

Complete if Policy owner is a Trust, Corporation, Partnership, LLC or Other Entity

Trust Situs/ State of Incorporation or Domicile

Name of signatory Title (Trustee, Corporate Officer, Partner, etc.)

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Is the viator a defendant in any suits or legal actions? Yes _____ No _____

Has the viator ever declared bankruptcy? Yes _____ No _____

Marital Status: Single/Never Married _____ Married _____ Widowed _____ Divorced _____

D. LIFE INSURANCE INFORMATION

Insurance Company Policy Number Face Amount

Date of Issue Policy Type (WL, UL, SUL, Term, etc...) Current Premium

Initial Policy Owner (at time of issuance) Name of current policy owner (If different)

Has policy beneficiary changed since the policy was issued ____ Yes ____ No

Name of initial Beneficiary(s) Relationship(s)

Name of current beneficiary(s) (If different) Relationship(s)

What was the insured's and policy owner's original purpose for buying the policy?

Before or at the time the policy was issued, did the insured, policy owner or any other party arrange to transfer, sell or assign, directly or indirectly the policy or any benefits to a third party ____ Yes ____ No

Has the insured or policy owner ever assigned the policy or policy benefits to any person or entity?
____ Yes ____ No

Has the policy or any of the policy premiums been financed by a third party, either through a loan, equity, contribution or otherwise? ____ Yes ____ No

If yes, please describe the financing arrangement in detail and provide copies of any document related to that arrangement.

If yes, what is the name of lender? _____ Principal loan amount _____

Loan Maturity balance (payoff amount) _____ Loan maturity date _____

List all persons or entities (including any trust) who have, or have had, any direct or indirect ownership or other interest in the policy or its proceeds, including the nature of the interest and the relationship of such person or entity to the insured. For any entity, please identify all persons that own (or have owned) and, if different, control or manage (or have controlled or managed) that entity. For any trust, include all

Name nature of the interest date and manner interest was obtained relationship to insured

Name nature of the interest date and manner interest was obtained relationship to insured

For additional policy and/or physician information, please provide a supplementary page.

For Agent Use: If available, please include the following: 1) Current in force Illustration to maturity.
2) Current APS (if not within the last 90 days, please provide physician information in Section B).

The undersigned represents to Life Insurance Settlements, Inc. that:

- A. The information contained herein is complete and accurate and may be relied upon by Life Insurance Settlements, Inc., Viatical Settlement Providers and Financing Sources.
- B. The undersigned will immediately notify Life Insurance Settlements, Inc. of any material change in any information contained herein, occurring prior to conclusion of the proposed sale, including but not limited to: cancellation and release of insurance policies, assignment of ownership of policies, change in beneficiary and irrevocable assignment of right to designate future beneficiaries of policies.

The proposed sale, cancellation and release of insurance policies, assignment of ownership of policies, or change in beneficiary and irrevocable assignment of right to designate future beneficiaries of policies will be solely for the benefit and account of the undersigned, and not for the account or benefit of any other person.

FRAUD WARNING

ANY PERSON WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE OR AN APPLICATION FOR A VIATICAL SETTLEMENT CONTRACT IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO VIATORS

Neither Life Insurance Settlements, Inc. nor its officers, directors, or principals provide legal, accounting, or financial advice to prospective viators regarding the advisability or relative merits of selling or conveying their legal rights in existing life insurance policies in exchange for cash payments referred to as living benefits, viatical settlements, inter vivos settlements, or other similar terms.

A viator must determine the relative benefit of any such viatical settlement after review of the legal and financial implications of such a settlement with the viator's own attorney, accountant, or other appropriate advisors, only then, should a decision be made to effect such a sale or settlement.

Viator has a clear & complete understanding of the current or future benefits of the life insurance policy being offered for sale or settlement. Viator acknowledges that he/she has freely and voluntarily provided the information requested in this application.

PLEASE SEND WITH THE COMPLETE APPLICATION FORM, PHOTOCOPIES OF THE FOLLOWING:

- A. Life Insurance policy to be sold, including the application for insurance
- B. Your Driver's License
- C. Last premium statement from your Life Insurance company (if available)
- D. Social Security Card

Viator's Full Name (Type or Print)	Viator's Signature	Date
Witness' Full Name (Type or Print)	Witness Signature	Date
Viator Full Name (If more than one viator)	Viator's Signature (If more than one viator)	Date
Witness' Full Name	Witness Signature	Date
Insured's Full Name	Insured Signature	Date
Insured's Full Name(if more than one Insured)	Insured Signature(if more than one Insured)	
Witness' Full Name (Type or Print)	Witness Signature	Date



Life Insurance Information Release Form

Life insurance policy number _____ issued by _____
(Insurance Company), is owned by _____, and insured the life of
_____.

I authorize the release to Life Insurance Settlements, Inc. (LIS) or its designee, any or all information concerning the above policy.

I authorize LIS to share this information with viatical settlement providers, brokerage general agents, and other parties, as required. The purpose of this sharing of information is to obtain quotes for viatical settlements, and /or life and health insurance policies.

