

| Agent:   |        |  |
|----------|--------|--|
| Address: |        |  |
| City:    | State: |  |
| Zip:     |        |  |
| Phone:   |        |  |
| Fax:     |        |  |
| Email:   |        |  |

## **MYGA Proposal Request Form**

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## **Desired MYGA:**

| Premium    | Amount:                      |  |
|------------|------------------------------|--|
| Qualified  | Money: Yes / No              |  |
| @Yb[ h\. ' | 3yrs 4yr 5yr 7yr 10yr Other: |  |
| MVA:       | Yes / No                     |  |
| ROP:       | Yes / No                     |  |
| Addition F | Premiums: Yes / No           |  |
| If         | yes, Amount: & #yrs:         |  |