

## PAYOUT ANNUITY – CUSTOM QUOTE

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

<b>ANNUITIES (LIFE OR TERM CERTAIN ANNUITIES)</b>		
Purchase Date (dd/mm/yyyy) (Please choose a date that reflects when you expect the funds to be received by Equitable®):	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"/> Joint and Survivor <input type="checkbox"/> Annuity Certain	
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 contracts only</small>	Secondary Annuitant's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <small>*Joint contracts only</small>	
<b>Reduction in Payment Upon Primary Annuitant's Death</b> <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 funds: <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 % or \$ _____ <input type="checkbox"/> Unisex portion % or \$ _____ Jurisdiction _____		
Tax Status (for non-registered only): <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](mailto:annuityquotes@equitable.ca).

*Quotes for locked-in money will require a spousal waiver when the application is submitted if the amount of the periodic payment to the survivor is less than the minimum required by provincial legislation.*

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