

~~~ ANNUITY SALE QUOTATION REQUEST FORM ~~~

Please **PRINT** this Form, answer all the questions using **BLACK INK** then fax it to us at **1-858-764-2731** to receive a CASH PURCHASE QUOTATION.

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>PERSONAL INFORMATION:</u></b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Name:                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| E-mail Address:                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Today's Date:                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Your Mailing Street Address:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Your Mailing City, State and Zip:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Voice Phone:                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Fax:                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Annuity Relationship:               | <input type="checkbox"/> --SOLE OWNER <input type="checkbox"/> --PART OWNER <input type="checkbox"/> --BROKER <input type="checkbox"/> --AGENT<br><input type="checkbox"/> --POWER OF ATTORNEY <input type="checkbox"/> --OTHER                                                                                                                                                                                                                                                         |
| <b><u>ANNUITY INFORMATION:</u></b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Annuity Resulted From:              | <input type="checkbox"/> --Life Insurance Policy <input type="checkbox"/> --Single Premium Annuity<br><input type="checkbox"/> --Pension or Retirement Fund <input type="checkbox"/> --Personal Injury Settlement<br><input type="checkbox"/> --Wrongful Death Settlement <input type="checkbox"/> --Workman's Comp Settlement <input type="checkbox"/> --Disability Settlement <input type="checkbox"/> --Inheritance<br><input type="checkbox"/> --Other, described in Comments below |
| Your Share of Total Annuity:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Is Annuity Assignable:              | <input type="checkbox"/> --YES <input type="checkbox"/> --NO                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Annuity Currently In:               | <input type="checkbox"/> --Probate <input type="checkbox"/> --Trust <input type="checkbox"/> --Disbursement <input type="checkbox"/> --Other, described in Comments below                                                                                                                                                                                                                                                                                                               |
| Annuity Policy Company Name:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Assignee Name if applicable:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Original Annuity Balance:           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Current Annuity Balance:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Payment Amount:                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Payment Period:                     | <input type="checkbox"/> --Monthly <input type="checkbox"/> --Quarterly <input type="checkbox"/> --Every 6 Months <input type="checkbox"/> --Annually<br><input type="checkbox"/> --Variable or Lump Sum, described in Comments below                                                                                                                                                                                                                                                   |
| 1 <sup>st</sup> Payment Due Date:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Next Payment Due Date:              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| End Payment Due Date:               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Number of Payments Remain:          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|                                                                          |                                                                                                                               |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Amount You Want To Sell:                                                 |                                                                                                                               |
| Reason for Selling:                                                      |                                                                                                                               |
| Comments about Annuity or Any above Answers needing/stating explanation: |                                                                                                                               |
| How did you find us?                                                     | <input type="checkbox"/> Google <input type="checkbox"/> Yahoo <input type="checkbox"/> MSN <input type="checkbox"/> A Friend |
| If from an Internet Search, which Keywords did you use?                  |                                                                                                                               |

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