

Agent Information

Date

Agent Name

Address

City/State/Zip

Email Address

Phone

Fax

How would you like your quote(s) delivered to you? Email Fax Mail

Client Information

Name

DOB

Male

Female

Name

DOB

Male

Female

Annuity

Carrier Preference

State of Issue

Tax Qualified Yes No

Product

Single Premium Deferred Single Premium Annuity Deposit \$

Desired Guaranteed Period

Flexible Premium Deferred Annual Deposit or Monthly

Single Premium Immediate Premium Deposit or Single Premium Deferred Income Modal Benefit Desired

Plan Details

Benefit Mode

Annual

Semi-Annual

Quarterly

Monthly

Date of Deposit

Date of Initial Benefit

Life Only

Life & Years Certain

Years Certain

Installment Refund

Cash Refund