



TRAIL Associates

www.trailassociates.com

### ANNUITY WORKSHEET

Please complete this entire form. This will assist us in providing you a quick and accurate evaluation and quote.

When completed, please fax to **888.283.3218**.

#### Annuity Contact Information

Name:

Address 1:

Address 2:

City:

State:

Zip:

Home Phone:

Work Phone:

Fax:

eMail:

#### Annuity Information

What type of settlement (car accident, accidental death, etc.)?:

Workers Compensation?: Y or N

How often paid? Monthly quarterly annually other (specify):

Payment date/year/amount(s)?:

Are there any lump payments?: Y or N

If yes, how much and when?:

Name of insurance company?:

What state did this happen in?:

How many payments do you want to sell?:

How much money are you looking to receive?:

Comments:

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Partnering for Success

336 East Brown Street - East Stroudsburg, PA 18301 - 610.760.2724