

AGENT INFORMATION**Agent Name:****E-mail:****Phone:****ANNUITANT INFORMATION****Name:**

Date of Birth:

Male

Female

JOINT ANNUITANT INFORMATION – If applicable**Name:**

Date of Birth:

Male

Female

ANNUITY NEEDS**Carrier Preference, if any:****State of Issue:****Tax Qualified?**

No

Yes

Annuity Type:

Single Premium Deferred

Single Deposit Amount: \$

Flexible Premium Deferred

Annual Deposit Amount: \$

or Monthly Deposit Amount: \$

Single Premium Immediate

Single Deposit Amount: \$

or Modal Benefit Desired: \$

Date of Deposit:**Benefit Mode:****Date of Initial Benefit:**

Life Only

Life &

Years Certain

Years Certain Only

Installment Refund

Quote Impaired Risk SPIA?

No

Yes

If yes, list medical information below.

Medical Conditions:**Medications and Dosages:****Additional information:**