



Structured Settlement Loan Program

CREDIT APPLICATION AND AUTHORIZATION

Client Information Application

COMPLETE ALL FIELDS OF THE APPLICATION. PLEASE PRINT CLEARLY. BY SUBMITTING THIS APPLICATION I CONFIRM THAT THE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PERSONAL INFORMATION

First _____ Middle _____ Last _____

Date of Birth / / Social Security Number - - Email Address
MM DD YYYY

Citizenship: U.S. Permanent Resident Alien Non-Permanent Resident Alien Country of Citizenship

Home Address (Do not use P.O. Box U.S. Address only)

Do you own your house? Yes No

Street _____ Apt # _____

City _____ State _____ Zip _____

Home Phone () Mobile Phone () Business Phone () Ext. _____

Email: _____

Identification – Two forms required

Primary ID

Identification #1 ID# Effective Date / / Expiration Date / /
MM DD YYYY MM DD YYYY

Identification #2 ID# Effective Date / / Expiration Date / /
MM DD YYYY MM DD YYYY

Loan Amount (Maximum 90% of settlement amount) / Current Loans

Loan Amount Requested: _____ Do you currently have a loan against / or have sold any of your annuity payments? Yes No

INCOME AND EMPLOYMENT INFORMATION

Employment Status (check one) Employed Self Employed Not Employed Retired Other _____

Occupation _____ Employer _____ Start Date / /
MM DD YYYY

Street _____ Suite / Floor # _____

City _____ State _____ Zip _____

Main Number () Direct Number ()

Please include your total current income (Including Salary, Bonus, Commission, Unemployment, Pension, Disability, Social Security, Self-Employment and other sources): \$ _____.

INFORMATION ABOUT YOUR ANNUITY

Lawyer Name _____ Lawyer Phone Number _____

Annuity Provider _____ Annuity Frequency: Monthly Annual Mixed

LEGAL FEES ACKNOWLEDGMENT

I understand that (1) I am applying for a loan that will be repaid by transfer of payments from the annuity described above to a lender until the loan is repaid in full, (2) a court must approve the loan and transfer and (3) the lender will engage legal counsel on my behalf to attempt to obtain the court order. I also understand that this process may take 45 to 60 days or more and I will not not have to pay all associated legal fees and court costs, which may be \$3,500 or more. I further understand and agree that if the court does not grant the requested order, I will not be obligated to pay the legal fees and court costs.

Name: _____

Signature: _____

Date: _____, 20__

REQUIRED DOCUMENTS

I understand that the following documents are required before I will consider this application complete and make a decision as to whether to approve this application.

Supporting Documentation Checklist
Signed Credit Application and Authorization
Acceptable forms of ID (see next page)
Copy of Settlement Agreement
Copy of Annuity Agreement
Executed Disclosure Statement
Executed Stipulation
Spousal Consent (if applicable)
Approved Court Order (Stamped)
Absolute Assignment from the Annuity Provider
Executed Loan Agreement

By signing below, I acknowledge that:

- All of the information I stated in this Credit Application and Authorization (“Application”) is true and accurate to the best of my knowledge.
- I authorize SSLS or its agent to (1) investigate my credit worthiness and employment history, (2) obtain a credit report and discuss questions about my credit history with me, (3) obtain credit reports to update, increase, extend or renew credit extended to me or any other lawful purpose, (4) obtain information from my attorney or any other third party about my settlement or annuity contract, (5) obtain medical and health information about me that is subject to the Health Insurance Portability and Accountability Act (HIPAA), and (6) to broker my application to one or more possible lending sources.
- I understand that if I ask, I will be provided the name and address of any credit bureau from which SSLS received a credit report relating to me.
- I agree that this Application shall be SSLS’ property whether or not this Application is approved by a lender.
- I will notify SSLS in writing immediately of any changes in my name, address or employment.
- I have read, understood and agree to the terms disclosed in this Application.

Name: _____

Signature: _____

Date: _____, 20__

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask for one primary and one secondary form of identification:

Primary form of acceptable identification:

- | | |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Valid photo state issue Driver’s License | <input type="checkbox"/> Valid passport with photo enclosed |
| <input type="checkbox"/> Valid photo Identification Card | <input type="checkbox"/> Valid military photo Identification Card |
| <input type="checkbox"/> Un-expired photo U.S. alien registration card for non-resident aliens | |
| <input type="checkbox"/> U.S. photo Immigration and Naturalization Papers | |

Secondary form of acceptable identification:

- | | | |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Current utility bill | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Student ID | <input type="checkbox"/> Voters Registration |
| <input type="checkbox"/> Tax Bills / Receipts | <input type="checkbox"/> Vehicle Registration | <input type="checkbox"/> National Credit Card |
| <input type="checkbox"/> Insurance Card | | |