



LIFE SPECIALIST
GROUP

Annuity Quote Request

Date of Request

Advisor/Agent Name: _____

Email Address: _____

Client Name: _____

Agent Date of Birth: _____

Resident State: _____

Premium Amount: _____

Type of Funds: Qualified Non Qualified

What Type of Annuity: Fixed Index SPIA DIA

Fixed: Desired Terms (Years): 3 4 5 6 7 8 9 10

SPIA: What payout option requested: _____

Index: Income Rider? Yes No If yes, estimated start: _____

Additional Notes: _____