

Annuity Proposal Request



Date: _____

Time: _____

Tellus General Agency Information

General Agency: _____

GA Phone: _____ GA Fax: _____

GA Email: _____

Agent: _____

Client Information

Annuitant: _____ M F DOB: _____

Annuitant: _____ M F DOB: _____

Contract State: _____

SPIA	DEFERRED
Premium: _____ q nq	Premium: _____ q nq
Benefit: _____	or accumulated goal: _____ at age/year: _____
Payout Mode: ___monthly ___quarterly ___semi-annually ___annually	Withdrawals: _____ ___interest only ___10% annually Beginning in yr.: _____
Cost Basis: _____	Guar. Period: _____
Purchase Date: ___today ___other _____	Company(-ies)/ 1) _____
1st Payout Date: ___30 days ___other _____	Product(s) 2) _____
Company(s) _____	3) _____

Settlement Option Information	Illustrator's Use Only
<input type="checkbox"/> Life Only (Primary Annuitant) <input type="checkbox"/> Period Certain Only per.cert. ___ Yrs ___ mos. <input type="checkbox"/> Life with Period Certain per.cert. ___ Yrs ___ mos. <input type="checkbox"/> Joint Lives Only %surv: 100 ___ 75 ___ 66.67 ___ 50 ___ other ___ <input type="checkbox"/> Joint Lives with Period Certain per.cert. ___ Yrs ___ mos. %surv: 100 ___ 75 ___ 66.67 ___ 50 ___ other ___ <input type="checkbox"/> Refund Option ___ installment ref. ___ cash ref.	<div style="text-align: center; background-color: #cccccc; padding: 5px;">Completed</div> Date: _____ Time: _____ Illustrator: _____ Wholesaler: _____ (cc if \$500k +)

NOTES: