



Systems for Advanced Risk Analysis
10010 San Pedro, Suite 650
San Antonio, TX 78216

866-254-7272 • 210-341-2987 • Fax 210-341-0956

FAX Transmission

Date:

To:

Fax Number:

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From:

Re:

(Insured's Name) has applied for a life settlement. In order to complete this transaction, our office requires a statement that he/she is of sound mind and able to enter into a contract. Please complete this form and fax it to our office at 210-341-0956. Please call if you have any questions.

In your opinion is the patient of sound mind and competent to enter into a contract?

Yes

No

Physician's Signature

Date