

**Application for Sale/Assignment of Insurance Receivable**  
(print this application and submit it to the address listed below)

PERSONAL INFORMATION

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County/Parish \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

How Long at Current Address? \_\_\_\_\_

States and Counties resided in last 10 years?

States	Counties	Year(s)

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Social Security No. \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth State \_\_\_\_\_

Current Occupation \_\_\_\_\_

Applicant's Employer \_\_\_\_\_

    Address \_\_\_\_\_

    Phone \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

Please list all sources of income:

\_\_\_\_\_

\_\_\_\_\_

Do you have any liens, judgments, or unpaid taxes?     Yes     No

If yes, please explain.

\_\_\_\_\_

Do you have any unpaid child-support obligations?     Yes     No    If yes, to whom: \_\_\_\_\_

If yes, please specify amount and term remaining.

\_\_\_\_\_

\_\_\_\_\_

Have you ever filed bankruptcy?  Yes  No

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

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Are you currently involved in litigation?  Yes  No

If yes, please describe.

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

Do you have a disability that prevents you from working?  Yes  No

If yes, please explain.

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Has your annuity ever been garnished?  Yes  No

If yes, please explain.

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Have you ever sold, assigned, pledged or borrowed against your insurance payments?  Yes  No

If yes, to whom:

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Have you ever been convicted of a felony?  Yes  No

If yes, please explain.

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

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

SPOUSE INFORMATION

Current Marital Status  Single  Married  Divorced  Widowed

If Married, please complete the following:

Date of marriage \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_

Maiden Name (if different) \_\_\_\_\_

Spouse Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Spouse Social Security No. \_\_\_\_\_

Spouse Birth Date \_\_\_\_\_ Birth State \_\_\_\_\_

Address (if different from Applicant) \_\_\_\_\_

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

Have you been divorced since first receiving the insurance payments?  Yes  No

If Yes, please complete the following:

Date of divorce \_\_\_\_\_

Former Spouse's Full Name \_\_\_\_\_

Maiden Name (if different) \_\_\_\_\_

INSURANCE POLICY INFORMATION

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Policy is a result of: (Check One)  Investment  Death claim

Do you depend on the payments for medical necessities?  Yes  No

If yes, please explain.

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

Describe the payments you wish to sell.

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

Insurance Company that makes your payments \_\_\_\_\_

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

Policy Owner \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Are all payments guaranteed?  Yes  No

If no, what is the date of the final guaranteed payment? \_\_\_\_\_

Was this annuity the result of a workers compensation claim or legal settlement?  Yes  No

Who is listed as the Payee on the policy (this is the person who receives payments)?

Who is the Payee of the checks? \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Have you ever changed the Beneficiary?  Yes  No

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

**REFERENCES**

**Family reference not living with you:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

**Non-family reference:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

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

- Insurance Policy
- Copy of your most recent Payment Check or Check Stub. If direct deposit, attach copy of bank statement showing deposit
- Copies of two forms of identification (one must be clear photo ID)
- Copy of Marriage License or Divorce Decree (if applicable)
- Will and Probate Papers if you are receiving payments as the result of a probated estate
- Bankruptcy discharge papers (if applicable)

**Authorization to Conduct Credit Check**

I hereby authorize the designated representative to conduct 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 representatives of the Insurance Company Payment Issuer and Policy Owner, or any other entity associated with the establishment or existence of the insurance payment stream referenced herein, or any of their successors, assigns, designees, agents or administrators to work with Annuity Transfers, Ltd. and to release to Annuity Transfers, Ltd. any and all information pertaining to or related to my annuity. I authorize these entities to provide copies via fax or otherwise of any and all documents requested by Annuity Transfers, Ltd. regarding my annuity. I also authorize Annuity Transfers, Ltd. to contact references listed herein for data gathering purposes.

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

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Return to:**  
Annuity Transfers, Ltd.  
800 E. Campbell Rd., Suite 335  
Richardson, TX 75081  
Phone: (888) 638-0900 Fax: (888) 622-2213