

# ANNUITY QUOTE REQUEST FORM

AGENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF CLIENT 1: \_\_\_\_\_

JOINT CLIENT 2: \_\_\_\_\_

DOB

CLIENT 1: \_\_\_\_\_ CLIENT 2: \_\_\_\_\_

PREMIUM AMOUNT \$: \_\_\_\_\_ QUALIFIED      NON QUAL

PLANNING GOAL:

DEFER      NUMBER OF YEARS \_\_\_\_\_

INCOME NOW      INCOME IN \_\_\_\_\_ YEARS

DESIRED INCOME BENEFIT AMOUNT \$ \_\_\_\_\_

MONTHLY      QUARTERLY      SEMI ANNUAL      ANNUAL

INCOME RIDER BENEFIT COMPARISON:

HOW MANY YEARS TO DEFER: \_\_\_\_\_

JOINT      OR SINGLE LIFE

MORE INFORMATION NEEDED FOR RUNNING A QUOTE/MAKING RECOMENDATIONS