

ANNUITY PROPOSAL

PROPOSED CLIENT INFORMATION

NAME: _____ STATE: _____

MALE/ FEMALE: _____ DATE OF BIRTH: _____ AGE: _____

DESIRED RETIREMENT AGE: _____ STATE OF RESIDENCE: _____ SELF EMPLOYED: Y *or* N

GOALS FOR RETIREMENT

1. INCOME FOR LIFE: Y *or* N 2. IMMEDIATE INCOME: Y *or* N
3. CASH ACCUMULATION: Y *or* N 4. ACCESSIBILITY TO A LUMP SUM: Y *or* N
5. LONG TERM CARE DOUBLER: Y *or* N 6. PRINCIPAL PROTECTION: Y *or* N

FUNDING

MONTHLY CONTRIBUTION AMOUNT: _____ CONTRIBUTE TO AGE: _____

ROLLOVER TRANSFER: AMOUNT \$ _____ SURRENDER CHARGE: _____

VALUE AFTER SURRENDER CHARGE: \$ _____

CURRENT POLICY - *check one*: M/F VARIABLE ANN. INDEXED ANN. 401K 403B OTHER: _____

PREFERRED CARRIER (*optional*):

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> AMERICAN GENERAL | <input type="checkbox"/> AMERICAN NATIONAL | <input type="checkbox"/> LINCOLN | <input type="checkbox"/> MIDLAND |
| <input type="checkbox"/> ALLIANZ | <input type="checkbox"/> ATHENE | <input type="checkbox"/> LSW / NATIONAL LIFE | <input type="checkbox"/> ONE AMERICA |
| <input type="checkbox"/> AMERICAN EQUITY | <input type="checkbox"/> FIDELITY & GUARANTY | <input type="checkbox"/> NATIONAL WESTERN | <input type="checkbox"/> VOYA |
| <input type="checkbox"/> FORETHOUGHT | <input type="checkbox"/> NORTH AMERICAN | | |

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FUNDING

ROLLOVER TRANSFER: AMOUNT \$ _____ SURRENDER CHARGE: _____

VALUE AFTER SURRENDER CHARGE: \$ _____

CURRENT POLICY - *check one*: M/F VARIABLE ANN. INDEXED ANN. 401K 403B OTHER: _____

FUNDING

ROLLOVER TRANSFER: AMOUNT \$ _____ SURRENDER CHARGE: _____

VALUE AFTER SURRENDER CHARGE: \$ _____

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COMMENTS/NOTES

Please add any other information you feel will assist us in our research including copies of any statements from any possible rollover amounts

FAX OR EMAIL THE FACTS TODAY!

AGENT NAME: _____ RETURN BY FAX/EMAIL: _____

This information is requested only to assist us in providing you an accurate quote. Filling out this form does NOT constitute an application for insurance.