

Annuity / Settlement Payments Submission Worksheet

CCFC/Referral Representative Information

Name _____ Date _____
Company _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____

Client Information

Name _____ Social Security Number _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Date of birth _____
Driver's license number and state _____
Marital status _____
Attorney's name (if applicable) _____
Is payment a disability pension? _____
If so, does disabled pensioner have a second source of income? _____
Is client providing life insurance? _____
If so, amount of coverage _____

Payment Information

Annuity payor _____
Gross payment amount _____
Tax deductions: Federal _____ State _____
Other deductions from gross: Description _____ Amount _____
Frequency of payments (number of months or years) _____
Date of next anticipated payment _____

Client's Need

What is the client's motivation? _____

How much cash does the client need or want? _____
