

Lump Sum Cash for Structured Settlements Worksheet

Recipient's First Name *

Recipient's Last Name *

Email Address *

Contact Telephone *

Contact Fax

Recipient's Street Address *

Recipient's Street Address Line 2

Recipient's City *

Recipient's State / Province / Region *

Recipient's Postal Code *

Recipient's Country *

Lump Sum Cash Required *

Name of Insurer Paying You *

Type of Payment Being Received *

Monthly Quarterly Annually

Total Award Amount (if known)

Date of First Payment *

...

Payment to be Paid Through *

...

Lifetime Payment? *

Yes No

Type of accident involved. Reason for structured settlement payment. *

What are your current needs? (Why do you wish to sell?) *

