



Large Case Request Form for Fixed 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		
Term Length		
Applicant's Name	Primary Owner	Joint Owner (if applicable)
Applicant's DOB		
Ownership Type (Individual, Joint Owners, Non-Natural, Other)		
Applicant's Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Premium Amount		
Additional Policies Owned at Delaware Life		
Residence State		
State of Solicitation (if same leave blank)		
Financial Objectives (income, growth, etc.)		
Qualification Type	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	
Does Client Plan to take Withdrawals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Source of Funds		
Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Replacement, Type of Product Replacing (i.e. Life Insurance, Fixed Annuity, Fixed Index Annuity, Variable Annuity, other)		

Large Case Request Form for Fixed Annuities (continued)

Transferring Company (if applicable)

Will ROP be selected? (N/A for Pinnacle MYGA)

☐ Yes ☐ No

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.