

SINGLE PREMIUM IMMEDIATE ANNUITY QUOTE REQUEST

AGENT: _____ TELEPHONE #: _____ FAX #: _____

DATE ORDERED: _____ NEED BY: _____

PRIMARY ANNUITANT: _____ M F D.O.B.: _____

SECONDARY ANNUITANT: _____ M F D.O.B.: _____

ANTICIPATED DATE OF DEPOSIT: _____ DATE OF 1ST PAYMENT: _____

MODE OF PAYMENT: M Q SA A

_____ QUALIFIED _____ NON-QUALIFIED

___ IRA ___ OTHER

ANNUITANT'S STATE OF RESIDENCE: _____

SOLVE FOR:

INCOME AMOUNT: _____ OR SINGLE PREMIUM AMOUNT: _____

ANNUITY FORMS TO QUOTE:

_____ LIFE ONLY

_____ LIFE W/ 10 YEARS CERTAIN

_____ LIFE W/ _____ YEARS CERTAIN

_____ LIFE W/ INSTALLMENT REFUND

_____ JOINT & 100% SURVIVOR LIFE ONLY

_____ JOINT & 100% SURVIVOR W/ 10 YEAR CERTAIN

_____ JOINT & 50% SURVIVOR LIFE ONLY

_____ JOINT & 2/3 SURVIVOR LIFE ONLY

_____ _____ YEARS CERTAIN - NO LIFE CONTINGENCY

_____ OTHER: _____

_____ OTHER: _____

FAX TOLL FREE TO: 1-800-AXBOWFAX (1-800-692-6932)

~or~ email to sheryl@oxbowmkt.com

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