



BORDEN HAMMAN
Family Owned for 40 Years

Annuity Quote Request

Borden Hamman

Main: **(800) 492-9190**
www.bordenhamman.com

Fax Number: **(800) 664-5311**
marketing@bordenhamman.com

Agent Name: _____ Date of Request: _____
Phone: _____ Date Needed: _____
Email: _____ State: _____

Owner: _____ DOB: _____ M / F
Annuitant: _____ DOB: _____ M / F
Joint Annuitant: _____ DOB: _____ M / F Spouse: Y / N

DATE FUNDS AVAILABLE _____

TYPE OF FUNDS:

- Qualified:
 - Establish new _____
 - Transfer/Rollover from _____
- Non-Qualified:
 - New money
 - 1035 Exchange from _____

ANNUITY TYPE:

- Immediate(SPIA)
- SPLIT
- Deferred:
 - Fixed
 - Fixed Indexed
 - Fixed Indexed w/Income Rider
 - Long Term Care Hybrid (UW Req'd)
 - Wealth Transfer / Death Benefit
 - Delayed Income Annuity
- Group Pensions / 401K / 403b *(circle one)*

PREMIUM:

- Single Premium of _____
- Flexible Premium of _____
(circle one) Mnthly/Qtrly/Semi-Ann/Annually

INCOME PAYMENTS:

(if income needed - for SPIA, DIA, Income Rider)

To Begin

- Specified Date ____/____/____
- After ____ yrs of deferral
- At Annuitant age ____

MODE: *(Circle one)*

Monthly / Quarterly / Semi-Annual / Annual

Source of funds _____

PAYMENT DURATION:

(for SPIA or DIA)

- Life Only
- Certain Period of ____ yrs
- Life w/Certain Period of ____ yrs
- Life w/Cash Return
- Life w/Installment Refunds

FOR DEFERRED:

- Length of guaranteed term _____
- Interest Only Withdrawal
- 10% Free Withdrawal
- RMDs Only

GOALS/SPECIAL INSTRUCTIONS:

Any Specific Annuity

Company(s)/Products Desired:
