



# Annuity Quote Request Form

Please email to [mluc@ipg-us.com](mailto:mluc@ipg-us.com) or fax to 1-877-488-3361

Date: \_\_\_\_\_ Agent Name: \_\_\_\_\_ Date required: \_\_\_\_\_

Agent Phone: \_\_\_\_\_ Agent Email: \_\_\_\_\_

**PREMIUM INFORMATION** (Check one):  Non-Qualified  Qualified (IRA, 403B, 401K, etc.)

**CLIENT INFORMATION**

**JOINT CLIENT INFORMATION**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Male  Female (check one)

Male  Female (check one)

Date of birth/Age: \_\_\_\_\_

Date of birth/Age: \_\_\_\_\_

Resident State: \_\_\_\_\_

Resident State: \_\_\_\_\_

**ANNUITY QUOTE REQUESTED**

**Immediate Annuity (SPIA):**

Premium Amount: \_\_\_\_\_ OR Income desired: \_\_\_\_\_

Payment Mode (check one):  Monthly  Quarterly  Semi-Annual  Annual

First payment date (default is 30 days from quote date):  30 days  1 Year  Specific Date: \_\_\_\_\_

**Payment term:**

\_\_\_\_\_ Year Period Certain Only (fill in year)

\_\_\_\_\_ Year Period Certain and Life (fill in year)

\_\_\_\_\_ Life Only

\_\_\_\_\_ Life with Cash Refund

\_\_\_\_\_ Life with Installment Refund

\_\_\_\_\_ Joint Life & \_\_\_\_\_ % Survivor (fill in percent)

\_\_\_\_\_ Joint Life & \_\_\_\_\_ % Survivor with \_\_\_\_\_ Year Period Certain (fill in percent and year)

**Fixed Deferred (Single Premium) Annuity/Guaranteed Rate Annuity:**

Premium Amount: \_\_\_\_\_ Time Horizon/Guaranteed Term: \_\_\_\_\_

**Flexible Premium:**

Premium Amount: \_\_\_\_\_ Additional Deposit Amounts: \_\_\_\_\_ Frequency: \_\_\_\_\_

Time Horizon: \_\_\_\_\_

**Index Annuity:**

Premium Amount: \_\_\_\_\_ Time Horizon: \_\_\_\_\_

Income Rider (Check one):  Yes  No

If "Yes": When will income start (in years or age): \_\_\_\_\_  Single  Joint Payout

Notes/Other Instructions: \_\_\_\_\_