



IMMEDIATE ANNUITY / PSK PLANNING QUOTE FORM

Information of individual completing this form:

Name: _____ Company: _____
 Address Line 1: _____ Phone: _____
 Address Line 2: _____ Facsimile: _____
 City/State/Zip: _____ / _____ / _____ Email: _____

RETURN COMPLETED FORM TO:

Krause Financial
 1234 Enterprise Drive, De Pere, WI 54115
 Phone: (866) 605-7437 Facsimile: (866) 605-7438
 info@krausefinancial.com

Care Recipient: _____ Sex: Male Female

Care Giver: _____ Sex: Male Female

Care Recipient Date of Birth: _____ State: _____

County the Medicaid applicant will be applying for benefits: _____

Term of the Annuity: _____ Year(s), **or** _____ Month(s), **or** Medicaid Life Expectancy

Premium Amount: \$ _____, **or** Desired Payout: \$ _____

Additional Comments: _____

