

Sterling Financial Partners, LLC Variable Annuity Recovery Program

Quote Request

Broker Name: _____ **Date:** _____

Phone: _____

Fax: _____

E-Mail: _____

Policy Information:

1. Insurance Company: _____

2. Product Name or Form #: _____

3. Owner Name(s): _____ DOB: _____

4. Annuitant Name: _____ DOB: _____

5. Issue Date: _____ State of Issue: _____

Policy Values:

Date of Values: _____ Source of Values : _____

1. Account Value: _____ Surrender Value: _____

2. Tax Basis: _____ Tax Position: ___ Gain ___ Loss

3. Total Death Benefit: _____ Net Death Benefit: _____

4. DB Type : _____

**Check here if requesting Conditional Offer and transaction forms: _____*

Instructions:

Complete all known information. Attach recent statement if available. Confirm contract is nonqualified and has no irrevocable beneficiary. Certain products may require a copy of the contract to quote.

Fax this form to: (508) 393-9127