



LIFE INSURANCE SETTLEMENTS, INC.
1500 West Cypress Creek Road, Suite 408
Fort Lauderdale, FL 33309
Telephone 1-866-326-LIFE (5433)
Fax 954-492-0622

LIFE SETTLEMENT APPLICATION

PERSONAL INFORMATION - INSURED (PRINT OR TYPE)

Insured's Name: _____ Sex _____ Male _____ Female

Date of Birth: _____ SSN: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Daytime: _____ Evening: _____

Marital Status: Single/Never Married Married Divorced Separated Widow/Widower

If Married Name of Spouse _____

Dependent Children? No Yes

Second Insured's Name: _____ Sex: Male _____ Female _____

Date of Birth: _____ SSN: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Daytime: _____ Evening: _____

MEDICAL INFORMATION

First Insured Medical History: _____

Primary Physician: _____ Telephone Number: _____

Specialist: _____ Telephone Number: _____

2nd Insured Medical History: _____

Primary Physician: _____ Telephone Number: _____

Specialist: _____ Telephone Number: _____

For additional physician information, please provide a supplementary page.



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PERSONAL INFORMATION – POLICY OWNER

Policy Owner's Name _____

Date of Birth (*if owner is an individual*) _____ SSN/Tax ID Number _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Marital Status: Single/Never Married Married Divorced Separated Widow/Widower

If Married Name of Spouse _____

Is the policy owner a defendant in any suits or legal actions? No Yes

Has the policy owner ever declared bankruptcy? No Yes

Drivers license # _____ State of Issue _____

2nd Policy Owner's Name _____

Date of Birth (*if owner is an individual*) _____ SSN/Tax ID Number _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Marital Status: Single/Never Married Married Divorced Separated Widow/Widower

If Married Name of Spouse _____

Is the policy owner a defendant in any suits or legal actions? No Yes

Has the policy owner ever declared bankruptcy? No Yes

Drivers license # _____ State of Issue _____

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

Trust Situs/ State of Incorporation or Domicile: _____

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

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



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LIFE INSURANCE INFORMATION

Insurance Company	Policy Number	Face Amount
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Date of Issue	Policy Type (WL, UL, SUL, Term, etc...)	Current Premium
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Initial Policy Owner (*at time of Issuance*) _____

Name of current Policy Owner (*If different*) _____

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

If yes, please explain 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? No Yes

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?

No Yes

If yes, describe the details of such assignment _____



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

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 beneficiaries to the trust.

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 _____

Name: _____

Nature of the interest: _____

Date and manner interest was obtained: _____

Relationship to insured: _____



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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., Life 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 LIFE SETTLEMENT CONTRACT IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO POLICY OWNERS

Neither Life Insurance Settlements, Inc. nor its officers, directors, or principals provide legal, accounting, or financial advice to policy owner's 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, life settlements, intervivos settlements, or other similar terms.

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

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



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

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

In executing this application, each insured acknowledges and agrees that, subject to all applicable laws (including privacy laws), Life Insurance Settlements, Inc. shall have the right (regardless of whether or not a settlement transaction is completed) to license, sell and assign all data and information submitted or collected in connection with the potential settlement transaction, as well as all rights under the accompanying Authorization For Disclosure of Protected Health Information authorizing the disclosure of the insured's protected health information, to a third party financial institution, which may use such data or information to: (a) track performance of life expectancy underwriters; and (b) develop and use indices related to actual and anticipated longevity, mortality, life expectancies and/or similar measures of human lives in a manner in which the identity of underlying individuals may not be personally identified.

LIFE INSURANCE POLICY OWNER

Signature: _____

Printed Name: _____

Date: _____

LIFE INSURANCE POLICY OWNER

Signature: _____

Printed Name: _____

Date: _____

INSURED

Signature: _____

Printed Name: _____

Date: _____

INSURED

Signature: _____

Printed Name: _____

Date: _____

WITNESS

Signature: _____

Printed Name: _____

Date: _____

WITNESS

Signature: _____

Printed Name: _____

Date: _____



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AUTHORIZATION TO RELEASE LIFE INSURANCE POLICY INFORMATION

Policy Owner: _____
Insured: _____
Policy Number: _____
Insurance Carrier: _____

I hereby authorize my insurance company to furnish Life Insurance Settlements, Inc. ("LIS") any and all information concerning the subject policy, including but not limited to: (1) the Policy, including the application therefore; (2) any and all forms promulgated with respect to the Policy and rights of the insured and/or owner hereunder, including forms relating to change of beneficiary, assignment, change of ownership, premium payment provisions and/or conversion; (3) any information and/or records regarding the undersigned's employment and status regarding disability; (4) any information which would normally be contained in an investigative consumer report or credit report concerning the Undersigned; (5) a duplicate copy of the Policy and Application therefore; and (6) any information which LIS or its representative(s) determines it requires.

