

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