

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