

Special Client Request

Agent name: _____

Address: _____

Phone: _____

Special Request: Premium or Age? _____

Header ID _____

AMC _____

Date: _____

Company Representative: _____

Client name: _____

State of Residence: _____ Male / Female (circle one)

Date of birth: _____ Current age: _____

Insurance company: _____

Product: _____

Qualified or Non-qualified? _____

Objective of Annuity Purchase? _____

Amount of premium/payment \$ _____

Where is money coming from? _____

Surrender charges when moving money? _____

Client's Net Worth (excluding primary residence) \$ _____

Other investments and amounts _____

How will the money be transferred?(1035, wire, check) _____

Medical Information:

a. Has proposed insured been diagnosed as being terminally ill? _____ Yes _____ No

b. Is proposed insured currently bed ridden at home or confined to a hospital, nursing home, or medical facility or been diagnosed as having Alzheimer's disease? _____ Yes _____ No

c. In the past 7 years has proposed insured been diagnosed by a medical professional as having HIV virus, AIDS, AIDS related complex (ARC)? _____ Yes _____ No

d. In the past 12 months has proposed insured had or been treated for internal cancer, malignant melanoma, leukemia, or Hodgkin's disease? _____ Yes _____ No

e. In the past 24 months has proposed insured had:
i. Heart surgery, Heart attack, stroke, aneurysm, angina or kidney disease _____ Yes _____ No

ii. Treatment for alcoholism, drug addiction, schizophrenia or transient ischemic attack? _____ Yes _____ No

Annuitant's signature

Owner's signature

Agent signature