



Quote Request for ANNUITY

E-MAIL to jphilibotte@uuinc.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: _____
