

**Application for Sale of Annuity Payments**  
(print this application and submit it to the address listed below)

PERSONAL INFORMATION

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

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_

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

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

State and County/Parish resided in last 10 years?

State(s)	County/Parish	Year(s)	Last Name (if different)

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:

SPOUSE INFORMATION

Current Marital Status    Single    Married    Divorced    Widowed

If Married, please complete the following:

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

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

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

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

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

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

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

Have you been divorced since this settlement?  Yes  No

If Yes, please complete the following:

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

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

PERSONAL HISTORY

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.

Are you currently involved in litigation?  Yes  No

If yes, please describe.

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 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. \_\_\_\_\_

SETTLEMENT/ANNUITY INFORMATION

Settlement Attorney's Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Annuity is a result of: (Check One)  Court Judgment  Out of Court Settlement

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

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

State where Settlement occurred \_\_\_\_\_

What was the nature of the lawsuit (i.e. car accident, wrongful death, etc.)? \_\_\_\_\_

What was the primary injury the settlement provided for? \_\_\_\_\_

Were you a minor at the time of the settlement?  Yes  No If yes, age: \_\_\_\_\_

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

If yes, please explain.

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Describe the payments you wish to sell.

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

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

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

Are all payments guaranteed?  Yes  No

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

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

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

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

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

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

In the event of the Annuitant'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?

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**REFERENCES**

**Family reference not living with you:**

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

**Non-family reference:**

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

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

- Annuity Policy
- Settlement Agreement/Release/Court Judgment that led to the payments
- Copy of your most recent Annuity Check or Check Stub. If direct deposit, attach copy of bank statement showing deposit
- Copy of front page of most recent tax return
- 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 Annuity Issuer and Annuity Owner, settlement attorney, or any other entity associated with the establishment or existence of the annuity 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 settlement. I authorize these entities to provide copies via fax or otherwise of any and all documents requested by Annuity Transfers, Ltd. regarding my settlement. I also authorize Annuity Transfers, Ltd. to contact references listed herein for data gathering purposes.

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Applicant's Signature

Date

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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