LIFE SETTLEMENT FACT SHEET

Insured Information

Name: _____

Address: _____

City, State, Zip: _____

DOB: _____

SS#: _____

Owner Information

Name: _____

Address: _____

City, State, 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