

C. MEDICAL INFORMATION

Insured Medical History _____

2nd Insured Medical History _____

Primary Physician Telephone Number

Specialist Telephone Number

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

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(ies) Relationship(s) to Insured

Name of Current Beneficiary(ies) (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 persons.

Name	Nature of the interest	Date and manner interest was obtained	Relationship to insured
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Name	Nature of the interest	Date and manner interest was obtained	Relationship to insured
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Name	Nature of the interest	Date and manner interest was obtained	Relationship to insured
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Name	Nature of the interest	Date and manner interest was obtained	Relationship to insured
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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 C).



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

NOTICE TO OWNER(S)/INSURED(S)

Neither Life Insurance Settlements, Inc. nor its officers, directors, or principals provide legal, accounting, or financial advice to prospective applicants 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, intervivos settlements, or other similar terms.

An applicant 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 applicant's own attorney, accountant, or other appropriate advisors, only then, should a decision be made to effect such a sale or settlement.

Applicant has a clear and complete understanding of the current or future benefits of the life insurance policy being offered for sale or settlement.

Applicant 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

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.

_____	_____	_____
Owner's Full Name (Type or Print)	Owner's Signature	Date

_____	_____	_____
Owner's Full Name (if more than one owner)	Owner's Signature (if more than one owner)	Date

_____	_____	_____
Witness' Full Name (Type or Print)	Witness Signature	Date

_____	_____	_____
Insured's Full Name (Type or Print)	Insured Signature	Date

_____	_____	_____
Insured's Full Name (Type or Print) (if more than one insured)	Insured Signature (if more than one insured)	Date

_____	_____	_____
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 insuring 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



DISCLOSURE

The owner of the life insurance policy to be viaticated (the viator), as well as each person insured by the life insurance policy (an insured), 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 certain states 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: $8\% \times \$100,000$ (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. Life Insurance Settlements, Inc. will have the rights to all data and information submitted or collected in connection with the potential settlement transaction and, subject to all applicable laws (including relevant privacy laws), may license, sell and assign those rights to one or more third parties, as well as all rights under the accompanying Authorization For Disclosure of Protected Health Information.

Printed Name of Policy Owner

Signature of Policy Owner

Date

Printed Name of Policy Owner
(if more than one owner)

Signature of Policy Owner
(if more than one owner)

Date

Printed Name of Witness

Signature of Witness

Date

Printed Name of Insured

Signature of Insured

Date

Printed Name of Insured
(if more than one insured)

Signature of Insured
(if more than one insured)

Date

Printed Name of Witness

Signature of Witness

Date

Disclosure



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 not 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 stated 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 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, to obtain the most favorable terms and conditions for the Seller 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	Print Name	Signature of Policy Owner (If other than insured)	Date	Print Name
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Signature of Insured (If more than one)	Date	Print Name	Signature of Policy Owner (If more than one)	Date	Print Name
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Signature of Authorized Officer of Life Insurance Settlements, Inc.	Date
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