



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: _____

ONCE COMPLETED, RETURN THIS FORM TO:

The Krause Agency
1234 Enterprise Drive, De Pere, WI 54115
Phone: (800) 255-1932 Facsimile: (805) 683-6313
info@thekrauseagency.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: _____

