

□ Yes

 \square No

Fax To: (866) 240-8454

Structured Settlement Note Borrower Information: Last Name: First Name: Middle Initial: Your Date of Birth: Your Time Zone: Best Time to Call Phone: (Fax: (E-mail: Your Home Address: City: State: Zip code: Your Social Security Number: This annuity is the result of: ☐ Injury Settlement ☐ Investment Annuity ☐ Wrongful Death Suit ☐ Divorce Lien ☐ Product Liability ☐ Workmans Compensation ☐ Pension Briefly describe the circumstances under which this payment stream was created: Is this payment stream the result of a court ordered settlement: Is this payment stream the result of an out of court settlement: In what state was it settled: Where you a minor at the time of settlement: On the front of the annuity policy who is listed as the Owner of the Policy: Name of insurance company that is sending your check: Policy # Payment Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual Amount of Payment: Due Date of Next Payment (month/day/year): Through what date are your payments guaranteed (month/day/year): Do your payments have an annual adjustment: ☐ Yes □ No If yes, what percent is it: With what payment does the adjustment occur (month/day/year): Do you receive lump sum payments:

If yes, please	e list the date and amount of each lump sum payment due:
Reason for s	selling your annuity or structured settlement:
What type o	f purchase are you interested in:
☐ Full Purch	
Is there a specific dollar amount you need to raise:	
is there a sp	ethic donar amount you need to raise.
o vou have a	and can you supply copies for the following documents?
Annuity pol	
	No
Extended Re	elease/Settlement Agreement
	No
	st recent check or check stub:
1 0	No
= -	nt page of most recent tax returns:
	No
	or a free quote; if your offer meets my approval I am ready to close the transaction within the
next 30 days	
\square Yes	No

Premier Small Business Solutions, LLC.