

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 _____

Email _____

Home Phone _____ Cell Phone _____

How Long at Current Address? _____

Address State resided in last 10 years?

Address	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 _____ 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: _____

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, please explain _____

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

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 _____

Describe the payments you wish to sell:

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 worker's 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)?

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?

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 P&T Financial and to release to P&T Financial 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 P&T Financial regarding my settlement. I also authorize P&T Financial to contact references listed herein for data gathering purposes.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

Spouse's Signature _____ Date _____

Spouse's Printed Name _____

Return to:
P&T Financial
8 Azalea Lane, San Carlos, CA 94070
Phone: (650) 591-6100 Fax: (650) 591-6120