

**INVESTORS INSURANCE CORPORATION**

**NEW BUSINESS PROCESSING FORM**

This form should accompany all new business.

If any questions, please call New Business at (800) 300-0519 ext. 4091

For Marketing assistance, please call (800) 395-1053 ext. 4002

**I. PRODUCER NAME:** \_\_\_\_\_ **PRODUCER#** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_

**II. PRODUCT/STRATEGY SELECTION:**

**PRODUCT (INCLUDE DESCRIPTION ON APPLICATION)**

- RateMark

**STRATEGY SELECTION (INCLUDE DESCRIPTION ON APPLICATION)**

- One-Year Guaranteed Term
- Three-Year Guaranteed Term
- Five-Year Guaranteed Term
- Seven-Year Guaranteed Term
- Ten-Year Guaranteed Term

**III. CERTIFICATE TYPE (CHECK ALL APPLICABLE)**

- 1035 Exchange
- CD Transfer
- Money Market/Mutual Fund Transfer (SIGNATURE GUARANTEE REQUIRED)
- Money to Follow
- Cash with Application
- Qualified Account Transfer

**NOTE: POLICY IS ISSUED AT 45 DAYS EVEN IF PARTIAL FUNDS HAVE BEEN RECEIVED**

- Issue on first monies received

**IV. FORMS – AS APPLICABLE**

**REQUIRED FORMS**

- Annuity Application
- Equity Index Strategy Disclosure Statement
- USA Patriot Act, Customer ID & Annuity Suitability Form
- Notice Regarding Replacement (IF REQUIRED BY STATE)
- Annuity Disclosure (IF REQUIRED BY STATE)
- Enhanced Care Rider Acknowledgement (IF APPLICABLE)

**OPTIONAL FORMS (most common but not limited to)**

- Authorization to Transfer Funds Form (REQUIRED WHEN REQUESTING A TRANSFER)
- Surrendering Company Contract, CD or Account Statement (REQUIRED WHEN REQUESTING A TRANSFER)
- Premium Receipt (USED WHEN ACCEPTING CASH)
- Plan Documents (REQUIRED WHEN OWNER IS A PLAN)
- Verification of Trust Form (WHEN TRUST IS OWNER)
- Power of Attorney Documents (REQUIRED WHEN A POA IS INVOLVED WITH THE POLICY)

**V. SPECIAL INSTRUCTIONS:** \_\_\_\_\_

Please send your new business to:

**perotsystems®**

Attn: LEGACY MARKETING GROUP

**REGULAR MAIL:**

P. O. Box 100216  
Rome, GA 30162-7216

**FOR OVERNIGHT DELIVERY:**

25 Legacy Drive Northwest  
Rome, GA 30165-1390

**Telephone:** (800) 300-0519 ext. 4091 • **FAX:** (800) 813-6095