

# Annuity Quote Request

Date: \_\_\_\_\_

## Broker Information

Agent Name \_\_\_\_\_ Email Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ How do you want the quote returned to you? \_\_\_\_\_

Annuitant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Joint Annuitant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

What type of annuity product (SPDA, MYGA, FIA, DIA, FPDA, SPIA, other)? \_\_\_\_\_

State of Issue \_\_\_\_\_ Qualified \_\_\_ Non-Qualified \_\_\_ Inherited? \_\_\_ Yes \_\_\_ No

If Qualified, what type of account? Traditional IRA \_\_\_ Roth IRA \_\_\_ Non-IRA Qualified \_\_\_

Deposit Amount \$ \_\_\_\_\_ Date of Deposit \_\_\_\_\_ Is there a 1035? \_\_\_ Yes \_\_\_ No

### **Complete for MYGA** (Multi Year Guaranteed Annuity)

Number of Guaranteed Years: \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10 \_\_\_ 11+

### **Complete for SPIA** (Single Premium Immediate Annuity)

Payout Frequency: \_\_\_ A \_\_\_ S/A \_\_\_ Q \_\_\_ M Solve for \$ \_\_\_\_\_ Date of Initial Payout: \_\_\_\_\_

"Installment Refund" or "Cash Refund" \_\_\_\_\_

Type: \_\_\_\_\_ Please enter "Life Only" or "Life and # Years Certain" or "Year Certain Only/ # of Years"

If joint, what percent of income should continue to the 2nd life at time of 1st death?

100% \_\_\_ 66% \_\_\_ 50% \_\_\_ 0% \_\_\_ Other \_\_\_\_\_ Quote Impaired Risk SPIA? \_\_\_ Yes \_\_\_ No If yes, describe medical condition \_\_\_\_\_

### **Complete for FIA** (Fixed Indexed Annuity)

Surrender Period: \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12 \_\_\_ 13 \_\_\_ 14

Income Rider: \_\_\_ Yes \_\_\_ No Death Benefit Rider: \_\_\_ Yes \_\_\_ No Long Term Care Rider: \_\_\_ Yes \_\_\_ No

MVA: \_\_\_ Yes \_\_\_ No Flexible: \_\_\_ Yes \_\_\_ No Premium Bonus: \_\_\_ Yes \_\_\_ No If yes, \_\_\_\_\_% (1-6%)

Required AM Best Carrier Rating: \_\_\_\_\_ (None, A+, A, A- etc.)

Withdrawal Type 1<sup>st</sup> Year: \_\_\_ Interest Only \_\_\_ 5% \_\_\_ 10% \_\_\_ 15% \_\_\_ 20%

Withdrawal Type 2<sup>nd</sup> Year: \_\_\_ Interest Only \_\_\_ 5% \_\_\_ 10% \_\_\_ 15% \_\_\_ 20%

Additional Information: Please list any additional comments or competition information that will assist us in properly preparing your quote \_\_\_\_\_

Return Completed Form To: [mvpinfo@mvp4me.com](mailto:mvpinfo@mvp4me.com) or FAX to:

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