



Quote Request for **ANNUITY**

E-MAIL to quotes@bsibroker.com or FAX to 301-540-8787

Date Requested: ____ / ____ / ____

Producer Information:

Name: _____ E-mail: _____

Phone: _____ Fax: _____

Method you would like the quote returned to you: ☐ E-mail ☐ Fax ☐ Broker Pick-Up

Annuitant Information:

Name: _____ Date of Birth: ____ / ____ / ____ ☐ Male / ☐ Female

Joint Annuitant Information: (if applicable)

Name: _____ Date of Birth: ____ / ____ / ____ ☐ Male / ☐ Female

Annuity Needs:

Carrier Preference, if any? _____

State of Issue: _____ Tax Qualified? ☐ No ☐ Yes

Annuity Type:

☐ Single Premium Deferred Single Deposit Amount: \$ _____

☐ Flexible Premium Deferred Annual Deposit Amount: \$ _____ or Monthly Deposit Amount: \$ _____

☐ Single Premium Immediate Single Deposit Amount: \$ _____ or Modal Benefit Desired: \$ _____

Date of Deposit: ____ / ____ / ____

Benefit Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

Date of Initial Benefit: ____ / ____ / ____

☐ Life Only ☐ Life & ____ Years Certain ☐ ____ Years Certain Only ☐ Installment Refund

Quote Impaired Risk SPIA? ☐ No ☐ Yes, describe medical conditions and medications: _____

Other Information: