

**FORM P-LSDO: LIFE SETTLEMENT PROVIDER/BROKER DISCLOSURES TO OWNER**

<b>PROVIDER/BROKER INFORMATION</b>			
Provider/Broker Name: Noam S. Weiss			
Business Address: 3260 Fairlane Farms Rd #3			
City Wellington	State FL	ZIP Code 33414	
Phone: 561-963-5101	Provider/Broker Representative (if provider/broker is not an individual):		
<b>LIFE INSURANCE POLICY OWNER/SELLER INFORMATION</b>			
First Name	Middle Name	Last Name	Jr/Sr/III/etc.

Arizona law allows you to sell your life insurance policy to a third party for an amount that is less than the full death benefit. The buyer becomes the new owner and the beneficiary of the life insurance policy, pays all future premiums and collects the entire death benefit when you die. This is called a life settlement contract.

Arizona Revised Statutes (“ARS”) § 20-3204, subsections A and B, require that a life settlement provider or life settlement broker provide you with the following information in writing before you apply for or enter into a life settlement contract:

**IMPORTANT: READ THIS DISCLOSURE FORM BEFORE SIGNING ANY LIFE SETTLEMENT CONTRACT**

**Before you submit an application for a life settlement, you should know:**

1. There are possible alternatives to life settlements, including accelerated benefits options that your life insurer may offer or policy loans.
2. Some or all of the proceeds of a life settlement may be taxable. You should seek assistance from a professional tax adviser.
3. The proceeds from a life settlement could be subject to the claims of creditors.
4. Receiving proceeds from a life settlement contract may adversely affect your eligibility for public assistance or other government benefits or entitlements. You should obtain advice from the appropriate agencies.
5. Entering into a life settlement contract may cause you to forfeit other rights or benefits including conversion rights and waiver of premium benefits that you may have under the policy or certificate of a group policy. You should seek assistance from a professional financial adviser.
6. You can rescind the life settlement contract within **fifteen (15) days** after the date that all parties execute the life settlement contract and you have received all required disclosures (the “rescission period”). To rescind the life settlement contract, you must notify the provider in writing, and you must repay all proceeds and any premiums, loans and loan interest paid on account of the provider during the rescission period. If the insured dies during the rescission period, the life settlement contract shall be deemed rescinded once you or your estate repay all proceeds and any premiums, loans and loan interest to the provider.

7. Before the provider can pay you the proceeds from the life settlement contract, the provider needs to be notified by the life insurer or group administrator that the ownership of the policy or the interest in the certificate of insurance has been transferred, and that the beneficiary has been designated according to the terms of the life settlement contract. The provider is required to pay you the proceeds from the life settlement contract within three business days after the provider has received the insurer or group administrator's notification.
8. The provider should tell you the date by which the monies will be available to you and the transmitter of the monies.
9. The provider or the broker or its authorized representative may periodically contact the insured to determine the insured's health status or to verify the insured's address. **This contact is limited to once every three months if the insured has a life expectancy of more than one year, and is limited to once per month if the insured has a life expectancy of one year or less.**
10. Attached to this disclosure document is Form P-LSA: Life Settlement Affiliations, which provides information about the broker, and notifies you of affiliations or contractual relations between the provider and the broker, and any affiliation between the provider and the issuer of the policy to be settled.
11. A broker represents you exclusively and not the insurer or the provider or any other person. The broker owes a fiduciary duty to you, including a duty to act according to your instructions and in your best interest.

**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, a spouse or a significant other, may be disclosed as necessary to effect the life settlement contract between you and the 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 monies for the purchase. You may be asked to renew your permission to share information every two years.**

**Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a class 1 misdemeanor and may be subject to fines and confinement in jail.**

**Signature required by ARS § 20-3204(A).** By signing this form, you acknowledge that you read and understand the information contained on this disclosure document. If you need legal advice, you should consult an attorney.

► Owner/Seller Signature: \_\_\_\_\_ Date \_\_\_\_\_

► Provider/Broker Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Life Settlement Provider/Broker Disclosures to Owner  
FORM P-LSA: LIFE SETTLEMENT AFFILIATIONS**

<b>BROKER INFORMATION</b>			
Name of Life Settlement Broker ("Broker") Noam S. Weiss		AZ Insurance License No. 892659	
Business Address 3260 Fairlane Farms Rd #3	City Wellington	State FL	ZIP Code 33414
<b>PROVIDER INFORMATION</b>			
Name of Life Settlement Provider ("Provider") TBD		AZ Insurance License No.	
Provider's Representative <i>(if the Provider is not an individual)</i>			
<b>BROKER AND PROVIDER AFFILIATIONS OR CONTRACTUAL RELATIONS</b>			
Description of affiliations or contractual relations between Broker and Provider			

<b>PROVIDER AND ISSUER AFFILIATION</b>	
Name of Life Insurer ("Issuer")	NAIC Number
Description of affiliation, if any, between Provider and Issuer	

► Provider/Broker Signature: \_\_\_\_\_ Date \_\_\_\_\_