



## Annuity Quote Proposal Request Form

Agent name: \_\_\_\_\_

Send proposal by: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Email address or Fax number \_\_\_\_\_

Client Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB \_\_\_\_\_

Joint Annuitant

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB \_\_\_\_\_

Annuity:

Insurance Company Preference if any:

State of Issue: \_\_\_\_\_

Tax Qualified: Yes \_\_\_\_\_ No \_\_\_\_\_

Select One of the following annuity products:

Single Premium Deferred Single Premium Deposit \$ \_\_\_\_\_

Flexible Premium Deferred  
Annual Deposit \$ \_\_\_\_\_ or Monthly Deposit \$ \_\_\_\_\_

Single Premium Immediate  
Single Premium Deposit \$ \_\_\_\_\_ or Modal Benefit Desired \$ \_\_\_\_\_

Benefit Mode: Annual  Semi-Annual  Quarterly  Monthly

Date of Deposit: \_\_\_\_\_

Date of Initial Benefit: \_\_\_\_\_

Life Only  Life and \_\_\_\_\_ Years Certain

Year certain only/# of years: \_\_\_\_\_  Installment Refund

Quote Impaired Risk SPIA?  Yes  No

Describe Medical Conditions

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Additional Information:

Please list any additional comments or competition information that will assist us in properly preparing your quote.

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**Fax this request to Dave Olsen 781-449-7694**

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