



TAX-DEFERRED ANNUITY QUOTE FORM

Information of individual completing this form:

Name: _____ Company: _____

Address Line 1: _____ Phone: _____

Address Line 2: _____ Facsimile: _____

City/State/Zip: _____ / _____ / _____ Email: _____

Are you, or are you completing this form on behalf of, a licensed insurance agent? Yes No

RETURN COMPLETED FORM TO:

Krause Group

1234 Enterprise Drive, De Pere, WI 54115
Phone: (866) 605-7437 Facsimile: (866) 605-7438
info@krause.com

Type of Case Individual Community Spouse Gift/Annuity Plan

Client Name: _____ Sex: Male Female

Birthdate: _____ State: _____

Term of the Annuity: 1 Yr. 2 Yr. 3 Yr. 4 Yr. 5 Yr. 7 Yr. 10 Yr.

Premium Amount: \$ _____ Qualified Money (IRA, 401K, etc.)? Yes No

Additional Comments: _____
