

Taylor Insurance Agency Ltd
Single Premium Immediate Annuity / RRIF / LIF --- Page 1

General Information

Date Requested: _____
Broker Name: _____ Company: _____
Broker Tel: _____ Broker Fax: _____

Client Information

1st Annuitant: _____ Date of Birth: _____
Smoker Status: _____ Sex: _____
2nd Annuitant: _____ Date of Birth: _____
Smoker Status: _____ Sex: _____

Payment Details

Deposit Options: Single Premium Amount: _____
 Periodic Payment Amount: _____
 Annual Taxable Amount Amount: _____
Purchase Date: _____ Start Date: _____
Payment Mode: Monthly Annual Quarterly Semi-Annual
Source of Funds: Registered Unregistered Locked-in

Annuity Details

Indexed: Not Indexed Indexed Rate: _____
Old Age Security: Not Integrated Integrated Amount: _____ Per Month

Additional Information

Companies to Quote

Complete the form and fax it back to us at 905-763-2299

30 East Beaver Creek Rd., Suite 217
Richmond Hill, Ontario L4B 1J2
Tel: 905-763-8555 Fax: 905-763-2299 Toll Free: 1-800-387-8581