

National Structured Settlement Trade Association

2025 M St., NW, Suite 800 * Washington, DC 20036

Phone (202) 367-1159 * Fax (202) 367-2169

Membership Application

I. Company Information

Please use the space below to provide the requested information about the company applying for membership.

Organization Name:	_____
Your Name:	_____
Mailing Address:	_____ _____
City/State:	_____ ZIP _____
Phone:	(____) _____
FAX:	(____) _____
e-mail:	_____

II. Marketing Materials

In order to ensure that you are included in the correct category, please enclose three (3) copies of your marketing material.

III. Membership Category

Please use the space below to select category into which the above company best fits. Use the attached definitions from the NSSTA Bylaws to guide your selection.

Check All that Apply:		
<input type="checkbox"/>	Provider Company	<input type="checkbox"/> User Company
<input type="checkbox"/>	Producer Company	<input type="checkbox"/> Associate
Please describe your company's involvement in structured settlements:		

IV. Company Affiliation:

Please list the names of any parent company, affiliates, subsidiaries or other company related to the applicant company that is involved in the structured settlement business and indicate their involvement in structured settlements.

<p>Corporate Parent: _____</p> <p>Structured settlement activity: _____</p> <p>_____</p> <p>Is this company an NSSTA member? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Subsidiary: _____</p> <p>Structured settlement activity: _____</p> <p>_____</p> <p>Is this company an NSSTA member? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Other Affiliate: _____</p> <p>Structured settlement activity: _____</p> <p>_____</p> <p>Is this company an NSSTA member? <input type="checkbox"/> yes <input type="checkbox"/> no</p>

V. Signature

I understand that the NSSTA Membership Committee and the NSSTA Membership Board of Directors must favorably consider this application prior to acceptance. By signature hereto, I declare that the facts herein are true and complete to the best of my knowledge. I also state that my organization, voting and professional members are actively involved in, associated with, or have an interest in the furtherance of periodic payment of compensation on account of personal physical injuries as set forth in Article II of the NSSTA Bylaws.

Printed Name: _____

Title: _____

Signature: _____

Producer Company Applicants

Please provide the following information on all owners, principals, partners or producers within your company who are actively involved in the solicitation of structured settlement business.

Name: _____
Address: _____

City/State: _____ **ZIP** _____
Phone: (____) _____ **FAX:** (____) _____
e-mail: _____

Name: _____
Address: _____

City/State: _____ **ZIP** _____
Phone: (____) _____ **FAX:** (____) _____
e-mail: _____

Name: _____
Address: _____

City/State: _____ **ZIP** _____
Phone: (____) _____ **FAX:** (____) _____
e-mail: _____

Name: _____
Address: _____

City/State: _____ **ZIP** _____
Phone: (____) _____ **FAX:** (____) _____
e-mail: _____

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Membership Category Information

We appreciate your interest in joining NSSTA. To help us determine the appropriate membership category for your organization, please read the following descriptive material before completing the application:

NSSTA is an organization composed of all participants in the structured settlement marketplace. Members include product providers, producers who serve as product brokers, firms who buy structured settlements, as well as a variety of professionals who participate in the marketplace such as economists, attorneys and life care specialists. We understand that many financial institutions with an interest in structured settlements may have companies within their organizational structure that would fall into more than one membership category. For example, a corporate fleet may include an annuity company (provider), a casualty company (user) or an agency (producer). In order to be of service to all of these organizations, NSSTA provides a package membership that includes benefits for each company under a single membership.

Membership Categories include:

Producer Members: This category includes structured settlement consulting firm, insurance agencies, brokerage firms, or other organizations that are in the business of working with the parties to a personal physical injury claim to achieve a settlement utilizing periodic payments.

Professional Members: Within each Producer company, membership is provided to each principal, partner, owner or producer who is active in the business. Each Producer Company selects one Professional member to serve as the Voting Representative of that firm. All other Professional members are eligible to participate fully in the affairs of the Association.

Provider Members: This category includes life insurance companies, bond broker firms, trust companies and other financial institutions or service companies that are in the business of providing products to fund personal physical injury claims or judgments.

User Members: This category includes property/casualty insurance companies, self-insured firms, or other organizations that purchase financial products to settle personal physical injury damage claims.

Associate Members: This category includes individuals who are involved in structured settlements, but who are not directly involved as product providers, producers or purchasers. This category includes attorneys, economists, life care specialists and the like.