

RSL FUNDING, LLC
National Processing Center
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Houston, TX 77056-5604
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APPLICATION FOR CASH FOR FUTURE PAYMENTS

Broker or other Referral Source Information:			
Name: _____	Relation to Applicant (<i>broker, attorney, advisor, etc.</i>): _____		
Firm Name: _____			
Phone: Day: (____)- _____	Evening: (____)- _____	Cell: (____)- _____	
Mailing Address: _____	Fax: _____		
	City	State	Zip

APPLICANT INFORMATION

Applicant Name: Mr. Mrs.
 Ms. Miss _____ E-mail Address: _____

Phone: Day: (____)- _____ Evening: (____)- _____ Cell: (____)- _____

Street Address: _____

City County State Zip

Mailing Address: _____ *(if different from street address)*

List all states and counties in which you have resided during the past five (5) years: _____

Have you been known by any name(s) other than that stated on your settlement or annuity? Yes No
If yes, specify name(s): _____

Current Occupation: _____ Current Employer: _____

Employer's Address: _____ Employer's Phone: _____

Wage level (\$x/hr; \$x/2wks): _____ Annual Income: _____ Date Hired: _____

Social Security Number: _____ Date of Birth: _____ State of Birth: _____

Driver's License Number: _____ Driver's License State: _____

Current Marital Status: Single Married since _____ Divorced Widowed

Have you been divorced or widowed since the settlement? Yes No

If yes, former spouse's name: _____ Divorce Attorney: _____

Describe the injury or sickness for which you are receiving payments: _____

Explain in detail why you want to complete this Transfer: _____

(Attach additional pages if necessary.)

Specify the amount of money you need to satisfy your current financial need: _____

How did you hear about us? _____

DEPENDENT INFORMATION

Current Spouse (if married)

Spouse's Name: _____ Maiden Name: _____
Current Occupation: _____ Current Employer: _____
Employer's Address: _____ Employer's Phone: _____
Wage level (\$x/hr; \$x/2wks): _____ Annual Income: _____ Date Hired: _____
Social Security Number: _____ Date of Birth: _____ State of Birth: _____
Driver's License Number: _____ Driver's License State: _____

Children or Other Legal Dependents (Continue on additional pages if necessary.)

Name: _____ Age: _____ Lives with Applicant? Yes No
Name: _____ Age: _____ Lives with Applicant? Yes No
Name: _____ Age: _____ Lives with Applicant? Yes No

Other Dependent-Related Information

Closest relative who does not live with you:
Name: _____ Phone: _____
Address: _____ Relation: _____

Also provide a reference from a friend or other person who is not a member of your family:
Name: _____ Phone: _____
Address: _____ Known how long? _____

ANNUITY INFORMATION

Name of Insurance Company that makes payments to you: _____
Phone Number: _____ Policy Number: _____ Policy Owner's Name: _____

Who is listed as the beneficiary on the policy: _____
Does the Settlement Agreement specifically allow for a change of beneficiary? Yes No

Where does the insurance company send the payments: _____
Final guaranteed payment date: _____ Do payments continue for your life after that date? Yes No

The annuity is the result of (check one): Court Judgment Out of Court Settlement Other

Was your settlement the result of a workers compensation claim? No Yes, provide the following:
Defendant: _____ Settlement Date: _____ Primary Injury: _____

Do you depend on the annuity payments for medical necessities or living expenses? No Yes (explain): _____

List all sources of annual income and their respective annual amounts: (Continue on additional pages if necessary.) _____

List the future payments (with amounts and payment dates) that you desire to sell (e.g., \$1,000 per month from 1/1/2004 to 12/1/2009, one lump sum of \$100,000 due on 7/1/2008, etc.): _____

Can you maintain your standard of living after selling the annuity payments listed above?..... Yes No
Have you sold the annuity payments described above to another company?..... Yes No
Are you currently trying to sell the annuity payments described above to another company? Yes No
If yes, to what company? _____

Please explain any "Yes" answers to the following questions and attach supporting documentation

Do you have a tax lien or unpaid and past due taxes? No Yes: _____

Do you have any past due alimony or child support obligations? No Yes: _____

Do you have any liens or judgments against you? No Yes: _____

Have you ever filed bankruptcy? (If yes, attach discharge.) ... No Yes: _____

Are you currently involved in litigation? No Yes: _____

Have you ever been convicted of a felony? No Yes: _____

Are you prevented from working due to a disability? No Yes: _____

Has your annuity ever been garnished? No Yes: _____

Have you ever sold, assigned, pledged or borrowed against your annuity payments? No Yes: _____

Are there any Federal, State or local taxes withheld from your annuity payments? No Yes: _____

Have you been adjudicated incompetent? No Yes: _____

RSL FUNDING, LLC

PRIVACY POLICY AND OTHER TERMS & CONDITIONS

At RSL FUNDING, LLC (“RSL Funding”), we understand your concerns about the privacy of information you provide us as part of this application and transfer process. Be assured that we only collect information we believe is necessary or appropriate to expedite the transfer of your structured settlement payment(s) so that we can fund your transaction as quickly as possible.

INFORMATION COLLECTED

All information collected is kept in a secured facility protected by fingerprint recognition door access and other safeguards. There are generally three categories of information collected:

- Information provided by you on applications, forms, and in attachments thereto;
- Information available as a matter of public record such as prior court transfer activity; and
- Information you authorize us to collect such as background checks and credit checks

INFORMATION DISCLOSED OR SHARED

Your information will only be shared with or disclosed to third parties, such as our attorneys, which we work with as part of the application process. RSL Funding may share or disclose your information to third parties, as allowed by law, only for the following reasons:

- Disclosure of information is necessary to expedite, effect, process, or administer your transfer;
- Disclosure of information is requested by law enforcement, a court of competent jurisdiction, or a governmental entity as part of any investigation; or
- Disclosure of information to businesses we use to develop internal security and privacy practices with regard to both our physical facilities and our client database

We will not disclose your information to third parties for marketing purposes without your prior consent.

ADDITIONAL INFORMATION

This Privacy Policy may change from time to time. We will inform you of any changes as they are made. If you need more information about this Privacy Policy, please call us toll free at (877) 850-5600 or e-mail your questions or concerns to info@RSLFundingLLC.com

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