This form will be used to obtain information about the above referenced life insurance policy for the purpose of soliciting an offer to purchase the above referenced policy on behalf of the policy's owner. I agree that this Authorization is valid for twenty-four (24) months from the date hereof, that a photocopy of this Authorization is as valid as the original. *You may withdraw your consent at any time pursuant to applicable law.*

LIS is authorized to disclose the information which I have authorized it to request and obtain or I have provided to it, to (a) Employees or Agents of LIS (b) Insurance Companies which issued the policies insuring the life of the undersigned or third party funding sources with which LIS negotiates on behalf of the undersigned and (c) Persons or Entities to whom disclosure is required by law. Persons or Entities are defined as any federal, state, or local law enforcement or regulatory official or the official's employees, agents, or representatives.

The Undersigned hereby authorizes LIS to disclose aggregate or statistical information about the undersigned and other persons whom LIS represents to shareholders, lenders, and other parties with whom it does business and/or state regulatory agencies.

LIFE INSURANCE POLICY OWNER

Signature: _____
Printed Name: _____
Date: _____

LIFE INSURANCE POLICY OWNER

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____



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**AUTHORIZATION TO RELEASE LIFE INSURANCE POLICY
INFORMATION TO LIFE SETTLEMENT
PROVIDERS AND/OR THIRD PARTY FUNDING SOURCES**

I hereby authorize Life Insurance Settlements, Inc. (LIS) to release to All Licensed TX Life Settlement Providers any and all information concerning policy number _____ ("Policy Number") insuring the life of _____ ("Name of Insured") including but not limited to: (1) the Policy, including the application therefore; (2) any and all forms promulgated with respect to the Policy and rights of the insured and/or owner there under, including forms relating to change of beneficiary, assignment, change of ownership, premium payment provisions and/or conversion; (3) any information and/or records regarding the undersigned's employment and status regarding disability; (4) any information which would normally be contained in an investigative consumer report or credit report concerning the Undersigned; (5) a duplicate copy of the Policy and Application therefore; and (6) any information which LIS or its representative(s) determines it requires.

I agree that this Authorization is valid for twenty-four (24) months from the date hereof, that a photocopy of this Authorization is as valid as the original. *You may withdraw your consent at anytime pursuant to applicable law.*

This form will be used for the purpose of soliciting offers to purchase the above referenced policy on behalf of the policy's owner.

LIFE INSURANCE POLICY OWNER

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____

LIFE INSURANCE POLICY OWNER

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____



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CONSENT TO DISCLOSURE OF PROTECTED DATA

Policy Owner: _____
Insured: _____
Policy Number: _____
Insurance Carrier: _____
Broker: _____

The undersigned is the owner of, or named insured under, one or more life insurance policies identified below. In order to effect a life settlement contract between the owner and a life settlement provider, or to effectuate the sale or transfer of a life settlement contract or a settled policy, or interest therein, the undersigned each hereby consent to the release of information to the authorized recipients specified herein.

Information Authorized to be Released: Any information (1) concerning or related to the identity of the owner of, or the named insured under, the life insurance policies identified below, (2) that there is a reasonable basis to believe could be used to identify the insured or owner, and (3) concerning or related to the owner's or insured's financial or medical information may be released to the authorized recipients (as defined below). Such information may include (but is not limited to): the name, address, telephone numbers, social security number, tax records, medical records, credit information and other non-public personal information of or related to the insured or the owner, or representative thereof; and the related insurance policy number(s).

