



Large Case Request Form for Variable Annuities

Please note that the Company requires all information requested below to be completed prior to submission. Only upon receiving the completed form in good order will the Company process this form.

Please contact Delaware Sales Support at **844-DEL-SALE** with questions on how to fill out this form.

Product Name

Applicant's Name

Applicant's DOB

Ownership Type
(Individual, Joint Owners, Non-Natural, Other)

Applicant's Gender

Premium Amount

Additional Policies Owned at Delaware Life

Residence State

State of Solicitation (if same leave blank)

Financial Objectives (income, growth, etc.)

Qualification Type

Does Client Plan to take Withdrawals?

Source of Funds

Replacement

If Replacement, Type of Product Replacing
(i.e. Life Insurance, Fixed Annuity, Fixed Index
Annuity, Variable Annuity, other)

Transferring Company (if applicable)

Primary Owner	Joint Owner (if applicable)
<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Large Case Request Form for Variable Annuities (continued)

Optional Living Benefits selected

Optional Death Benefits selected

Commission Option elected

Is Agent aware that there is a commission
chargeback if the applicant passes away during
the first Contract year?

☐

Yes

☐

No

Agent Information

IMO/Bank Affiliation

Agent Name

Date

Agent Phone Number

Agent Email

Please note that this form must be provided to the Company prior to submitting any respective new business paperwork.