

**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*): \_\_\_\_\_

Email

Phone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_

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? \_\_\_\_\_