

QUOTE REQUEST FORM – for Deferred Annuities

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 or POLICY DETAILS PAGE and return to J.G. Wentworth. Only annuities that are NON-QUALIFIED tax status are currently eligible for this program. For immediate assistance, please call 800-535-0195.

1. Insurance Company Name: _____
2. Annuity Policy Number: _____
3. Annuity Issue Date: _____
4. **ACCUMULATED VALUE:** \$ _____
5. **SURRENDER VALUE:** \$ _____
6. Can the policy be annuitized now?: _____
7. **PAYOUT OPTIONS** (please call insurance carrier for the shortest period certain payout option for this contract and list here): _____

3 HELPFUL HINTS

1. **ANNUITIES MUST BE NON-QUALIFIED**
2. **THE DIFFERENCE BETWEEN THE ACCUMULATED VALUE AND THE SURRENDER VALUE MUST BE 15% OR GREATER (FOR 5 YEAR PAYOUTS); 25% OR GREATER (FOR 10 YEAR PAYOUTS)**
3. **ANNUITIES MUST BE ABLE TO BE ANNUITIZED IMMEDIATELY FOR A PERIOD CERTAIN TERM. THE PAYOUT OPTIONS MUST BE BASED ON FULL ACCOUNT VALUE.**

SEND COMPLETED QUOTE REQUEST AND SUPPORTING DOCUMENTS TO:

FAX: 1-800-535-7108
OR
EMAIL: SUPPORTDESK@JGWANNUITIES.COM