

**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\*\*\*