

Request for Annuity Information

Date _____

TO: _____
(Company Name)

(Address)

RE: _____
Annuitant
Policy # _____

Please forward the following information on the above Policy for the items checked below: (You may use this form for your reply or a separate communication if more convenient). Preferred method of delivery would be via fax to: 952-252-4663. Thank you.

Basic Policy Information:

- 1. What type of Annuity Fixed Variable
- 2. Register Date _____
- 3. Annuitant of Contract _____
- 4. Owner of Contract _____
- 5. Successor or Contingent Owner _____
- 6. Beneficiary: Primary _____ Secondary _____
- 7. Assignment (if any) _____
- 8. Original Deposit \$ _____ Subsequent Deposits & When They Occurred: \$ _____
- 9. Qualified Plan Non-qualified Plan
- 10. Current Account Value _____
- 11. Current Interest Rate _____ Rate Guarantee Period _____
- 12. Minimum Interest Rate Guarantee _____
- 13. Projected Renewal Rate (if any) _____
- 14. Current Surrender Penalty _____ Expiry Date _____
- 15. Withdrawal Privileges (Corridor) _____
- 16. Is There a Market Rate Adjustment (MVA)? _____
- 17. Are there any living/death benefit riders? _____
- 18. Value of riders & description of riders (if any): _____
- 19. Current statement of policy values including cash value, net cash value, and cost basis: _____

- 20. _____

Please send the requested information and/or necessary forms to:

Tradition Wealth Management
Attn: Rhonda Motzko
7601 France Avenue South, Suite 100
Edina MN 55435
952-563-6516 Phone
952-252-4648 Fax
rhonda.motzko@traditionwealthmanagement.com

(Annuity Owner's Signature)