

National Insurance Brokerage Annuity Quote Request Questionnaire

Please Forward all Quote Requests to illustrations@niblfe.com

Broker Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email Address: _____

Quote Return Method Requested Fax Email Regular Mail

Client Name: _____

Annuitant Name (If Different): _____

Joint Client (If Needed): _____

Client DOB (or Age): _____ Client Sex: Male Female

Joint Client DOB (or Age): _____ Joint Client Sex: Male Female

Insurance Company/Product Preference (If any): _____

State of Issue: _____ Status of Funds: Qualified Non-Qualified

Single Premium Deposit: \$ _____ Flexible Premium Amount: \$ _____

Immediate Annuity (Specify), Cost Basis: \$ _____

If Flexible Premium Elected, Please Specify Mode: Annual Monthly Quarterly

Product Selection: Immediate Annuity SPDA Indexed Annuity FPDA

Immediate Annuity (Specify): Deposit Date: _____ 1st Payment Date: _____

Immediate Annuity (Specify): Life Only Life with Certain (Years)

Joint Life: _____

Joint Life with Certain _____ (Years) Certain _____ (Years) Installment Refund

Indexed Annuity (Or other Product with Income Rider Option): _____

Income Rider: Yes No

Specify Year to Start Income: _____

Additional Comments: _____
