



**Nationwide<sup>®</sup>**  
Health Plans

# ILLUSTRATION REQUEST *Fixed Annuity*

Fax completed Form to: **Attn: Chris Larkin (866) 218-1442**

If you have questions filling out this request, or require assistance in getting the correct information needed to run an illustration, please call Chris Larkin at (888) 909-8471 ext. 5644.

Product:  **Platinum III** (6 Year Annuity)  
 **Platinum V Plus** (10 Year Annuity)

Agent Name: \_\_\_\_\_

Agent Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Age: \_\_\_\_\_

Amount: \_\_\_\_\_

### Withdrawal

No Withdrawal

**Interest Only**  Monthly  Quarterly  
 Semi Annually  Annually

Percent of Contract Value % \_\_\_\_\_

Flat Dollar \$ \_\_\_\_\_

### Comparison w/ Taxable Investment

No Comparison  5 Year Comparison  10 Year Comparison

20 Year Comparison  Specify Taxable Rate % \_\_\_\_\_

**Please choose the method by which you would prefer your illustration information sent to you.**

FAX #

EMAIL

(please list your fax number above)

(please list your email above)

**Income Promise** (Immediate Annuity)

Purchase Amount to calculate  
the **Periodic Payment** \$ \_\_\_\_\_

Desired Periodic Payment Amount to  
calculate **Purchase Amount** \$ \_\_\_\_\_

Contract Type  Non Qualified  
 Qualified

Payment Frequency  Monthly  
 Quarterly  
 Semi Annually  
 Annually

Cost Basis \$ \_\_\_\_\_

### Payment Type

- Single Life
- Single Life with 5 Year Term Certain
- Single Life with 10 Year Term Certain
- Single Life with 15 Year Term Certain
- Single Life with 20 Year Term Certain
- Single Life with Installment Refund
- Joint and 50% Survivor
- Joint and 100% Survivor
- \_\_\_\_\_ Year Term Certain (Specify 5-20 yrs)