

# INCOME CALCULATOR QUOTE REQUEST FORM

NAME OF CLIENT 1: \_\_\_\_\_

JOINT CLIENT 2: \_\_\_\_\_

DOB or AGE (required to run quote)

CLIENT 1: \_\_\_\_\_ CLIENT 2: \_\_\_\_\_

COMPLETE ONE OF THESE TWO OPTIONS

PREMIUM AMOUNT\$: \_\_\_\_\_ BENEFIT AMOUNT\$ \_\_\_\_\_

DEFERRAL PERIOD: \_\_\_\_\_ (YEARS) QUALIFIED \_\_\_\_\_ NON QUAL \_\_\_\_\_

PLEASE TELL US WHAT PRODUCT AND COMPANY YOU WANT TO SEE:

\_\_\_\_\_

COMPANY(S), RIDERS AND PRODUCTS:

## AVIVA

### INDEX PRODUCT:

1. INCOME PLUS S \_\_\_\_\_
2. INCOME 5 OR 7 \_\_\_\_\_
3. INCOME TEN \_\_\_\_\_

### FIXED PRODUCT:

1. FREEDOM PLUS S \_\_\_\_\_
2. FREEDOM 3, 5 OR 7 \_\_\_\_\_

## GREAT AMERICAN

### INDEX PRODUCTS:

1. SAFE RETURN \_\_\_\_\_
2. SAFE OUTLOOK \_\_\_\_\_

## THE PHOENIX

### INDEX PRODUCTS:

1. PHOENIX IDEX SELECT \_\_\_\_\_

NOTES:

\_\_\_\_\_

\_\_\_\_\_

AGENT: \_\_\_\_\_ PHONE/EMAIL: \_\_\_\_\_

FAX TO THE PRODUCERS FIRM 1-860-584-8462