

Annuity Design Proposal

*Required Fields

Email Completed Form to: Greg Haney, ghaney@asb.insure

Agent Information

*Agent Name: _____ Agent Phone: _____

*Agent Email: _____ CC Email: _____

Client Information

*Client Name: _____ *Client Birth Date: _____ *State: _____

Joint Owner (if applicable) _____ Joint Birth Date: _____

Funds to Invest:

1. *Investment Amount: \$ _____ ☐ Qualified ☐ Non-Qualified

*Source of Funds: ☐ 401k/Mutual Fund ☐ Annuity ☐ Cash ☐ Other: _____

If Annuity: Accumulation Value: \$ _____ Surrender Value: \$ _____

Income Base: \$ _____ Income Payment: \$ _____ Date Issued: ____/____/____

2. Investment Amount: \$ _____ ☐ Qualified ☐ Non-Qualified

Source of Funds: ☐ 401k/Mutual Fund ☐ Annuity ☐ Cash ☐ Other: _____

If Annuity: Accumulation Value: \$ _____ Surrender Value: \$ _____

Income Base: \$ _____ Income Payment: \$ _____ Date Issued: ____/____/____

*Primary Strategy: ☐ Growth ☐ Income ☐ Growth w/ Income Option

Specific Goal (if applicable): ☐ Long Term Care ☐ Death Benefit ☐ Tax Deferral ☐ Bonus

☐ Other: _____

If Growth:

Type Desired: ☐ MYGA (Fixed Rate) ☐ Fixed-Index

Preferred Length of Contract: ☐ 10 Year ☐ 8 year ☐ 7 year ☐ 5 year ☐ Other: _____

If Income:

Length of Income Stream: ☐ Lifetime ☐ 10 year ☐ 5 year ☐ Other _____

Suitability Information *(if advice desired)*

Liquid Assets *(not including funds to be invested in annuity)*

Checking/Savings: _____

Money Market/Mutual Funds: _____

Annuities Past Surrender: _____

CDs: _____

Stocks/Bonds: _____

Other: _____

TOTAL LIQUID ASSETS: _____

Non-Liquid Assets *(not including funds to be invested in annuity)*

Annuities in Surrender: _____

Primary Residence: _____

401k: _____

Other Real Estate: _____

Other: _____

TOTAL NON-LIQUID ASSETS: _____

Approximate MONTHLY Household Income

Employment: \$ _____

Pension: \$ _____

Social Security: \$ _____

Rental: \$ _____

Annuities: \$ _____

Other: \$ _____

TOTAL MONTHLY INCOME: \$ _____

Approximate MONTHLY Household Expenses

Mortgage/Rent: \$ _____

Car Payment(s): \$ _____

Utilities: \$ _____

Insurance(s): \$ _____

Food: \$ _____

Cell/TV: \$ _____

Travel/Gas: \$ _____

Other: \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

Additional Case Notes or Special Requests:

SEND COMPLETED FORM TO GHANEY@ASB.INSURE