Authorized Recipients of Information: Information authorized to be released hereunder may be released to (1) any life settlement broker, (2) any life settlement provider (a "life settlement provider"), (3) any person who may seek to purchase from such life settlement provider any life insurance policy insuring the below identified insured's life or other insurance product owned by the below identified owner, (4) any financing entity of a life settlement provider, including, but not limited to, any of its underwriters, lenders, purchasers of securities and credit enhancers, (5) any service provider, including, but not limited to, any life expectancy underwriter, escrow agent or post-purchase policy servicer, (6) any life insurance or annuity company that has issued a life insurance policy insuring the below identified insured's life, and (7) any of the respective affiliates, directors, officers, employees, agents, representatives, independent contractors, accountants, actuaries, attorneys and other representatives and advisors, and successors and assigns of any of the persons or entities covered in the immediately foregoing clauses (1) through (6), inclusive (each, an "authorized recipient"). Each authorized recipient in receipt of information authorized to be released by this authorization may share any such information with any other authorized recipient as if such other authorized recipient had received such information directly from the undersigned.

The undersigned each certify that this authorization has been made freely, voluntarily and without coercion and that the information shown below is accurate and complete to the best of the undersigned's knowledge. The undersigned understands that any revocation of this authorization will not apply to information that has already been released in response to this authorization. Redisclosure of the undersigned's information by those receiving the above authorized information may be accomplished without the undersigned's further written authorization and may no longer be protected. The undersigned releases any authorized recipient from any and all liability for actual or alleged damages to the undersigned as a result of good faith compliance with this authorization. This authorization is valid for the duration of the life insurance policy(-ies) specified below, provided that this authorization shall be of no force or further effect if a life settlement contract is not affected. The undersigned each acknowledge receipt of a copy of this authorization.



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CONSENT TO DISCLOSURE OF PROTECTED DATA, Page 2

A copy of this authorization may be accepted as an original. This authorization may be sent via facsimile.

POLICY OWNER AND INSURED'S ACKNOWLEDGMENT: I have read and received a copy of the Consent to Disclosure of Protected Data and acknowledge with my signature below.

LIFE INSURANCE POLICY OWNER

Signature: _____

Printed Name: _____

Date: _____

LIFE INSURANCE POLICY OWNER

Signature: _____

Printed Name: _____

Date: _____

INSURED

Signature: _____

Printed Name: _____

Date: _____

INSURED

Signature: _____

Printed Name: _____

Date: _____

WITNESS

Signature: _____

Printed Name: _____

Date: _____

WITNESS

Signature: _____

Printed Name: _____

Date: _____



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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 life settlement broker, Life Insurance Settlements, Inc. incurs the necessary, required and related costs to facilitate your life settlement transaction while providing the following services including but no limited to:

- Evaluation Form assessment.
- Medical underwriting and insurance verifications.
- Obtaining and forwarding independent third party life expectancy reports.
- Submission to multiple authorized and /or licensed life settlement providers.
- Best execution negotiation to maximize fair market value of life settlement.
- Closing services including contract review and assistance with contingency requirements of life 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 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. 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 Broker, Life Insurance Settlements, Inc. will act exclusively on behalf of the Policy Owner and the Insured, and owes duties to the Policy Owner and the Insured, and has not acted on behalf of, and owes no duties to, the Purchaser or its successors or permitted assigns. The Broker, Life Insurance Settlements, Inc. will use its best efforts, on behalf of the Policy Owner, to obtain the most favorable terms and conditions for the 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 life settlement provider for the policy(ies) and is not responsible for any breach committed by a life settlement provider, if such life settlement provider is identified.

 Signature of Insured Printed Name Date

 Signature of Policy Owner Printed Name Date

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

 Signature of Policy Owner Printed Name Date
(If more than one)

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



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DISCLOSURE TO OWNERS

IMPORTANT – READ THIS DISCLOSURE FORM AND THE ENCLOSED LIFE SETTLEMENT INFORMATION BROCHURE BEFORE SIGNING ANY LIFE SETTLEMENT AGREEMENT.

You should carefully read all of the following points and seek financial, insurance, tax and other advice where appropriate.

The broker, or the provider if no broker is involved in the application, shall provide in writing, in a separate document that is signed by the owner, the following information to the owner not later than the date of application for a life settlement contract:

