

**Fax, mail or e-mail
completed form to:**

Vern Bell
6136 Frisco Square Blvd, #400
Frisco, TX 75034
Phone: (214)203-7439
Fax: (972)798-9023
E-mail: vbell@enterprisebenefits.net



Annuity Quote Request

Annuitant: _____ M/F: _____ Joint Annuitant _____ M/F: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Mobile Phone: _____ Fax _____

Primary Contact: _____ Email: _____

Insurance Company Preference if any: _____ Tax Qualified (Y/N): _____

Annuity Description

Are you interested in an Single Premium Immediate Annuity or a Deferred Annuity? _____

If you are seeking a Single Premium Immediate Annuity what amount will you deposit? _____

If you are seeking a Flexible Premium Deferred Annuity? Annual Deposit Amt: _____ Monthly: _____

What is the desired Modal Benefit? _____ Annual, Semi-Annual, Quarterly or Monthly? _____

Expeceted Date of Deposit? _____ Date of Initial Benefit? _____

Life Only? _____ Life and _____ years certain? Years certain only? Number of years: _____

Installment Refund? (Y/N) _____ Impaired Risk SPIA? (Y/N) _____

Medical Conditions: _____

Insurance Company Preference if any: _____ Tax Qualified (Y/N): _____

Comments & Questions: _____
