INFORMATION REQUEST
ANNUITY

contract owner(s) ____

annuitant(s) ____

contract number ______________________ issuer ______________________

AT THE REQUEST OF OUR MUTUAL CLIENT, PLEASE PROVIDE THE FOLLOWING INFORMATION TO:

Brad Johnson **brad.johnson@traditionwealth.com** FAX **(952) 252-4663**

BASIC CONTRACT INFORMATION

- ☐ annuity type ☐ fixed ☐ variable
- ☐ plan type ☐ qualified ☐ non-qualified
- ☐ issue/register date ______________________
- ☐ successor, contingent owner(s) ______________________
- ☐ primary beneficiary/ies ______________________
- ☐ contingent beneficiary/ies ______________________
- ☐ total original deposit(s) ______________________
- ☐ cost basis ______________________
- ☐ current account value ______________________
- ☐ current death benefit ______________________
- ☐ current interest rate ______________________
- ☐ minimum interest rate guarantee ______________________
  - ☐ rate guarantee period ______________________
- ☐ current surrender penalty *(if any)* ______________________
  - ☐ surrender penalty expiration date (if applicable) ______________________
- ☐ withdrawal privileges (corridor) ______________________
- ☐ guaranteed income rider(s) ______________________
- ☐ guaranteed death benefit rider(s) ______________________
- ☐ other ______________________

By signing below, I hereby provide my authorization for the issuer above to release the requested information to and discuss additional contract details with Tradition Wealth Management.

name ____

signature ______________________________ date ______________

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