

QUOTE REQUEST FORM		
II I		GA ID#: BGA Name:anager:
ш		ent ID# (If known): Agent/Agency Name: ame:
C	rections: ontract a ogram.	The following information is required to obtain a quote. Please complete this form and include a copy of the annuity and/or benefits letter and return to BGA. Only annuities that are non-qualified tax status are currently eligible for this
1.		Program is not currently open in New Hampshire, Tennessee, and Utah
2.	Insura	ance Company Name:
3.	Annui	ity Policy Number:
4.	Pleas	e list the payment period, payment dates and amounts due under the policy:
5.	Pleas	e check which option(s) you would like to receive a quote:
		Complete Buyout of Full Annuity Contract (If there is a Life component, it must be treated as a Partial Term)
		Partial Term, please list (e.g. 120 months out of a payment term of Life with 240 Months Period Certain):
	- 	Partial Payment, please list (e.g. \$1,400 per month out of a total \$2,000 per month payment):
	- □ □ -	ump Sum Payment, please list (e.g. client seeking a \$125,000 purchase price from one or more options):
		Other, please list: