

Payee Form

Please complete this form, sign below, and return it to our office as soon as possible as future payments cannot begin without it. Please send a copy of birth certificate if there are lifetime benefits.

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| Full name of Payee _____ <i>(Court order appointing a conservator or guardian, and/or signed trust documents authorizing such a payee to receive funds is required. A copy of the compromise order is required if the individual is a minor.)</i> |
| Address _____ City _____ State ____ Zip _____ |
| Social Security Number: _____ - _____ - _____ Date of birth _____ - _____ - _____ m or f |
| Phone _____ Cell phone _____ e-mail _____ <i>(If payments are to be directly deposited please contact us for the appropriate form)</i> |

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|---|
| Beneficiary (if other than the Payee's estate) _____ <i>(Please provide exact information if there will be more than one beneficiary and use additional sheets as needed.)</i> |
| Relationship to Payee _____ Soc. Sec. # _____ - _____ - _____ DOB _____ - _____ - _____ |
| Address _____ City _____ State ____ Zip _____ |
| Phone _____ Cell phone _____ e-mail _____ |

Contact us if there are any questions.

Signature _____ date _____

Please return to:
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