Policy Owner Signature/Viator

Date

Type or Print Name

Social Security Number or Tax ID

Policy Owner Signature/Viator
(If more than one viator)

Date

Type or Print Name

Social Security Number or Tax ID



DISCLOSURE

The owner of the life insurance policy to be viaticated, the viator, should be aware of the following:

1. That there are possible alternatives to viatical settlement contracts for persons who have a catastrophic or life-threatening illness including, but not limited to, accelerated benefits offered by the issuer of a life insurance policy.
2. That proceeds of the viatical settlement could be taxable, and assistance should be sought from a personal tax advisor.
3. That viatical settlement proceeds could be subject to the claims of creditors.
4. That receipt of viatical settlement proceeds could adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements and advice should be obtained from the appropriate agencies.
5. That all viatical settlement contracts entered into in Florida must contain an unconditional rescission provision which allows the viator to rescind the contract within 15 days after the viator receives the viatical settlement proceeds, conditioned on the return of such proceeds.
6. The viatical settlement provider company, not the viator, may compensate LIS based on a formula that is a percentage of the face value of the life insurance policy. For example, compensation for a \$100,000 policy could be: 8% x \$100,000 (face value) = \$8,000.00.
7. The viator has the right to obtain the name, business address, and telephone number of the independent third-party escrow agent, and the viator may inspect or receive copies of the relevant escrow agreement.
8. That the viator has the right to know, upon request, the identity of any person who will receive or has received a commission or other form of compensation from the viatical settlement provider with respect to their viatical settlement and the amount and terms of such compensation.

Signature of Insured **Date**

Signature of Policy Owner/Viator **Date**

Printed Name of Insured **Date**

Printed Name of Policy Owner/Viator **Date**

Signature of Witness **Date**

Signature of Witness **Date**

Printed Name of Witness **Date**

Printed Name of Witness **Date**



A. VIATICAL SETTLEMENT BROKER AUTHORIZATION & SERVICES AGREEMENT

As one of the major firms in the settlement industry brokering life policies, Life Insurance Settlements, Inc. and its staff of experienced and trained professionals continually strive to set the standards nationwide in the areas of corporate responsibility, professionalism, adherence to compliance and regulatory issues, and the highest ethical treatment of clients and business associates. We represent the best interests of our clients and maximize the sales value of their policy(ies) in the secondary market. As your designated Viatical settlement broker, Life Insurance Settlements, Inc. incurs the necessary, required and related costs to facilitate your Viatical settlement transaction while providing the following services including but not limited to:

- Evaluation Form assessment.
- Medical underwriting and insurance verifications.
- Obtaining and forwarding independent third party life expectancy reports from Florida licensed companies.
- Submission to multiple authorized and /or registered Viatical settlement providers.
- Best execution negotiation to maximize fair market value of Viatical settlement.
- Closing services including contract review and assistance with contingency requirements of Viatical settlement providers.

In consideration of the services provided and related costs incurred as described above, I/We authorize Life Insurance Settlements, Inc. to act as my/our viatical settlement broker and to evaluate, underwrite, solicit, generate and secure offers beginning on the date of execution of the Agreement and continuing for 365 days, or one calendar year, whatever is longer after the final offer is obtained/acquired regarding and/or related to the purchase of the following life insurance policy (ies) for the insured(s) _____:

Life insurance policy number _____ issued by _____
 Life insurance policy number _____ issued by _____
 Life insurance policy number _____ issued by _____

By signing this authorization and agreement, I/we am/are aware:

1. Committing for the period of time described above to Life Insurance Settlements, Inc. and to no other individual or entity, including but not limited to any viatical settlement broker, producer and financial advisor, to evaluate, underwrite, solicit, generate and secure conditional and appropriate offers, as determined by Life Insurance Settlements, Inc. pursuant to its typical business model, methods and practices, for the sale of my/our life insurance policy(ies) as state above.
2. Recognizing the proprietary nature of such appropriate, conditional offers as evaluated, underwritten, solicited, generated and secured by Life Insurance Settlements, Inc. for the period of time as described above and pursuant to this Broker Authorization & services Agreement.

In all respects in connection with the transaction, the viatical settlement broker, Life Insurance Settlements, Inc. will act exclusively on behalf of the Viator and the Insured, and owes duties to the Viator and the Insured, and has not acted on behalf of, and owes no duties to, the Purchaser or its successors or permitted assigns. The Viatical Settlement Broker, Life Insurance Settlements, Inc. will use its best efforts, on behalf of the Viator, to obtain the most favorable terms and conditions for the Viator in respect of the sale of the Policy, including, without limitation, the best price for the Policy. Life Insurance Settlements, Inc. issues no guarantee that the life insurance policy will be sold, and is under no obligation to purchase the policy or to ultimately find a Viatical settlement provider for the policy(ies) and is not responsible for any breach committed by a Viatical settlement provider, if such Viatical settlement provider is identified.

 Signature of Insured Date Printed Name

 Signature of Viator Date Printed Name
 (If other than insured)

 Signature of Insured Date Printed Name
 (If more than one)

 Signature of Viator Date Printed Name
 (If more than one)

 Signature of Authorized Officer of Life Insurance Settlements, Inc. Date
 LIS.FLA5