

Single Premium Immediate Annuity (SPIA) Quote Request

Use a Separate Request Form for each carrier from whom you are requesting a quote.

For accurate quotes, provide all information requested. SPIA quotes are given by carriers. Request Forms should not be sent to BHC. Allow two business days for turnaround.

PRINT AND SUBMIT TO CARRIER

Producer Information

1.

Name: _____
Telephone: _____
Fax: _____
E-mail: _____

Carrier: _____ Your Agent Number: _____

Annuitant Information

1.

Primary Annuitant:
Gender: _____ Male _____ Female
Date of birth: _____
State where primary annuitant lives: _____
State where application will be signed if different: _____

Secondary Annuitant:
Gender: _____ Male _____ Female
Date of birth: _____
State where secondary annuitant lives: _____
State where application will be signed if different: _____

Quote Information

1. Type of SPIA (check one):

Single life: _____
Joint & survivor:
100% _____
75% _____
67% _____
50% _____

2. Income options (check one)

Life only _____
Life with period certain years _____ months _____
Period certain only years _____ months _____
Installment refund _____
Cash refund _____

3. Provide quote for (check one) Single premium deposit _____ Income payment _____

4. Amount of single premium deposit or income desired \$ _____

5. Mode of payment (check one) Monthly ____ Quarterly ____ Semi-Annually ____ Annually ____

6. Source of funds (check one) Qualified ____ Non-qualified ____

7. Is this a 1035 exchange? Yes ____ No ____

8. Cost basis \$ _____ (if exclusion ratio desired)

9. Date single premium deposit will be made _____ (mm/dd/yyyy)

10. Date payments need to start _____ (mm/dd/yyyy)

11. Comments or special instructions

Submit to the Carrier