



Annuity Quote Request Form
Submit via email to <a href="mailto:acorbett@emgbrokerage.com">acorbett@emgbrokerage.com</a> or fax to 713-574-2790

Date: Agent Name:				Date required:			
Agent Phone:		Age	ent Emai	il:			
PREMIUM INFORMATION (Check one):  CLIENT INFORMATION  Name:			Non	Non-Qualified Qualified (IRA, 403B, 401K, etc.)  JOINT CLIENT INFORMATION			
Sex (check one):  Date of birth/Age:  Resident State:  ANNUITY QUOTE REC	Male	Female	_	Sex (check one): Date of birth/Ag	Male e:		
Immediate Annuity (	SPIA):						
Premium Amount:			OR	Income desi	ed:		
Payment Mode (check	one):	Monthly	Q	uarterly	Semi-Annua	l Annual	
Payment term: Year Period Certa Year Period Certa Life Only Life with Cash Re Life with Installm Joint Life & Joint Life &	in and Life (fill fund ent Refund _% Survivor (fi _% Survivor w	l in year) ll in percent) ith Year I		_	nt and year)		
Fixed Deferred (Single Premium Amount: Flexible Premium:	-			<del>-</del>	erm:		
Premium Amount: Time Horizon: Index Annuity: Premium Amount: Income Rider (Check one If "Yes": When will income	e): Yes	Time F No	Iorizon:			quency:	