SPIA Quote Request

(Please e-mail to jon@wardbrokerage.com or fax to: (860) 394-4948)

Producer Information

1.

Name: _____

Telephone: _____

Fax:_____

E-mail:_____

Annuitant Information

1. Primary Annuitant:

Gender: _____Male _____Female

Date of birth: _____

Secondary Annuitant:

Gender: _____Male _____Female

Date of birth: _____

State: _____

Quote Information

1. Type of SPIA (check one):

Single life: _____

Joint & survivor:

100%_____

75%_____

67%_____

50%_____

2. Income options (check one):

Life only _____

Life with period certain years____ months ____

Period certain only years ____ months ____

Installment refund _____

Cash refund _____

3. Solve for (check one): Single Premium Deposit_____ Income Payment _____

4. Amount of Single Premium Deposit or Income desired: $_____

5. Mode of payment (check one): Monthly ____Quarterly____Semi-Annually____Annually ____

6. Source of funds (check one): Qualified ____ Non-qualified ____

7. Is this a 1035 exchange? Yes ____ No ____

8. Cost Basis: $_____ (if exclusion ratio desired)

9. Date single premium deposit will be made: _____ (mm/dd/yyyy)

10. Date payments need to start: _____ (mm/dd/yyyy)

11. Comments or special instructions:

_____
_____
_____
_____
_____
_____