

ANNUITY PROPOSAL REQUEST

DATE: _____ ADVISOR NAME: _____
PHONE: _____ FAX: _____ EMAIL: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
RETURN PROPOSAL BY: EMAIL FAX MAIL AGENT PICK UP NEEDED BY: ___/___/___ **RESET FORM**

CLIENT INFORMATION:

CLIENT 1

NAME: _____

DATE OF BIRTH: ___/___/___

MALE FEMALE STATE OF SALE: _____

CLIENT 2

NAME: _____

DATE OF BIRTH: ___/___/___

MALE FEMALE STATE OF SALE: _____

ANNUITY PRODUCT DETAILS:

SINGLE JOINT

SINGLE PREMIUM IMMEDIATE ANNUITY

QUALIFIED NON-QUALIFIED

DEPOSIT AMOUNT: \$ _____

PAYOUT OPTION:

PERIOD CERTAIN ONLY _____ YRS

LIFE W/ PERIOD CERTAIN _____ YRS

LIFE ONLY

LIFE W/ INSTALLMENT REFUND

PAYOUT MODE:

ANNUAL SEMI-ANNUAL

QUARTERLY MONTHLY

FIXED

QUALIFIED NON-QUALIFIED

DEPOSIT AMOUNT: \$ _____

TYPE:

MYGA TRADITIONAL

SURRENDER PERIOD (YEARS):

3 4 5 6

7 8 9 10

INDEX

QUALIFIED NON-QUALIFIED

DEPOSIT AMOUNT: \$ _____

CAP OPTION:

1YR. POINT-TO-POINT

1YR. MONTHLY POINT-TO-POINT

AVERAGE INDEXING

INDICES:

S&P 500 GLOBAL

OTHER _____

SURRENDER PERIOD (YEARS):

3 4 5 6 7 8

9 10 11 12 13 14

RIDERS:

INCOME ACCT. RIDER

ADDITIONAL INFORMATION: _____

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OR SEND TO plusmarketing@pfnins.com



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800.887.7587

fax 248.603.3595

901 Wilshire Dr, Suite 140 Troy, MI 48084