

SPECIAL ANNUITY QUOTE TEMPLATE

Advisor Name:
Advisor Phone Number:
Policy Owner's Name:

ANNUITIES (LIFE OR TERM CERTAIN ANNUITIES)	
Purchase Date (dd/mm/yyyy):	First Payment Date (dd/mm/yyyy):
Single Premium (If requesting an income quote):	Income Amount (If requesting a premium quote):
Income Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual	Annuity Type : <input type="checkbox"/> Single Life <input type="checkbox"/> Annuity Certain <input type="checkbox"/> Joint and Survivor
Guaranteed Period (years):	Indexing: <input type="checkbox"/> 0% <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Primary Annuitant's Date of Birth (dd/mm/yyyy):	Primary Annuitant's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Secondary Annuitant's Date of Birth (dd/mm/yyyy): <small>*Joint policies only</small>	Secondary Annuitant's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <small>*Joint policies only</small>
Reduction in Payment Upon Primary Annuitant's Death <i>For Joint Life, select an option and fill in the necessary information:</i>	
<input type="checkbox"/> No reduction <input type="checkbox"/> Reduce to _____% on death of Annuitant: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Reduce to _____% on death of either Annuitant	
Type of fund: <input type="checkbox"/> Locked-in <input type="checkbox"/> RIF <input type="checkbox"/> RSP <input type="checkbox"/> Non-registered <input type="checkbox"/> Other	
If Locked-In Registered Fund Type:	
<input type="checkbox"/> Sex distinct portion % _____ <input type="checkbox"/> Unisex portion % _____	
Tax Status: <input type="checkbox"/> Prescribed <input type="checkbox"/> Non-Prescribed	Province of Residence:
Reduced Compensation Request: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, compensation reduction % _____
Part of Term Certain/Equimax program: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please send this completed form to the Annuity Quotes mailbox: **annuityquotes@equitable.ca**.
 Quotes for locked in money require a spousal waiver if the amount of the periodic payment to the survivor is less than the minimum required by provincial legislation.

Note: Equitable Life of Canada reserves the right to change these constraints without prior notice.
 We may also decline to quote in other situations at our discretion.