

**APPLICATION FOR SALE OF ANNUITY PAYMENTS**

Applicant's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County/Parish \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Low Long At Current Address \_\_\_\_\_  
States and Counties resided in last 10 years?  
States Counties Years(s) States Counties Year(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Occupation \_\_\_\_\_  
Applicant's Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Annual Income \$ \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State \_\_\_\_\_  
Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth State \_\_\_\_\_  
Current Marital Status  Single  Married  
Since \_\_\_\_\_  Divorced  Widowed  
Maiden Name (if different) \_\_\_\_\_

Have you been divorced since the settlement?  
 Yes  No  
If yes, former spouse's name \_\_\_\_\_  
Divorce Attorney's Name \_\_\_\_\_

**CURRENT SPOUSE:**

Spouse's Name \_\_\_\_\_  
Maiden Name (if different) \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth State \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Current Spouse Information:**

Current Occupation \_\_\_\_\_  
Current Salary \_\_\_\_\_  
Current Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Area Code/Phone \_\_\_\_\_ How Long There \_\_\_\_\_  
Are you known by any other name than stated on your annuity?  Yes  No If so \_\_\_\_\_  
Your Mother's Maiden Name \_\_\_\_\_

**Dependants and Ages**

Name(s)	Age(s)
_____	_____
_____	_____
_____	_____

Court or administrative order to pay any type of support? (i.e. child support, alimony, etc.) If so, you pay: \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Next of kin not living with you:**

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (include Area Code) \_\_\_\_\_

**Two Non-Family References**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Settlement Attorney's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**APPLICATION FOR SALE OF ANNUITY PAYMENTS**

Please detail below the reason why you are entering into this transaction. Be specific as to why this funding is important to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify the amount of money you need to raise to satisfy your financial need \_\_\_\_\_

**ANNUITY INFORMATION**

Insurance Company that makes your payments

Name \_\_\_\_\_

Do you have an Account Representative?  Yes  No

Name of Account Representative \_\_\_\_\_

Telephone \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Owner's Name \_\_\_\_\_

Who is listed as the Annuitant on the policy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is listed as the Measuring Life on the policy?

\_\_\_\_\_  
\_\_\_\_\_

Who is listed as Payee on the checks?

\_\_\_\_\_  
\_\_\_\_\_

In the event of the Annuitant's death, who is listed as Beneficiary on the policy?

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Does the Settlement Agreement specifically allow for a change of beneficiary?  Yes  No

Have you ever changed the Beneficiary?

Yes  No

If yes, from whom to whom and when was the change made?

\_\_\_\_\_  
\_\_\_\_\_

To what address or bank does the Insurance Company now send the payments?

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home  Attorney's Office  Direct Deposit

For monthly payments, what day of the month do you usually receive your annuity payment?

\_\_\_\_\_

What is the date of the final guaranteed payment?

\_\_\_\_\_

Do payments continue after the guaranteed period for the life of the Annuitant?  Yes  No

Was your settlement the result of a workers compensation claim?  Yes  No

Original Defendant \_\_\_\_\_

Date of Settlement \_\_\_\_\_

What was the Primary Injury the Settlement provided for? \_\_\_\_\_

Besides the Annuitant, were others listed as plaintiffs in the original Settlement Agreement?  Yes  No

If yes, who \_\_\_\_\_

\_\_\_\_\_

Do you have a Will?  Yes  No

If yes, who is the named beneficiary of your Annuity Payment? \_\_\_\_\_

\_\_\_\_\_

Where did you first hear about us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR SALE OF ANNUITY PAYMENTS**

Annuity is a result of: (Check One)

Court Judgment       Out of Court Judgment

Please list all sources of annual income:

<i>Source</i>	<i>Annual Amount</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you depend on the Annuity payments for medical necessities?  Yes  No  
If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Describe the payments you wish to sell.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you maintain your standard of living after selling your annuity payments?  Yes  No

Do you have a disability that prevents you from working?  Yes  No  
If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your annuity ever been garnished?

Yes  No  
If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever sold, assigned, pledged, or borrowed against your annuity payments?  Yes  No  
If yes, to who, when and what payments were sold?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any tax liens or unpaid taxes?  Yes  No  
If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any unpaid child-support obligations?

Yes  No      To Whom \_\_\_\_\_

If yes, please specify the amount and term remaining.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any liens or judgments against you?

Yes  No      If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever filed bankruptcy?  Yes  No

If yes, detail when and where, and attach proof of discharge. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently involved in litigation?  Yes  No

If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any Federal or State taxed withheld from your annuity payment per your request?  Yes  No  
How much? \_\_\_\_\_

**APPLICATION FOR SALE OF ANNUITY PAYMENTS**

**Required for funding. PLEASE ATTACH TO APPLICATION.**

- The Annuity Policy;
- The executed Release/Settlement Agreement;
- A copy of your most recent Annuity Check or Check Stub;
  - If direct deposit, attaché copy of bank statement showing deposit
- Copies of two forms of identification (one must be clear photo ID);
- A copy of Marriage License (if applicable);
- A copy of Divorce Decree(s)/and property settlement(s) (if applicable);
- A copy of the Will and Probate Papers if you are receiving payments as the result of a probated estate;
- A copy of the Court Judgment (if applicable);
  - Copies of any Assignments, Revisions, or other important papers related to the Annuity or Settlement Agreement, and Bankruptcy discharge papers, if applicable; and
  - OAMC – (Order Approving Minors Claim) if a minor at the time of the settlement.

**AUTHORIZATION TO CONDUCT CREDIT AND CRIMINAL BACKGROUND CHECK**

I hereby authorize the designated representative to conduct any and all criminal background checks and any and all credit history reports, searches, or checks which it, in its sole discretion and judgment, deems necessary or advisable.

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize the designated representative or any of their successors, assigns, designees, agents or administrators to disclose, make available and furnish to them any and all information pertaining to my settlement set forth. I specifically direct that the Annuity Issuer and Annuity Owner, or any of their successors, assigns, designees, agents or administrators cooperate with the purchasing company listed below regarding disclosure of information pertaining or related to my settlement. Please provide copies via fax or otherwise of any and all documents requested by the company listed below regarding my settlement. This also authorizes the designated representative to contact next of kin for data resources.

**ACKNOWLEDGMENT OF FRAUD PREVENTION SYSTEM INQUIRY**

I hereby acknowledge that the National Association of Structured Settlement Purchasers maintains records of individuals who sell, assign, or otherwise hypothecate structured settlement annuity payments. I authorize you to check the records of said association for such activity.

By signing below, I/we certify that all of the information provided above is true and correct. I/we understand that any intentional misrepresentations on my/our part will result in the immediate cancellation of this agreement.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_