

Medicaid Annuity Intake Form - REV. 02/2021

Instructions: To request an annuity application complete as many items as possible with instructions to proceed. For a quote/illustration go to gateway-advisors.net/get-quote or complete the bold items below.

Attorney Name _____ **Phone** _____

Attorney Email _____ **Legal Assist.** _____

Annuity Owner: **Medicaid Applicant** **Community Spouse**

Annuitant / Owner Name _____ **Phone** _____

Date of Birth _____ **Sex** _____ **Social Security #** _____

Single Premium Amount to Fund Annuity: \$ _____

Plan Qualification: **Non-Qualified** **Tax-Qualified** **Tax-Qualified Roth**

Annuity Payments - Number of Months _____ **and/or Desired Monthly Payout \$** _____

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Desired Annuity Effective Date/Month _____ **Desired 1st Payment Date/Month** _____

Mailing Address (no care facilities) _____

DPOA Name: _____ **Phone** _____ **Email** _____

Overnight 1st annuity payment, \$50 fee. Yes No

What county are you filing for Medicaid? _____

Purpose of annuity? Pay through Penalty Period Immediately Qualify for Medicaid

Direct deposit of annuity payments? Yes No **Withhold Taxes?** Yes No

Does the annuitant own any in-force life insurance policies or annuities? Yes No

Will funds from an in-force life or annuity policy be used to fund this annuity? Yes No

Name of Spouse _____ **Phone** _____ **Email** _____

Beneficiaries (legal name and relationship to annuitant):

Primary: _____

Contingent: _____

Tertiary: _____

Special Instructions: _____

_ Fax or Email Completed Form to (Fax) 440-445-0606 or craig@gateway-advisors.net

Questions? - Contact Craig Hannus at (Office) 440-709-6563 or (Cell) 440-209-8700