

Midwest Trust Application

Case Type

- Treasury Funded Structured Settlement™ (TFSS)
- Treasury Funded Structured Settlement™ – Non Qualified (TFSS-NQ)
- Enhanced Attorney Fee Structure™ (EAFS)
- Post Settlement Managed Account™ (PSMA)

1. Benefits Applied for: (choose one)

- Claimant Attorney (for Attorney fees)

Name: _____ Male / Female: _____

Address: _____ Date of Birth: _____

City, St, Zip: _____ Social Security #: _____

Phone: _____ Mobile: _____

2. Documentary Identification: Mark which document(s) is/are attached to this Application

List A – Government Issued Photo ID Choose one

- Driver's License Passport
- Armed Forces Card Other Government ID (ex. Non-driver's license)

List B – Alternate ID if none available from List A Choose **Two**, one of which must contain name and address

- Social Security Card Insurance Card Alien Registration Card
- Medicare/Medicaid Card Employer ID Major Credit Card
- Utility or Tax Bill, other bill with name, address Pay Stub

3. Owner

Name: Treasury Funded Structured Settlement™
Address: 5901 College Blvd, Suite 100, Overland Park, KS 66211

Name: Structured Assignments, Inc. (TFSS-NQ & EAFS)
Address: Canopy Management, Upstairs #17, Husband Heights, St. James Barbados BB23021

Name: _____ (for unassigned cases)
Address: _____



Re: Claimant: _____

4. Payee

Name: _____ Male / Female: _____
 Address: _____ Date of Birth: _____
 City, St, Zip: _____ Social Security #: _____
 Phone: _____ Mobile: _____

5. Beneficiary - If MORE than one Primary or Contingent beneficiary is listed, percentages must equal 100% for each category. Include additional beneficiary information on a separate sheet containing the following information:

Primary Contingent Percentage _____ %
 Name: _____ Date of Birth: _____
 Address: _____ Social Security #: _____
 City, St, Zip: _____ Relationship to Payee: _____
 Phone: _____ Mobile: _____

Primary Contingent Percentage _____ %
 Name: _____ Date of Birth: _____
 Address: _____ Social Security #: _____
 City, St, Zip: _____ Relationship to Payee: _____
 Phone: _____ Mobile: _____

6. Payments (To be completed AFTER purchase of the assets)

7. Signatures

Owner: _____ Date: _____
 Broker: _____ Date: _____
 Broker Firm: _____
 Address: _____
 City, St, Zip: _____
 Phone: _____