Supply Order Form

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Phoenix Agent #:					Agent/Agen	cy Name:		Request Date:	
Shipping Address:					City:			State:	Zip:
☐ Check box if residential address ☐ Check box if new address					E-mail*: *Required for email confirmation & tracking information			Phone:	
	•	d states and	-	ntities for the	e items liste	ed below. <u>A n</u>	naximum total of 50 items po	er order will be s	ent without approval.
Product	Phoenix Personal Income Annuity		Phoenix Personal Retirement Choice		Phoenix Personal Protection Choice		Forms kits include most frequently used new business forms for each product. Individual forms can be downloaded from		
Item #	A5096 FORMZ	A5096BRZ	A5128 FORMZ	A5128BRZ	A5107 FORMZ	A5107BRZ	www.PhoenixSalesNet.com.		
State	Forms Kits	Marketing Kits	Forms Kits	Marketing Kits	Forms Kits	Marketing Kits	Fax O	rders to 617	-360-2015
	<u> </u>	<u> </u>	<u> </u>	1	1	1	Orders submitted by 4 p.m. Eastern will ship same day via UPS Ground. To confirm that your fax order has been received, send an email with Subject line "Fax order confirmation request" to tracy.l.leonard@rrd.com . Be sure to include your name and		
	□ 5 □ 10	□5 □10	□ 5 □ 10	□5 □10	□5 □10	□ 5 □ 10			
	1	1	1	1	_1	_1	Phoenix agent number.		
	□5 □10	□ 5 □ 10	□ 5 □ 10	□5 □10	□5 □10	□ 5 □ 10	Express Delivery Request: UPS 2 nd Day Air UPS Next Day Air		
	<u> </u>	<u> </u>	<u> </u>	□ 1	<u> </u>	1			
	□5 □10	□ 5 □ 10	□ 5 □ 10	□ 5 □ 10	□5 □10	□ 5 □ 10	☐ FedEx Overnight ☐ FedEx 2Day		
	1	_1	1	1	_1	1	Account #*:		
	□5 □10	□5 □10	□ 5 □ 10	□5 □10	□5 □10	□ 5 □ 10	*Valid Account # for specified ca Ground if left blank.	arrier is required for ex	press delivery. Order will ship UPS
JFE MAT	TERIALS								
Product	I			Phoeni	x Remembran	ce Life	Life Product Agent Guides and Remembrance Life Rate Cards are available in pdf at www.PhoenixSalesNet.com.		
Item #	L5076BR	L5076SP	L5076 FORMZ	L5085BR	L5085SP	L5085 FORMZ	avaliable ili pui at <u>www.</u>	.rnoemx5aleSNe	c.com.
State	Client Brochure	Product Summary	Forms Kit	Client Brochure	Product Summary	Forms Kit			

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