

## Senior Life Settlement Quote Request Form

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ Apt /Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Cell phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail address \_\_\_\_\_

How much lump sum cash do you need now? \$ \_\_\_\_\_

Name of insurance company issuing your policy ? \_\_\_\_\_

What is your current age? \_\_\_\_\_ What is the policy's face value (death benefit)? \_\_\_\_\_

### Type of Policy

- Term       Whole Life       Universal Life  
 Convertible Term       Other \_\_\_\_\_

How much is your current annual premium? \$ \_\_\_\_\_

Your current payment is received.....  Monthly       Quarterly       Annually

Date of your first premium \_\_\_\_\_ Date of final premium \_\_\_\_\_

### Your next 3 premiums are due.....

Due Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Due Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Due Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

What are your current needs? (Why would you like to sell your payment stream?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete the form and return via fax to our offices. You will receive a call from one of our underwriters within 24 hours of submission. Fax - 206-203-4237.