



IMMEDIATE ANNUITY / PSK PLANNING QUOTE FORM

Information of individual completing this form:

Name:	
Company:	
Address:	
City, State, Zip:	
Telephone:	
Facsimile:	
E-Mail:	

ONCE COMPLETED, RETURN THIS FORM TO:

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

Care Recipient: _____ Sex: Male Female

Care Giver: _____ Sex: Male Female

Care Recipient Date of Birth: _____ State: _____

Term of Annuity: _____ year(s), or _____ month(s), or Medicaid Life Expectancy

Premium Amount: \$ _____ or Desired Monthly Pay-out: \$ _____

Additional Comments: _____
