Immediate Annuity
Quote Request
800-537-2476

FAX Request To: 818-655-0969
Or EMAIL: Info@AnnuityAdvisors.com

## Request a Customized Spreadsheet

* Client Name: _____
* Date of Birth or Age: _____
* Sex: _____
* State: _____

Joint Annuitant Name:
(if applicable) _____

Joint Annuitant Sex: _____

Joint Annuitant D.O.B or Age: _____

* Qualified or Non-Qualified: _____
* Amount of Deposit _____

OR OR

Desired Income _____

* Qualified or Non-Qualified Funds: _____
* Payment Mode:
(monthly, quarterly, semi-ann, annual) _____

* **Payment Option:**

| | |
|---|---|
| Life Only | |
| Life with 5 years certain | |
| Life with 10 years certain | |
| Life with 15 years certain | |
| Life with 20 years certain | |
| Life with _____ years certain | |
| Life with Refund | |
| Joint & 100% survivor | |
| Joint & 2/3 survivor | |
| Joint and 50% survivor | |
| Joint & survivor with _____yrs certain | |
| 5 years period certain | |
| 10 years period certain | |
| 15 years period certain | |
| 20 years period certain | |
| _____years period certain | |

### Agent Information

How would you like us to respond?

Name: _____

Phone: _____

Fax: _____

Email: _____

Special Requests: