



Annuity Quote Request

Agent Information:

Name: _____

Phone# _____ Fax# _____

Street Address _____

City: _____ State: _____ ZIP _____

Email Address: _____ Return Method: Fax Mail Email

Client Information:

Annuitant _____ DOB _____ Male /Female

Joint Annuitant _____ DOB _____ Male/Female

(Joint Annuitant info needed if applies)

Annuity:

Insurance Company Preference if any: _____

State of Issue: _____ Tax Qualified: Yes No

Select one of the following annuity products:

___ Single Premium Deferred Single Premium

Deposit \$ _____

___ Desired Guaranteed Period

___ Flexible Premium Deferred:

Annual Deposit \$ _____ or Monthly \$ _____

___ Single Premium Immediate ___ Single Premium Deferred Income

Single Premium Deposit \$ _____

Modal Benefit Desired \$ _____

-Please specify if it is an individual SPIA or Joint

Plan Details:

Benefit Mode: Annual _____ Semi-Annual _____ Quarterly _____ Monthly _____

Date of Deposit: _____ Date of Initial Benefit: _____

___ Life Only ___ Life and _____ Years Certain

___ Years certain only # of years: _____ ___ Installment Refund

___ Cash Refund

Michael Smith

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