

**REQUEST FOR QUOTE
ANNUITY/STRUCTURED SETTLEMENT**

American Contract Buyers, LLC
1-866-780-2274 Fax 1-503-296-2896

Annuitant's Information:

Name: _____ Address: _____

City: _____ State: _____

Zip Code: _____ Home Phone: _____

Work Phone: _____ Email Address: _____

Best time to call between 9am– 5pm: _____

ANNUITANTS SSN# _____

Date of Birth: _____

Settlement Information:

TYPE OF SETTLEMENT: Personal Injury (non-WC) other: _____

NAME OF INSURANCE CO. MAKING PAYMENTS: _____

On the front page of the annuity policy who
is listed as the OWNER OF THE POLICY: _____

In what State was this settled: _____ Were you a minor: YES NO

(circle one) Was this an: IN Court Settlement (or) OUT of Court Settlement

Payment Information: Are the Payments: Monthly Periodic Combination

Monthly Payment Amount: \$ _____ Due Date Next Pmt: _____

Date through which monthly payments are guaranteed: _____

Do your payments have an annual Increase: YES NO % of Increase : _____

If YES , with which payment does the increase occur: _____

Periodic Payments:

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____

Date: _____ Amount: _____