



ANNUITY AGENT PROPOSAL REQUEST

Agent Name: _____ Phone: _____

Address: _____

Fax: _____ E-mail: _____

CLIENT INFORMATION

Annuitants Name (optional) _____ Age _____ DOB _____

Issue State _____ Male Female

Jt. Annuitants Name (optional) _____ Age _____ DOB _____

Issue State _____ Male Female

DEFERRED ANNUITY QUOTE

Company: _____ Product: _____

\$ _____ Initial Premium Qualified Non-Qualified

\$ _____ Additional Premium Monthly Annually

Illustrate Withdrawals Monthly Annually

Show withdrawals beginning: Immediately Starting year 2 Other _____

Amount of withdrawals: Interest Only 10% Free Specified Amount \$ _____

Other: _____

SINGLE PREMIUM IMMEDIATE ANNUITY QUOTE

Provide Best Quote Available (or) Quote Company: _____

\$ _____ Initial Premium (OR) \$ _____ Benefit (solve for Premium)

Qualified Non-Qualified Non-Qualified Cost Basis \$ _____

Illustrate Payments: Monthly Quarterly Semi-Annually Annually

Starting: One Modal Period from Issue One Year From Issue Other _____

_____ Yrs. Certain and Life _____ Yrs. Certain Only Life Only Cash Refund

Joint & Survivor _____% Joint & Survivor _____%, with _____ Yrs. Certain

Other: _____

*If you have a quote you are trying to beat please provide Benefit amount \$ _____ or

Premium Amount \$ _____.

Please fax this form to: 215-564-0155 to request your annuity illustration.

Preferred method of response: Faxed E-Mailed Call Me With Quote

(Not all quotes can be e-mailed if they cannot they will be faxed.)

Feel free to contact a Marketing Representative at 800-422-0557 with any questions!

You can also visit our web-site at www.safeharborfinancial.com