

1 Advisor Information

Who is submitting this annuity case?

ADVISOR NAME

FIRM / AFFILIATION

EMAIL

PHONE

PREFERRED CONTACT METHOD

NEEDED BY (DATE)

2 Client / Contract Owner

Owner and annuitant information

OWNER NAME

DATE OF BIRTH

GENDER

STATE OF RESIDENCE JOINT OWNER / ANNUITANT?

JOINT PARTY NAME (IF APPLICABLE)

JOINT PARTY DOB

TAX QUALIFICATION

CURRENT INCOME FROM THIS CONTRACT?

3 Proposal Type

What are we designing?

NEW MONEY OR REPLACEMENT?

PROPOSAL FUNDING SOURCE

REPLACEMENT PRODUCT TYPE

PRIMARY OBJECTIVE

PREFERRED SURRENDER PERIOD

INCOME START AGE

INCOME RIDER NEEDED?

CLIENT MEETING DATE

PREMIUM AMOUNT / DEPOSIT (\$)

4 Carrier & Solution Preferences*Specific carriers in mind, exclusions, or comparisons needed?***PREFERRED CARRIERS (IF ANY)****CARRIERS TO EXCLUDE / ALREADY QUOTED ELSEWHERE****COMPETING QUOTE TO BEAT (CARRIER / PRODUCT / RATE OR INCOME / SOURCE)****5 Existing Contract Being Replaced***Complete only if Proposal Type is Replacement or Both***CURRENT CARRIER****PRODUCT NAME****CONTRACT TYPE****ISSUE DATE (APPROX.)****CURRENT ACCOUNT VALUE****CASH SURRENDER VALUE****SURRENDER CHARGE REMAINING YRS REMAINING****MVA APPLIES?****BONUS RECAPTURE?****INCOME/GLWB RIDER ATTACHED?****RIDER BENEFIT BASE / INCOME BASE (\$)****RIDER ROLLUP / ROLL-UP RATE**

6 Reason for Replacement

Compliance-critical: document why the replacement benefits the client (skip if new money)

PRIMARY REASON

Suitability Factors - check all that apply

- | | |
|--|--|
| ☐ Surrender charges absorbed by new carrier | ☐ New product bonus offsets surrender cost |
| ☐ Existing contract within free-look period | ☐ Client has replaced annuity in past 36 months |
| ☐ Client losing existing rider benefit (acknowledged) | ☐ New surrender schedule disclosed to client |
| ☐ Tax consequences disclosed (NQ gain, etc.) | ☐ NAIC replacement disclosure will be completed |

DETAILED RATIONALE - WHY IS THIS REPLACEMENT IN THE CLIENT'S BEST INTEREST?

7 Funds Movement Mechanics

How will money move? (skip if new money)

TRANSFER METHOD

TRANSFER AMOUNT

COST BASIS (NQ ONLY)

NQ GAIN (APPROX.)

ADDITIONAL NEW DEPOSIT (IF ANY)

CLIENT RMD STATUS (IF QUALIFIED)

BENEFICIARY SAME AS EXISTING?

ADDITIONAL NOTES FOR CASE DESIGN

Submit Your Request

Click "Submit to Case Design" to open your email client with this form attached.

If your reader does not support email submit, click "Save & Email Manually" and attach the saved PDF.

[SUBMIT TO CASE DESIGN](#)[SAVE & EMAIL MANUALLY](#)

Manual fallback: save this PDF, then email the saved copy to brad.pond@gdpmail.com (CC sshea@gdpmail.com).

Questions on this replacement? Call Brad Pond directly at (804) 721-9300