

## Annuity Proposal Request Form

Agent Name: \_\_\_\_\_

Delivery Preference:  Fax  Email  Pick Up  Mail

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy Issue State: \_\_\_\_\_

Annuitant Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Fixed Annuity Type

Traditional  Multi-year Guarantee  Equity Indexed  Treasury Linked  Immediate

### Deferred Annuity Plans

Premium Frequency:  Single  Annual  Monthly  Other Premium Amount: \_\_\_\_\_

Qualified Funds?  IRA  401K  Other – Pension

Nonqualified Funds  CD's  Annuities  Bonds  Other

Desired Rate Guarantee Period: \_\_\_\_\_ Portfolio Yield? \_\_\_\_\_ Bonus? \_\_\_\_\_

Interest Rate Needed on case (if known): \_\_\_\_\_

Market Value Adjustment (MVA)  Yes  No (MVA rates may be higher)

Annuitant:  Driven  Owner Driven Death Benefit?  Accumulation  Surrender  Lump Sum

### Immediate Annuity Plans

Payment to Client:  Monthly  Quarterly  Semi-Annually  Annually

First Payment to begin:  In 30 days  In one year  Other \_\_\_\_\_

Individual or Joint  Individual \_\_\_\_\_% Survivor  25%  50%  75%  100%

Annuitization Period Certain: Life Only, Life with Period Certain \_\_\_\_\_ years, Other \_\_\_\_\_

Life with Cash Refund:  Yes  No  Solve for Monthly Benefit or  Solve for Premium

COLA  Yes  No  Compound  Simple Requested Insurance Company \_\_\_\_\_

Design Considerations (briefly describe the annuity objective)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Client's Medical History

If yes to current or history of the conditions below, please provide APS for additional payout consideration.

Cancer  Yes  No Chronic Lung Disease  Yes  No Stroke or TIA  Yes  No Diabetes  Yes  No  
Angina, Heart Attack, Congestive Heart Failure, other heart disease  Yes  No