

FAST FAX

Annuity Illustration Request Form

Please send me illustrations on the following case ASAP:

Fax Me Email Me Mail Me

Agent Name: _____ Phone: _____

Email/Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Annuitant Name (1) _____ (2) _____

DOB (1) ___/___/___ (2) ___/___/___

GENDER Male or Female Male or Female

STATE _____

TAX STATUS _____ Non-Qualified _____ Qualified (____ IRA, _____ Non-IRA)

PAYOUT MODE _____ Annual _____ Semi-Annual

_____ Quarterly _____ Monthly

INPUT _____ PREMIUM (solve for payout) \$ _____

_____ PAYOUT (solve for premium) \$ _____

TYPE OF PLAN

_____ Life and Period Certain - # of Years _____

_____ Certain Only - # of Years _____

_____ Life Only

_____ Life with Cash Refund

_____ Life with Installment Refund



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