

Single Premium Immediate Annuity (SPIA) Quote Request

Use a Separate Request Form for each carrier from whom you are requesting a quote.

For accurate quotes, provide all information requested. SPIA quotes are given by carriers. Request Forms should not be sent to bhc e-Service. Allow two business days for turnaround.

PRINT AND SUBMIT TO CARRIER

Producer Information

1.

Name: _____
Telephone: _____
Fax: _____
E-mail: _____

Carrier: _____ Your Agent Number: _____

Annuitant Information

1.

Primary Annuitant:
Gender: _____ Male _____ Female
Date of birth: _____
State where primary annuitant lives: _____
State where application will be signed if different: _____

Secondary Annuitant:
Gender: _____ Male _____ Female
Date of birth: _____
State where secondary annuitant lives: _____
State where application will be signed if different: _____

Quote Information

1. Type of SPIA (check one):

Single life: _____
Joint & survivor:
100% _____
75% _____
67% _____
50% _____

2. Income options (check one)

Life only _____
Life with period certain years _____ months _____
Period certain only years _____ months _____
Installment refund _____
Cash refund _____

3. Provide quote for (check one) Single premium deposit _____ Income payment _____

4. Amount of single premium deposit or income desired \$ _____

5. Mode of payment (check one) Monthly ____ Quarterly ____ Semi-Annually ____ Annually ____

6. Source of funds (check one) Qualified ____ Non-qualified ____

7. Is this a 1035 exchange? Yes ____ No ____

8. Cost basis \$ _____ (if exclusion ratio desired)

9. Date single premium deposit will be made _____ (mm/dd/yyyy)

10. Date payments need to start _____ (mm/dd/yyyy)

11. Comments or special instructions

Submit to the Carrier