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## LIFE SETTLEMENT FACT SHEET

### Insured Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_

### Owner Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Owned by?    Individual\_\_\_\_    Joint \_\_\_\_    Trust\_\_\_\_    Other\_\_\_\_  
If Trust, Trustee Name: \_\_\_\_\_

### Policy Information

Carrier : \_\_\_\_\_  
Policy#: \_\_\_\_\_  
Face Amount: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Issue State: \_\_\_\_\_  
Loans/Liens:    Yes\_\_\_\_    No\_\_\_\_  
Premium Financed?    Yes\_\_\_\_    No\_\_\_\_

Submit Form To: Info@oldgoatsconsultants.com    Attn; Robert