

AMS MESH SETTLEMENT ELECTION FORM

Estate of Nancy Turner
6240 Turtle Hall Dr.
Wilmington, NC 28409

Claimant ID#: MOSAMB02484
Net Amount Due: \$3,953.05
Date: January 05, 2021

I have read this entire document and I understand it and the terms of this settlement. I believe I have sufficient information at this time to make an informed and voluntary decision regarding the receipt of my settlement monies, and I elect the following (CHOOSE ONE):

☒ **LUMP SUM PAYMENT** – Settlement proceeds to be sent in the form of a check to the address of record (see above). If you have a change of address, please use the space below.

☐ **STRUCTURED SETTLEMENT ANNUITY (Minimum \$10,000 investment)** – Settlement proceeds to be placed in a Structured Settlement.

☐ **SPECIAL NEEDS TRUST** – Settlement proceeds to be deposited into a Special Needs Trust.

☐ **COMBINATION LUMP-SUM PAYMENT, SPECIAL NEEDS TRUST AND/OR STRUCTURED SETTLEMENT ANNUITY** – A portion of your settlement proceeds to be sent in the form of a check to the address specified and a portion to be converted into a structured settlement and/or deposited into a Special Needs Trust, as follows:

\$ 3,953.05 paid as a Lump Sum (indicate amount)

\$ _____ placed in a Structured Settlement (indicate amount)

\$ _____ deposited into a Special Needs Trust (indicate amount)

Bridget E. Monahan
Claimant Signature: Estate of Nancy Turner

1-16-2021
Date

check executor of estate

To change of address for payment, please check box and fill out, otherwise leave blank:

☐ Change my address to: _____

Please return as soon as possible in the enclosed envelope, by fax to 1-713-583-0209, or by scan/email to MOSAMB_payments@archersystems.com.