



# ANNUITY AGENT PROPOSAL REQUEST

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## CLIENT INFORMATION

Annuitants Name (optional) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Issue State \_\_\_\_\_  Male  Female

Jt. Annuitants Name (optional) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Issue State \_\_\_\_\_  Male  Female

## DEFERRED ANNUITY QUOTE

Company: \_\_\_\_\_ Product: \_\_\_\_\_

\$ \_\_\_\_\_ Initial Premium  Qualified  Non-Qualified

\$ \_\_\_\_\_ Additional Premium  Monthly  Annually

Illustrate Withdrawals  Monthly  Annually

Show withdrawals beginning:  Immediately  Starting year 2  Other \_\_\_\_\_

Amount of withdrawals:  Interest Only  10% Free  Specified Amount \$ \_\_\_\_\_

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

## SINGLE PREMIUM IMMEDIATE ANNUITY QUOTE

Provide Best Quote Available (or) Quote Company: \_\_\_\_\_

\$ \_\_\_\_\_ Initial Premium (OR) \$ \_\_\_\_\_ Benefit (solve for Premium)

Qualified  Non-Qualified Non-Qualified Cost Basis \$ \_\_\_\_\_

Illustrate Payments:  Monthly  Quarterly  Semi-Annually  Annually

Starting:  One Modal Period from Issue  One Year From Issue  Other \_\_\_\_\_

\_\_\_\_\_ Yrs. Certain and Life  \_\_\_\_\_ Yrs. Certain Only  Life Only  Cash Refund

Joint & Survivor \_\_\_\_\_ %  Joint & Survivor \_\_\_\_\_ %, with \_\_\_\_\_ Yrs. Certain

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

\*If you have a quote you are trying to beat please provide Benefit amount \$ \_\_\_\_\_ or

Premium Amount \$ \_\_\_\_\_.

**Please fax this form to: 215-564-0155 to request your annuity illustration.**

Preferred method of response:  Faxed  E-Mailed  Call Me With Quote

(Not all quotes can be e-mailed if they cannot they will be faxed.)

Feel free to contact a Marketing Representative at 800-422-0557 with any questions!

You can also visit our web-site at [www.safeharborfinancial.com](http://www.safeharborfinancial.com)