



Annuity Quote Request Form

Submit via email to eanariba@emgbrokerage.com or fax to 713-574-2790

Date: _____ Agent Name: _____ Date required: _____

Agent Phone: _____ Agent Email: _____

PREMIUM INFORMATION (Check one):

Non-Qualified

Qualified (IRA, 403B, 401K, etc.)

CLIENT INFORMATION

JOINT CLIENT INFORMATION

Name: _____

Name: _____

Sex (check one): Male Female

Sex (check one): Male Female

Date of birth/Age: _____

Date of birth/Age: _____

Resident State: _____

Resident State: _____

ANNUITY QUOTE REQUESTED

Immediate Annuity (SPIA):

Premium Amount: _____ OR Income desired: _____

Payment Mode (check one): Monthly Quarterly Semi-Annual Annual

First payment date (default is 30 days from quote date): 30 days 1 Year Specific Date: _____

Payment term:

_____ Year Period Certain Only (fill in year)

_____ Year Period Certain and Life (fill in year)

_____ Life Only

_____ Life with Cash Refund

_____ Life with Installment Refund

_____ Joint Life & _____ % Survivor (fill in percent)

_____ Joint Life & _____ % Survivor with _____ Year Period Certain (fill in percent and year)

Fixed Deferred (Single Premium) Annuity/Guaranteed Rate Annuity:

Premium Amount: _____ Time Horizon/Guaranteed Term: _____

Flexible Premium:

Premium Amount: _____ Additional Deposit Amounts: _____ Frequency: _____

Time Horizon: _____

Index Annuity:

Premium Amount: _____ Time Horizon: _____

Income Rider (Check one): Yes No

If "Yes": When will income start (in years or age): _____ Single Joint Payout

Notes/Other Instructions: