

BROKERAGE SERVICES, INC.

Annuity Illustration Request Form

Broker:	Phone:
Email:	Fax:
Address:	
A	nnuitant's Information
Annuitant's Name:	DOB:
Joint Annuitant's Name:	
State of Residence:	
	Plan Details
Type of Annuity: OSPDA OSPIA OFPDA OEquity IA OOther:	
Preferred Carrier(s), if Known:	
	od Certain OCash Refund OOther:
Amount of Deposit: \$	
OR	
Modal Amount Required: \$	Mode: OAnnual OSemi-Annual OQuarterly OMonthly
Additional Remarks	

Please send your completed request to Jenny Ausman ienny@simondavisinc.com * fax: 303.860.8956 * phone: 303.633.5912 SimonDavis Brokerage Services, Inc. * 730 17th Street, Suite 107, Denver, CO 80202