



Complete if Policy Owner/Viator is a Trust, Corporation, Partnership, LLC or Other Entity

Policy Owner/Viator Name _____ Tax ID Number _____

Trust Situs/ Entity State of Incorporation, Formation or Domicile _____ Date Formed _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Name of Authorized Representative _____ Title (Trustee, Corporate Officer, Partner, etc.) _____

Name of Authorized Representative _____ Title (Trustee, Corporate Officer, Partner, etc.) _____

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
If yes, why? _____

Name of initial Beneficiary(s) _____ Relationship(s) to insured _____

Name of current beneficiary(s) (If different) _____ Relationship(s) to insured _____

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

If yes, describe the arrangement in detail and provide copies of documents relating to the arrangement _____



Has the insured or policy owner ever assigned the policy or policy benefits to any person or entity?

_____ Yes _____ No

If yes, describe the details of such assignment _____

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 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 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

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For additional policy information, please provide a supplementary page.

FOR POLICY OWNER/VIATOR/APPLICANT USE: 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

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).



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

Date

Printed Name of Policy Owner

Social Security Number/
Tax ID Number



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 including any accelerated death benefits or policy loans offered under the viator's life insurance policy;
2. That a viatical settlement broker represents exclusively the viator, and not the insurer or the viatical settlement provider, and owes a fiduciary duty to the viator, including a duty to act according to the viator's instructions and in the best interest of the viator;
3. That some or all of the proceeds of the viatical settlement may be taxable under federal income tax and state franchise and income taxes, and assistance should be sought from a professional tax advisor;
4. That proceeds of the viatical settlement could be subject to the claims of creditors;
5. That receipt of the proceeds of a viatical settlement may adversely affect the viator's eligibility for Medicaid or other government benefits or entitlements, and advice should be obtained from the appropriate government agencies;
6. That the viator has the right to rescind a viatical settlement contract before the earlier of thirty (30) calendar days after the date upon which the viatical settlement contract is executed by all parties or fifteen (15) calendar days after the viatical settlement proceeds have been paid to the viator. Rescission, if exercised by the viator, is effective only if both notice of the rescission is given, and the viator repays all proceeds and any premiums, loans and loan interest paid on account of the viatical settlement within the rescission period. If the insured dies during the rescission period, the viatical settlement contract shall be deemed to have been rescinded, subject to repayment by the viator or the viator's estate of all viatical settlement proceeds and any premiums, loans and loan interest on the viatical settlement within sixty (60) days of the insured's death;
7. That funds will be sent to the viator within three (3) business days after the viatical settlement provider has received the insurer's or group administrator's written acknowledgment that ownership of the policy or interest in the certificate has been transferred and the beneficiary has been designated;
8. That entering into a viatical settlement contract may cause other rights or benefits, including conversion rights and waiver of premium benefits that may exist under the policy or certificate, to be forfeited by the viator. Assistance should be sought from a financial adviser;
9. That disclosure to a viator shall include distribution of a brochure describing the process of viatical settlements. The National Association of Insurance Commissioner's (NAIC's) form for the brochure shall be used unless another form is developed or approved by the Insurance Commissioner;
10. That all medical, financial or personal information solicited or obtained by a viatical settlement provider or viatical settlement broker about an insured, including the insured's identity or the identity of family members, a spouse or a significant other may be disclosed as necessary to effect the viatical settlement between the viator and the viatical settlement provider. If you are asked to provide this information, you will be asked to consent to the disclosure. The information may be provided to someone who buys the policy or provides funds for the purchase. You may be asked to renew your permission to share information every two (2) years."

11. That 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: $8\% \times \$100,000$ (face value) = \$8,000.00.

_____ Signature of Insured	_____ Date	_____ Signature of Policy Owner/Viator/Applicant	_____ Date
_____ Printed Name of Insured	_____ Date	_____ Printed Name Policy Owner/Viator/Applicant	_____ Date
_____ Signature of 2nd Insured	_____ Date	_____ Signature of 2nd Policy Owner/Viator/Applicant	_____ Date
_____ Printed Name of 2nd Insured	_____ Date	_____ Printed Name of 2nd Policy Owner/Viator/Applicant	_____ Date
_____ Signature of Witness	_____ Date	_____ Signature of Witness	_____ Date
_____ Printed Name of Witness	_____ Date	_____ Printed Name of Witness	_____ Date
_____ LIS Representative Name	_____ Date	_____ Printed Name of LIS Representative	_____ Date

