



**SETTLEMENT APPLICATION**

**A. PERSONAL INFORMATION (PLEASE PRINT OR TYPE)**

Insured's Name	Date of Birth	Social Security Number	Sex (male/female)
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2 <sup>nd</sup> Insured's Name	Date of Birth	Social Security Number	Sex (male/female)
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Address	Phone Number
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City	State	Zip Code
Marital Status: Single/Never Married _____ Married _____ Widowed _____ Divorced _____		
If Married Spouse's name _____		

**B. MEDICAL INFORMATION**

Insured Medical History \_\_\_\_\_

2<sup>nd</sup> Insured Medical History \_\_\_\_\_

Primary Physician	Telephone Number
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Specialist	Telephone Number
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**C. PERSONAL INFORMATION OWNER –If other than insured**

Owner's Name	Date of Birth	Social Security/Tax ID Number
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2 <sup>nd</sup> Owner's Name	Date of Birth	Social Security/Tax ID Number
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Address	Phone Number
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City	State	Zip Code
Marital Status: __Single/Never Married __Married __ Divorced __ Separated __Widow/Widower		
If Married Spouse's Name _____		

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

Has the policy owner ever declared bankruptcy?      Yes \_\_\_\_\_      No \_\_\_\_\_

Drivers license # \_\_\_\_\_ State of Issue \_\_\_\_\_

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

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Trust Situs/ State of Incorporation or Domicile

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

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

**D. LIFE INSURANCE INFORMATION**

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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 ? \_\_\_Yes \_\_\_No

If yes, why?

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

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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? \_\_\_\_\_

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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

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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.

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LIS.UT appl(b)

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

\_\_\_\_\_  
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., 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.

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

\_\_\_\_\_  
Policy Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Social Security Number/Tax ID Number

\_\_\_\_\_  
Policy Owner Signature  
(If more than one owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Social Security Number/Tax ID Number



## **DISCLOSURE**

The owner of the life insurance policy to be settled should be aware of the following:

1. That there are possible alternatives to a life settlement, including any accelerated death benefits loans, or other benefits offered under the owner's life insurance policy.
2. That some or all of the proceeds of the life settlement may be taxable under federal income tax and state income taxes, and assistance should be sought from a professional tax advisor.
3. That proceeds of the life settlement could be subject to the claims of creditors.
4. That receipt of the proceeds of a life settlement may adversely affect the owner's eligibility for Medicaid or other government benefits or entitlements, and advice should be obtained from the appropriate government agencies.
5. The life settlement provider company, not the owner, 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.
6. That the owner has the right to terminate a life settlement within fifteen (15) calendar days after the receipt of the life settlement proceeds by the owner, as provided by Subsection 31A-36-109(7). If the insured dies during the rescission period, the settlement is deemed to have been rescinded. Rescission is subject to repayment of all life settlement proceeds and any premiums, loans and loan interest to the life settlement provider.
7. That funds will be sent to owner within three (3) business days after the life settlement provider has received the insurer or group administrator's 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 life settlement 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 owner. Assistance should be sought from a financial adviser.
9. That all medical, financial, or personal information solicited or obtained by a life settlement provider or producer 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 life settlement between the owner and the life 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 years.



10. That following the execution of a life settlement the insured may be contacted for the purpose of determining the insured's health status and to confirm the insured's residential or business street address and telephone number. This contact shall be limited to once every three months if the insured has a life expectancy of more than one year, and no more than once per month if the insured has a life expectancy of one year or less. All such contacts shall be made only by a life settlement provider licensed in the state in which the owner resided at the time of the life settlement, or by the authorized representative of a duly licensed life settlement provider.

Disclosure to the owner shall include distribution of a copy of the National Association of Insurance Commissioners (NAIC) Life Settlement brochure that describes the process of life settlements.

_____ <b>Signature of Insured</b>	_____ <b>Date</b>	_____ <b>Signature of Policy Owner</b>	_____ <b>Date</b>
_____ <b>Printed Name</b>	_____ <b>Date</b>	_____ <b>Printed Name</b>	_____ <b>Date</b>
_____ <b>Signature of 2<sup>nd</sup> Insured</b>	_____ <b>Date</b>	_____ <b>Signature of 2<sup>nd</sup> Policy Owner</b>	_____ <b>Date</b>
_____ <b>Printed Name of 2nd Insured</b>	_____ <b>Date</b>	_____ <b>Printed Name of 2<sup>nd</sup> Policy Owner</b>	_____ <b>Date</b>
_____ <b>Signature of Witness</b>	_____ <b>Date</b>	_____ <b>Signature of Witness</b>	_____ <b>Date</b>
_____ <b>Printed Name</b>	_____ <b>Date</b>	_____ <b>Printed Name</b>	_____ <b>Date</b>
_____ <b>LIS Representative</b>	_____ <b>Date</b>	_____ <b>Printed Name</b>	_____ <b>Date</b>



**A. 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 registered 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. and to no other individual or entity, including but not limited to any 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 Broker, Life Insurance Settlements, Inc. will act exclusively on behalf of the Seller and the Insured, and owes duties to the Seller (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 Seller (owner), to obtain the most favorable terms and conditions for the Seller (owner) 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      Date      Printed Name

\_\_\_\_\_  
 Signature of Policy Owner      Date      Printed Name  
 (If other than insured)

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

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

\_\_\_\_\_  
 Signature of Authorized Officer of Life Insurance Settlements, Inc.      Date  
 LIS.UT-BOR