



Supply Request Order Form

Producer Name: _____ Fax or E-mail: _____

Contracted? Yes No If yes - Agent Number _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

PLEASE MARK REQUESTED ANNUITY CARRIER(S):

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Assurity | <input type="checkbox"/> Allianz | <input type="checkbox"/> AVIVA | <input type="checkbox"/> American General |
| <input type="checkbox"/> American National | <input type="checkbox"/> American Equity | <input type="checkbox"/> Equitrust | <input type="checkbox"/> Fort Dearborn |
| <input type="checkbox"/> Forethought | <input type="checkbox"/> Great American | <input type="checkbox"/> Genworth | <input type="checkbox"/> IAP |
| <input type="checkbox"/> ING | <input type="checkbox"/> Legacy | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Columbian Life |
| <input type="checkbox"/> National Western | <input type="checkbox"/> North American | <input type="checkbox"/> Old Mutual | <input type="checkbox"/> RBC |
| <input type="checkbox"/> Reliance Standard | <input type="checkbox"/> Sagicor | <input type="checkbox"/> The Standard | <input type="checkbox"/> SunLife Financial |
| <input type="checkbox"/> West Coast Life | <input type="checkbox"/> Company Not Listed | _____ | |

Please Fax to: **1-888-251-5502** or
E-mail – encoreinfo@encoreal.com