

Email to [darren@fsdfinancial.com](mailto:darren@fsdfinancial.com) or fax to 818-881-6973  
For initial estimate on medically underwritten immediate annuity

### Annuitant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Marital Status:  Single  Married/Legal Partner  Divorced/Separated  Widowed

Annuitant State (Where the annuitant is expected to live while annuity benefits are paid): \_\_\_\_\_

### Annuitant's Health

- Heart Attack or Heart Failure:  Yes  No
- Stroke:  Yes  No  
(Excluding TIA and Subarachnoid Hemorrhage)
- Chronic Respiratory Disease:  Yes  No  
(e.g. Emphysema and COPD (excluding Asthma))
- Alzheimer's Disease/Dementia:  Yes  No
- Diabetes:  Yes  No
- Cancer within 5 years:  Yes  No

### Does the annuitant require physical assistance with the following?

- Mobility:  Never  Sometimes  Most of the Time  Always
- Feeding:  Never  Sometimes  Most of the Time  Always
- Washing/Dressing:  Never  Sometimes  Most of the Time  Always

### Does the annuitant have any problems with the following?

- Bladder Control:  Never  Sometimes  Most of the Time  Always
- Bowel Control:  Never  Sometimes  Most of the Time  Always

### Does the annuitant require more assistance or have they had more problems with the above activities than required 6 months ago? Yes No

### Where does the annuitant currently reside?

- Home  Hospital  Assisted Living Facility  Skilled Nursing Facility
- Independent Living Facility  No, I'm where I intend to be

What date did the annuitant move here? \_\_\_\_\_

### Where did the annuitant move from?

- Home  Hospital  Assisted Living Facility  Skilled Nursing Facility
- Independent Living Facility  No, I'm where I intend to be

### Does the annuitant plan to move to any of the following in the near future?

- Home  Hospital  Assisted Living Facility  Skilled Nursing Facility
- Independent Living Facility  No, I'm where I intend to be

### Solving for:

The single premium to receive \$ \_\_\_\_\_ in annual income.

The annual income from a single premium of \$ \_\_\_\_\_ .

Call 800-373-9697 for details and brochures.