



Simple Sensible Equitable

Annuity / Settlement / Pension Payments Submission Worksheet

Referral Information

Name *Alan Stankewicz ccfc* Date _____
Company *SSE Capital Funding*
Address *8714 Raejean Ave.*
City *San Diego* State *CA* ZIP *92123*
Phone *877-294-9319* Fax *858-430-9319*

NOTE TO ALL CLIENTS:
ALL data transmitted by this form is STRICTLY held confidentially.
We do not sell, share, or reveal any data on you with ANYONE else, ever.

Case info for client [red star (*) = MANDATORY info needed to proceed] :

* Name _____	Your Attorney's name (if you have one) _____
* Soc Security # _____	_____
* Address _____	* Is payment a disability pension? Yes No
* City _____ * State _____	If so, do you have a 2nd source of income? Yes No
* ZIP CODE _____ * Phone _____	Do you have life insurance? Yes No
* Date of birth _____	If so, amount of coverage \$ _____
* Email Address: _____	* Is this from a Worker's Comp claim? Yes No
* Driver's license # _____ and * State _____	<u>Info needed for pension pre-funding – especially MILITARY</u>
* Marital status _____	Pension Type: _____
	Last MILITARY RANK was? _____
	Payment period : _____
	Gross Payment Amount : \$ _____
	VA Waivers : \$ _____
	TOTAL Taxes Withheld : \$ _____
	Allotments Withheld : \$ _____
	Other Deductions : \$ _____
	Please explain other deductions : _____

Other Needed ANNUITY or Settlement Payment Information

* Annuity payor company _____	* What is your anticipated use of this lump sum of cash for your payments IF it can be arranged by us? _____ _____
* Gross total payment amount _____	_____
* Tax deductions for each payment : * Fed \$ _____ * State \$ _____	_____
<u>Other deductions from the gross:</u>	
* Description _____ * Amount \$ _____	
* Frequency of payments (such as months or years) _____	
* Date of the next payment _____	* Exactly how much cash do you need or want now? \$ _____
<i>(you may want to attach a detail schedule of future payments after today including dollar amounts on a separate page for clarity)</i>	

