



Agent's Name _____
 Date Requested _____ Date Completed _____
 Agent's Phone _____ FAX _____
 Agent's Email _____

Annuity Quote Form

(Filed under SPIA)

Annuitant _____ Age or DOB ___/___/___ Sex _____

Joint Annuitant _____ Age or DOB ___/___/___ Sex _____

State _____ Non-Qualified _____ Qualified _____

Impaired Risk case _____ Inflation rider _____

DEPOSIT DATE ___/___/___ BEGINNING PAYOUT DATE ___/___/___

QUOTE:

Using Single Premium of _____ or Desired Payout of _____

ANNUITY PAYMENT INTERVAL:

Monthly _____ Quarterly _____ Semi-Annual _____ Annual _____ (Internal Use Only)

SINGLE LIFE ANNUITIZATION OPTIONS:

- ___ (1) Certain period of _____ years with no life payout.
- ___ (2) Life only (no certain period).
- ___ (3) Life with certain period of _____ years.
- ___ (4) Cash Refund
- ___ (5) Installment Refund

Carrier Name	Option #1	Option #2

JOINT & SURVIVOR OPTIONS:

- ___ (4) Life, 100% to survivor.
- ___ (5) Life with _____ years certain, 100% to survivor.
- ___ (6) Life, _____% to survivor.
- ___ (7) Life, _____% to survivor only if primary annuitant dies first.
- ___ (8) Life with _____ years certain, _____% to survivor.
- ___ (9) Life with _____ years certain, _____% to survivor if primary annuitant dies first.

Special Instructions: (Preferred Carriers or Ratings, Notes, etc...)
