

Viatical Settlement Referral Form

CCFC/Referral Representative Information

Name _____ Date _____

Company _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Client Information

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Policy Information

How old is the policy? _____

What is the amount of the death benefit? _____

What is the individual's life expectancy? _____

What life insurance company is the carrier on the policy? _____

Client's Need

What is the client's motivation? _____

How much cash does the client need? _____

/viatical