

----- SETTLEMENT QUESTIONNAIRE -----

(Please Print Clearly)

Settlement Owner _____ Phone _____

Mail Address _____

City: _____ State: _____ Zip: _____

E-mail Address _____

Type of Settlement: personal injury, workers comp., auto accident, etc.

What State was this Settled in and what State where you a Resident then?

Date Settlement was Created _____ Amount \$ _____

Sellers Age at time of settlement? _____ Date of Birth _____

Settlement Maker/Insurance Co. _____

Address _____

Settlement Payor: (full name of insurance company making the payments to you)

Annuity Check Issuer: (full name of insurance company making the payments to you)

Address _____

Does the settlement allow for assignment ? _____

If so, who is the Policy Owner? _____

Tax Withholding? _____

Date of first payment _____ Amount Remaining \$ _____

Guaranteed Payments: How many years? _____ Or how many Months? _____

Schedule of Payments: Terms: _____

Date

Amount

Are you seeking a full purchase and/or partial amounts? _____

Do you have other income to support yourself? _____

What is your Credit situation? Excellent, Good, Average or Poor? _____

Any bankruptcy? If so, when discharged and what Chapter? _____

Additional Comments:

Free Evaluation, No Obligation...

Tel: 1-707-864-3945 Fax: 1-707-864-3945 (Plz Call 1st)

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