



Email completed form to: notes@masoba.net

Fax completed form to: 1-877-462-4055

LOTTERY/CASINO WINNINGS QUOTE SHEET

RA Full Name: _____

Full Name: _____

Phone: _____ Email: _____

Street Address: _____

City, State and Zip: _____

Name of State or Agency making payments to you: _____

Payment Information:

Payment Type: _____

If other, please explain: _____

Have you sold payments before? Yes No

If yes, to what company? _____

When was the Win Date? _____

Were you the only winner? Yes No

If no, how many other winners? _____ What % did you win? _____

What was the gross amount won? _____

What is the gross annual payment amount? _____

What is the net annual payment? _____

What state was the prize won in? _____

How are payments paid out? _____

Monthly payment amount: _____ Paid on what day of month: _____

Date of first payment: _____ Date of last payment: _____

If you receive lump sum payments, when are they due and how much?

Date _____ Amount _____ Date _____ Amount _____

Date _____ Amount _____ Date _____ Amount _____

Date _____ Amount _____ Date _____ Amount _____

Date _____ Amount _____ Date _____ Amount _____

How many payments would you like to sell? _____



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Additional Comments or Information: (such as how much money your looking to obtain, etc.)