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 1st Year: ☐ Interest Only ☐ 5% ☐ 10% ☐ 15% ☐ 20%

Withdrawal Type 2nd 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 **or FAX to:**

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