

# Annuity Proposal

## Proposed Client Information:

I. Name: \_\_\_\_\_ State: \_\_\_\_\_  
 Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_ Desired Retirement Age: \_\_\_\_\_  
 State of Residence: \_\_\_\_\_ Self Employed: \_\_\_\_\_

## GOALS for Retirement:

- Income for Life: Yes No
- Immediate Income: Yes No
- Cash Accumulation: Yes No
- Accessibility to a Lump Sum: Yes No
- Long Term Care doubler: Yes No
- Principal Protection: Yes No

## FUNDING:

Monthly Contribution Amount: \_\_\_\_\_  
 Contribute to age: \_\_\_\_\_  
 Rollover Transfer:  
 Amount: \$ \_\_\_\_\_  
 Surrender Charge: \_\_\_\_\_  
 Value after Surrender Charge: \$ \_\_\_\_\_  
 Current policy: circle one  
 M/F Variable Ann. Indexed Ann. 401k 403b  
 Other: \_\_\_\_\_

## 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

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## Preferred Carrier (optional):

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|---------------------|---------------------|
| American General    | Lincoln             |
| Allianz             | LSW / National Life |
| American Equity     | National Western    |
| American National   | North American      |
| Athene              | Midland             |
| Fidelity & Guaranty | One America         |
| Forethought         | VOYA                |

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 Other: \_\_\_\_\_

**Fax the facts today!**

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

Agent Name: \_\_\_\_\_  
 Return by FAX/Email: \_\_\_\_\_