

**STRUCTURED SETTLEMENT  
ANNUITY INFORMATION FORM**

(952) 541-9464  
(800) 328-3862  
FAX: (952) 541-9490

If a plan is accepted, we will need the following information to complete the settlement documents.

1. FULL NAME OF CLAIMANT, including middle name or initial:  
\_\_\_\_\_
  
2. DATE OF BIRTH. If a lifetime annuity is chosen, or if Claimant is a minor, we will require a photocopy of Claimant's birth certificate. A certified copy is not required.  
\_\_\_\_\_
  
3. SOCIAL SECURITY NUMBER: \_\_\_\_\_
  
4. RESIDENCE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
  
5. ADDRESS TO WHICH PAYMENTS SHOULD BE SENT (if different from above):  
\_\_\_\_\_
  
6. BENEFICIARY. The Estate may be used. **\*\*However, if an individual is chosen, we require their Full Name, Social Security Number, Date of Birth, Relationship to Claimant, and Mailing Address.\*\*** If two individuals are chosen, their respective interests must also be specified. **PLEASE NOTE THAT FOR MINOR CLAIMANTS, ANY DESIGNATION OTHER THAN THE ESTATE MUST BE OUTLINED IN THE COURT DOCUMENTS AND APPROVED BY A JUDGE!**  
\_\_\_\_\_  
\_\_\_\_\_
  
7. LOSS DATE & LOCATION: \_\_\_\_\_
  
8. CASH UP FRONT AND ATTORNEY FEES (in addition to the annuity): \$ \_\_\_\_\_  
PAYEE(S) \_\_\_\_\_
  
9. DEFENDANT(S) TO RELEASE: \_\_\_\_\_
  
10. PLAINTIFF ATTORNEY (if applicable): \_\_\_\_\_  
Law Firm \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_
  
11. DEFENSE ATTORNEY (if applicable): \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_ Email Address \_\_\_\_\_
  
12. INSURANCE COMPANY NAME TO USE ON RELEASE: \_\_\_\_\_  
If in suit, please provide: \_\_\_\_\_ Court, of \_\_\_\_\_ County,  
State of \_\_\_\_\_, and Case No. \_\_\_\_\_.
  
13. FOR MINORS, WHO IS SIGNING RELEASE? \_\_\_\_\_