



Annuity Purchase Program – Active Quote

Please enter your contact information below.

Your Name _____

Street Address _____

City _____ State _____ ZipCode _____

Phone _____ Email _____

Information on Annuity

Annuity Owner's Name _____

Annuity Owner's State _____

Insurance Carrier _____

Is Annuity in Payout? Yes or No (please circle one)

Amount of Payment \$ _____

Frequency of Periodic Payments Monthly Quarterly Annually (please circle one)

Wish to Sell ALL or Partial Payments? All or Partial (please circle one)

If Partial, please list amount \$ _____

Date of Next Payment ____/____/____

Date of Final Payment ____/____/____

Surrender Amount (if known) \$ _____

Please fax this completed form to **1-866-527-2329** or scan and email to info@annuityadmin.com. **Attn:** APP Quote Needed.

If you have any additional questions, please feel free to call **1-800-444-8405**.

Thank you.