

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
_____ Life Only (Primary Annuitant)	<div>Completed</div> <p>Date: _____</p> <p>Time: _____</p> <p>Illustrator: _____</p> <p>Wholesaler: _____ (cc if \$500k +)</p>
_____ Period Certain Only per.cert. _____ Yrs _____ mos.	
_____ Life with Period Certain per.cert. _____ Yrs _____ mos.	
_____ Joint Lives Only %surv: 100 _____ 75 _____ 66.67 _____ 50 _____ other _____	
_____ Joint Lives with Period Certain per.cert. _____ Yrs _____ mos.	
_____ Refund Option _____ installment ref. _____ cash ref.	

NOTES: