

Producers Connection Annuity Quote Request

Please fax to 901-758-8841 or email to ryan@pc4producers.com

Today's date _____ Need quote by (date/time) _____

Agent/agency requesting quote: _____

Applicant Name _____

Date of birth: ___ / ___ / ___

Premium amount \$ _____ Qualified Y / N Type _____ Transfer Y / N

Type of Annuity requested:

MYGA:

Guarantee Period ___ yrs Flexible Premium Y / N Withdrawals (non rmd) 0% 5% 10% interest only

Fixed:

Surrender Charge ___ yrs Flexible Premium Y / N Withdrawals (non rmd) 0% 5% 10% interest only

Fixed Indexed:

Surrender Charge ___ yrs Flexible Premium Y / N Withdrawals (non rmd) 0% 5% 10% interest only

Immediate:

Joint? If so, Gender: M F DOB: _____ Survivor Benefit: 100% 75% 50%

Specific Term: Life Only Life with Period Certain _____ Period Certain Only _____

Date of First Premium: _____

Please select any riders (not all riders available with all products, and some riders do have charges):

Guaranteed Lifetime Withdrawal Benefit

Other income rider

Death of Spouse or Dependent

Nursing Home Waiver

Other: _____

Unless otherwise requested, we will send a selection of A- rated or better annuity carriers. If you wish to see otherwise, please let us know.