1. Possible alternatives to life settlement contracts exist, including accelerated benefits offered by the issuer of the life insurance policy;
2. Some or all of the proceeds of a life settlement contract may be taxable and that assistance should be sought from a professional tax advisor;
3. Proceeds from a life settlement contract could be subject to the claims of creditors;
4. Receipt of proceeds from a life settlement contract may adversely affect the recipients' eligibility for public assistance or other government benefits or entitlements and that advice should be obtained from the appropriate agency;
5. The owner has a right to terminate a life settlement contract within 15 days of the date the contract is executed by all parties and the owner has received the disclosures described in this section, that rescission, if exercised by the owner, is effective only if both notice of the rescission is given and the owner repays all proceeds and any premiums, loans, and loan interest paid on account of the provider during the rescission period, and that if the insured dies during the rescission period, the contract is considered rescinded subject to repayment by the owner or the owner's estate of all proceeds and any premiums, loans, and loan interest to the provider;
6. Proceeds will be sent to the owner within three business days after the provider has received the insurer or group administrator's acknowledgement that ownership of the policy or interest in the certificate has been transferred and the beneficiary has been designated in accordance with the terms of the life settlement contract;
7. Entering into a life settlement contract may cause the owner to forfeit other rights or benefits, including conversion rights and waiver of premium benefits that may exist under the policy or certificate of a group policy, and that assistance should be sought from a professional financial advisor;
8. The amount and method of calculating the compensation, including anything of value, paid or given, or to be paid or given, to the broker, or any other person acting for the owner in connection with the transaction;



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DISCLOSURE TO OWNERS, Page 2

9. The date by which the funds will be available to the owner and the identity of the transmitter of the funds;
10. The commissioner requires delivery of a buyer's guide or a similar consumer advisory package in the form prescribed by the commissioner to owners during the solicitation process;
11. All medical, financial, or personal information solicited or obtained by a provider or broker about an insured, including the insured's identity or the identity of family members or a spouse or a significant other, may be disclosed as necessary to effect the life settlement contract between the owner and 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 years.;
12. The commissioner requires providers and brokers to print separate signed fraud warnings on the applications and on the life settlement contracts as follows: "Any person who knowingly presents false information in an application for insurance or a life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.";
13. The insured may be contacted by either the provider or broker or an authorized representative of the provider or broker for the purpose of determining the insured's health status or to verify the insured's address and that this contact is limited to once every three months if the insured has a life expectancy of more than one year, and not more than once per month if the insured has a life expectancy of one year or less;
14. The affiliation, if any, between the provider and the issuer of the insurance policy to be settled;
15. A broker represents exclusively the owner, and not the insurer or the provider or any other person, and owes a fiduciary duty to the owner, including a duty to act according to the owner's instructions and in the best interest of the owner;
16. The name, address, and telephone number of the provider;
17. The name, business address, and telephone number of the independent third party escrow agent, and the fact that the owner may inspect or receive copies of the relevant escrow or trust agreements or documents; and
18. A change of ownership could in the future limit the insured's ability to purchase future insurance on the insured's life because there is a limit to how much coverage insurers will issue on one life.



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DISCLOSURE TO OWNERS, Page 3

A broker shall provide the owner and the provider with at least the following disclosures not later than the date on which the life settlement contract is signed by all parties and which must be conspicuously displayed in the life settlement contract or in a separate document signed by the owner:

1. The name, business address, and telephone number of the broker;
2. A full, complete, and accurate description of all the offers, counter-offers, acceptances, and rejections relating to the proposed life settlement contract;
3. A written disclosure of any affiliations or contractual arrangements between the broker and any person making an offer in connection with the proposed life settlement contract;
4. The name of each broker who receives compensation and the amount of compensation, including anything of value, paid or given to the broker in connection with the life settlement contract; and
5. A complete reconciliation of the gross offer or bid by the provider to the net amount of proceeds or value to be received by the owner.

That the policy owner may file a complaint by contacting the Texas Department of Insurance, Consumer Protection Division, Mail Code 111-1A, P. O. Box 149104, Austin, Texas 78714-9104 or 333 Guadalupe, Austin, Texas 78701, or by calling the department's Consumer Help Line between 8 a.m. and 5 p.m., Central Time, Monday-Friday at 1-800-252-3439; by faxing a complaint to the department at 1-512-475-1771; by completing a complaint on-line at www.tdi.state.gov; or by e-mailing a complaint to ConsumerProtection@tdi.state.tx.us.

LIFE INSURANCE POLICY OWNER
Signature: _____
Printed Name: _____
Date: _____

LIFE INSURANCE POLICY OWNER
Signature: _____
Printed Name: _____
Date: _____

WITNESS
Signature: _____
Printed Name: _____
Date: _____

WITNESS
Signature: _____
Printed Name: _____
Date: _____

This signature page may be duplicated if there are more than two (2) policy owners. Two (2) witnesses are required if there is more than one (1) policy owner.