AGENT: _____ PHONE/EMAIL: _____

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