



Annuity Proposal Request

Date: _____

Time: _____

Producer Information

Producer Name: _____

Producer Phone: _____ Fax: _____

Producer Email: _____

Client Information

Annuitant: _____ M ___ F DOB: _____

Annuitant: _____ M ___ F DOB: _____

Contract State: _____

SPIA	DEFERRED
Premium: _____ q ___ nq	Premium: _____ q ___ nq
Benefit: _____	or accumulated goal: _____ at age/year: _____
Payout Mode: ___ monthly ___ quarterly ___ semi-annually ___ annually	Withdrawals: _____ ___ interest only ___ 10% annually Beginning in yr.: _____
Cost Basis: _____	Guar. Period: _____
Purchase Date: ___ today ___ other _____	Company(-ies)/ 1) _____
1st Payout Date: ___ 30 days ___ other _____	Product(s) 2) _____
Company(s) _____	3) _____

Settlement Option Information

___ Life Only (Primary Annuitant)

___ Period Certain Only
per.cert. ___ Yrs ___ mos.

___ Life with Period Certain
per.cert. ___ Yrs ___ mos.

___ Joint Lives Only
%surv: 100 ___ 75 ___ 66.67 ___ 50 ___ other _____

___ Joint Lives with Period Certain
per.cert. ___ Yrs ___ mos.
%surv: 100 ___ 75 ___ 66.67 ___ 50 ___ other _____

___ Refund Option ___ installment ref. ___ cash ref.

Illustrator's Use Only

Completed

Date: _____

Time: _____

Illustrator: _____

Wholesaler: _____
(cc if \$500k +)

NOTES: