

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 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:

Annuities Death Benefit Impairment/ confinement benefits Income

Other: _____

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