

QUOTE REQUEST FORM

JGW BGA ID#: _____	BGA Name: _____
Case Manager: _____	
JGW Agent ID# (If known): _____	Agent/Agency Name: _____
Client Name: _____	

*Directions: The following information is required to obtain a quote. Please complete this form and include a copy of the **annuity contract** and/or **benefits letter** and return to BGA. Only annuities that are **non-qualified** tax status are currently eligible for this program.*

1. Client's State of Residence: _____
 Annuity State of Issuance: _____

Program is not currently open in New Hampshire, Tennessee, and Utah
2. Insurance Company Name: _____
3. Annuity Policy Number: _____
4. Please list the payment period, payment dates and amounts due under the policy: _____

5. Please check which option(s) you would like to receive a quote:
 - Complete Buyout of Full Annuity Contract (If there is a Life component, it must be treated as a Partial Term)
 - Partial Term, please list (e.g. 120 months out of a payment term of Life with 240 Months Period Certain):

 - Partial Payment, please list (e.g. \$1,400 per month out of a total \$2,000 per month payment):

 - Lump Sum Payment, please list (e.g. client seeking a \$125,000 purchase price from one or more options):

 - Other, please list:

****If you don't receive a written quote within 2 Business Days please contact your BGA****

FOR INTERNAL USE ONLY:	
Date/Time Received: _____	Received By: _____
Account #: _____	Date/Time Sent to Pricing: _____