Kovack Insurance Services Inc.
SPIA Quote Request

Version 2013.1

Kovack Agent Name: _____ Date _____

E-mail Address: _____

Client:

1. Name: _____
2. Birthday/Age: DOB (MM/DD/YYYY) ☐☐ / ☐☐ / ☐☐☐☐
3. Gender: ☐ Male ☐ Female
4. State Written: _____
5. Premium/Benefit Amount: $_____
6. Payment Preference ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual
7. Qualified or Non-Qualified (if qualified, please specify IRA, 401K, etc.)

   ☐ Qualified _____ ☐ Non-Qualified
8. Payment to Begin (please specify date): _____
9. Payment Option:

   ☐ Lifetime Only

   ☐ Life & Guaranteed Period (specify period) _____

   ☐ Period Certain (specify years) _____

   ☐ Joint & Life Survivor (specify percentage) _____

   ☐ Joint & Life Survivor and Period Certain (specify percentage and years, installment refund, other (i.e. lump sum refund): _____
10. Additional Information:

_____

_____

_____

Return to Insurance@kovacksecurities.com