



# Quote Request for ANNUITY

E-MAIL to sdonovan@uinc.com or FAX to 603-778-7918

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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_