



Email completed form to: notes@masoba.net
Fax completed form to: 1-877-462-4055

SETTLEMENT/ANNUITY QUOTE SHEET

RA Full Name: _____

Full Name: _____

Phone: _____ Email: _____

Street Address: _____

City, State and Zip: _____

Name of Insurance Company or Agency making payments to you:

Payment Information:

Payment Type: _____

If other, please explain: _____

Was this work related? Yes No

Have you sold payments before? Yes No

If yes, to what company? _____ What payments? _____

How are payments paid out? _____

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

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

Do payments increase? Yes No

If yes, date and amount of increase: _____

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? _____

Additional Comments or Information: (such as amount you want to receive, etc.)