



17606 N 17<sup>th</sup> Place #1076 Phoenix, AZ 85022  
Office: 602-320-9829 ▪ Toll Free 866-551-8116 ext 326 ▪ Fax: 602-532-7378

**SPIA QUOTE FORM**

Fax to (602) 532-7378 for a free quote on the best payouts out there!!

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

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Date of Birth or Age** \_\_\_\_\_

**State of Residency** \_\_\_\_\_

**Joint Annuitant:** \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Date of Birth or Age** \_\_\_\_\_

**Solve for: Income**

**Single Premium Amount:** \_\_\_\_\_

**Or**

**Desired Income Amount:** \_\_\_\_\_

**Cost Basis:** \_\_\_\_\_

**\*Qualified** \_\_\_\_\_ **Non-Qualified** \_\_\_\_\_

\*If Qualified, where is the money coming from (carrier requires this information)? \_\_\_\_\_

**Pay out Frequency:** Monthly \_\_\_\_\_ Annually \_\_\_\_\_

**1<sup>st</sup> Payment to Begin:** 30 days \_\_\_\_\_ 90 days \_\_\_\_\_ 1 year \_\_\_\_\_ Other \_\_\_\_\_

**Life Only** \_\_\_\_\_

**Life with Period Certain** \_\_\_\_\_ **Yrs.** \_\_\_\_\_

**Period Certain Only** \_\_\_\_\_

**Joint and Survivor** \_\_\_\_\_ %

**Agent Contact Information:**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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

**Notes:**