

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

SPIA Proposal Request Form

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GrUhy.	
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Joint Annuitant =bZcfa Un]cb (If Applicable):

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Desired SPIA:

Premium Amount:
Qualified Money: Yes / No
@/b[h\. ' 3yrs' 4yr' 5yr' 7yr' 10yr' Other:
Annuity Type: □ Single Life □ Joint Life □ Certain Only
Guarantee Type: $\hfill\Box$ Certain Period $\hfill\Box$ Cash Refund $\hfill\Box$ Installment Refund
If Certain Period:
Certain Period Length: yrs.
Temporary Period Length: yrs.