



QUOTE REQUEST FORM – for Immediate or Annuitized Policies

JGW BGA ID#: 1190 BGA Name: FSD Financial
 Case Manager: _____
 JGW Agent ID# (If known): _____ Agent/Agency Name: _____
 Client Name: _____

*Directions: The following information is required to obtain a quote. Please complete this form and include a copy of the **POLICY DETAILS PAGE** or **BENEFITS LETTER** and return to J.G. WENTWORTH. Only annuities that are **NON-QUALIFIED** tax status are currently eligible for this program. For immediate assistance, please call **800-535-0195**.*

1. Insurance Company Name: _____
2. Annuity Policy Number: _____
3. **First Payment Date:** _____ **Last Guaranteed Payment Date:** _____
4. **Payment Amount:** _____ **Payment Frequency:** _____
5. Please check which option(s) you would like to receive a quote:
 - Complete Buyout of Full Annuity Contract (If there is a Life component, it must be treated as a Partial Term)
 - Partial Term, please list (e.g. 120 months out of a payment term of Life with 240 Months Period Certain):

 - Partial Payment, please list (e.g. \$1,400 per month out of a total \$2,000 per month payment):

 - Other, please list:

SEND COMPLETED QUOTE REQUEST AND SUPPORTING DOCUMENTS TO:

FAX: 1-800-535-7108
OR
EMAIL: SUPPORTDESK@JGWANNUITIES.COM