



LAWYERS STRUCTURED SETTLEMENTS

Please provide as much of the following information as possible to initiate file opening:

Annuitant Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

Phone: _____ Email address: _____

Date of Incident: _____ Court Action Number (if filed): _____

County where complaint filed (if filed): _____

Total amount of the settlement: _____

“Cash” amounts to be paid at settlement and to whom: _____

Amount to Structure: _____

Beneficiary (Estate for minors): _____

Names and designation (GAL, etc) for person signing for a minor: _____

Plaintiff Attorney: _____ Tel: _____ Fax: _____

Defendant: _____

Defense Attorney: _____ Tel: _____ Fax: _____

Person submitting form: _____

**IN ORDER TO COMPLETE CASE CLOSURE, WE WILL ALSO NEED A COPY OF THE
ANNUITANT'S BIRTH CERTIFICATE AND SOCIAL SECURITY CARD.**

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