

VISIONS CAPITAL FUNDING

TOLL FREE (866) 467-3275 (Phone & Fax)

(In Association with Lawsuit Financial Corporation)

ANNUITY / STRUCTURED SETTLEMENT FORM

Please print clearly. All information is strictly confidential.

Date: _____

Full Name: _____

Address: _____

City, State & Zip: _____ Date of Birth: _____

Phone # (daytime): _____ Phone # (evening): _____

Cell phone #: _____ E-mail: _____

Social Security #: _____ Driver's License # & State: _____

Marital Status: Married Divorced Single (Including Widow/Widower)

Attorney's Name and Phone # (if applicable): _____

Is payment a disability pension? _____ Yes _____ No

If so, does disabled pensioner have a second source of income? _____ Yes _____ No

Is client providing life insurance? _____ Yes _____ No

If so, amount of coverage \$ _____

Have you ever filed bankruptcy? _____ Yes _____ No

Are you currently paying child support or alimony? _____ Yes _____ No

Do you have any tax liens filed against you? _____ Yes _____ No

Payment Information

Annuity Payer: _____

Gross Payment Amount: \$ _____

Tax deductions: Federal: \$ _____ State: \$ _____

Other deductions from gross: Amount: \$ _____

Description: _____

Frequency of payments (number of months or years): _____

Date of next anticipated payment (MM/DD/YYYY): _____

Is the settlement a worker's compensation award? _____ Yes _____ No

Does the settlement involve child support payments? _____ Yes _____ No

Describe the Need/Motivation: _____

How much cash is needed or wanted? \$ _____

E-mail or fax this form to:

Visions Capital Funding

E-mail: jsparks@visionscapitalfunding.com

Fax: (866) 467-3275

Please call (866) 467-3275 or e-mail us if you have any questions.

Once this form is received, you will be contacted by one of our representatives.