



SUBMIT REQUEST TO:
indexillustrations@equisfinancial.com

REQUEST FOR INDEXED ANNUITY ILLUSTRATION

Agent Name: _____ Regional Manager: _____

Client Name: _____ Client State: _____ Client DOB: ____/____/____

Gender: _____

What is the anticipated amount of this annuity? _____

Where is the money coming from to fund this annuity?

401(k): _____ IRA: _____ Bank Savings/CD: _____ Other: _____

How are the funds currently invested?

Mutual Funds: _____ Stocks/Bonds: _____ Bank Savings/Money Market: _____ CDs: _____

Indexed Annuity: _____ Variable Annuity: _____ Fixed Rate Annuity: _____ Other: _____

Is this a replacement of an annuity? _____ If yes, what is the surrender charge % ? _____

What carrier is the current annuity with? _____

What is the client's objective for this annuity?

Safe Growth Only: _____ Guaranteed Lifetime Income: _____ Growth Then Income: _____

Leave to Adult Children: _____ Other: _____

If income is the objective: Income to start at age: _____ or year: _____

Lifetime payout for: Owner Only (Single Life) _____ OR Owner and Spouse (Joint Life) _____

Suitability: Does the client understand the long-term nature of annuities? _____

Does the client have other assets that are liquid (available without penalty)? _____

NOTE: Clients must have at least 6 months of living expenses in liquid financial assets. At F&G Life they need at least \$20,000 in liquid assets and at least 6 months of living expenses in liquid financial assets in order to pass Suitability Review. (Income does not count as a liquid financial asset)

Have you completed Annuity Suitability Training? _____ Product-Specific Training: _____



SUBMIT REQUEST TO:
indexillustrations@equisfinancial.com

REQUEST FOR IUL ILLUSTRATION

Agent Name: _____ Regional Manager: _____

Client Name: _____ Client State: _____ Client DOB: ___/___/___

Gender: ___ Nicotine Use: Yes ___ No ___

Client Name: _____ Client State: _____ Client DOB: ___/___/___

Gender: ___ Nicotine Use: Yes ___ No ___

Death Benefit and Premium Information (CHOOSE ONE):

What is the amount of Death Benefit desired? \$ _____

OR Solve for Death Benefit by Target Premium** of: \$ _____ a month

OR Solve for Minimum DB/Maximum Cash Value with a monthly premium of: \$ _____

Case Design:

Pay Premium until age: _____

Illustrate income using tax-free loans at age: _____

If child policy, illustrate tax-free loan for college?: Yes ___ No ___

Please provide any additional information on the client's objectives:

** Target Premium is what your commission % is based upon.

ADDITIONAL CLIENT COVERAGE

1. If for some reason this policy does not get issued, what else do you have in place to protect your family? (i.e., other life insurance policies, annuities, retirement plans, college plans, savings, brokerage accounts, etc.)

2. Do you participate in a retirement plan at work? (401k, SIMPLE IRA, etc.)

How much do you contribute? (Month or Pay Period) _____

Do you get any match from your employer? How much? _____

3. Do you have an IRA? (Traditional and/or Roth) _____

Where do you have it invested? (Bank, Brokerage Firm, Mutual Fund) _____

Are you currently contributing to your IRA? (Traditional and/or Roth) _____

4. Do you own any annuities? _____

5. Do you feel confident you will have enough money to retire? _____

Would you like some help to see how you can get there without a lot of guesswork? _____