

Advance Funding, Inc.  
Structured Settlement Form

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**Structured Settlement Form**

Advance Funding, we begin by determining the needs of our client so we can then structure a deal tailored to those needs. You may not wish to sell the entire note you hold in order to meet your particular need. Here are some examples of purchase options available that could allow you to get cash from your receivable now and continue to receive payments on your note as well.

**Full Purchase:** Purchase of all remaining installments. No more payments received by seller.

**Reverse Partial:** The purchase of future payments allowing seller to continue receiving payments for a specified period of time.

**Partial Purchase:** The purchase of any designated number of immediate payments. The seller may receive additional installments on the note.

Please fill out the following form in its entirety and as accurately as possible to ensure the highest quote and get a response quickly.

**Contact Information**

Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

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

Seller's name \_\_\_\_\_

State of winning or settlement \_\_\_\_\_

**Kind of Settlement**

Personal Injury Lottery  
Third party/workers comp Royalties  
Law firm receivable Other (please explain briefly)  
VSI/VA disability \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Monthly Payments**

Do you have monthly payments? Yes No  
Payment amount \$ \_\_\_\_\_  
Total number of payments \_\_\_\_\_  
Beginning date Month \_\_\_\_\_ , Day \_\_\_\_\_ , Year \_\_\_\_\_  
End date Month \_\_\_\_\_ , Day \_\_\_\_\_ , Year \_\_\_\_\_  
Percent increase (if applicable) \_\_\_\_\_ %  
Increase is  
Annual  
Every \_\_\_\_\_ years  
Annuity (insurance) company \_\_\_\_\_  
Payments issued by EFT Check

**Lump Sum Payments**

Do you have lump sum payments? Yes No  
Date of payments Amount  
Month \_\_\_\_\_ , Day \_\_\_\_\_ , Year \_\_\_\_\_ \$ \_\_\_\_\_  
Month \_\_\_\_\_ , Day \_\_\_\_\_ , Year \_\_\_\_\_ \$ \_\_\_\_\_  
Month \_\_\_\_\_ , Day \_\_\_\_\_ , Year \_\_\_\_\_ \$ \_\_\_\_\_  
Month \_\_\_\_\_ , Day \_\_\_\_\_ , Year \_\_\_\_\_ \$ \_\_\_\_\_  
Month \_\_\_\_\_ , Day \_\_\_\_\_ , Year \_\_\_\_\_ \$ \_\_\_\_\_

**For VSI/VA Disability Only**

What is the disability and its extent?  
\_\_\_\_\_  
Tax deductions from Gross: Federal tax \$ \_\_\_\_\_ State tax \$ \_\_\_\_\_  
Other deductions from Gross: Description \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Do you want to sell all payments? Yes No  
I want to sell enough payments to raise \$ \_\_\_\_\_  
Are you able to work? Yes No

**Purpose of funding:**

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