

# Annuity Cost Comparison Request Form



Please complete this form and fax it with your client's current annuity statement to Fidelity. The secure fax line is **877-330-2479**.

Product Comparison

## Advisor Firm Information

Firm Name   
Address   
City, State, Zip   
Phone   
Advisor Name

## Client Information

First Name   
Last Name   
State of Residence   
Current Insurance Company   
Current Product Name   
Original Purchase Date

	Date	Amount
Additional Deposits:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Current Contract Value \$   
Death Benefit Value \$

Surrender Charge  No Surrender Charge  
Expiration Date (MM/DD/YYYY)    
 Unknown

Surrender & Related Charges \$    
 Unknown

Optional Benefits Expense %

Additional Notes:

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