

Producer Information:

Name: _____ Email: _____

Fax: _____ Date/Time Quote Needed: _____

Annuitant Information:

Name: _____ Date of Birth: _____ Male Female

Joint Annuitant Information: *if applicable*

Name: _____ Date of Birth: _____ Male Female

Annuity Information:

Plan Desired: SPIA SPDA MYGA Fixed Index Flexible Premium Annuity

Anticipated Premium: _____ State of Issue _____ Tax Qualified Yes No

Desired Guarantee: _____ Desired Payout: _____ Income Start Date: _____

Payout Type: Life only Life with Period Certain ____ Years

Life with : Cash Refund or Installment Refund

Additional Comments: Please list any additional comments or competition information that will assist us in properly preparing your quote.

Objectives:

Accumulation Death Benefit Impairment/confinement benefits Income

Other: _____

*****Please note any training must be done prior to signing applications*****

Northeast Brokerage, Inc.
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