**PRELIMINARY LIFE INSURANCE APPRAISAL REQUEST**

**INSURED INFORMATION** *(If more than one insured, please duplicate this page and complete for each insured.)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>SSN</td>
<td></td>
</tr>
<tr>
<td>Current Address</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Day Telephone #</td>
<td></td>
</tr>
<tr>
<td>Night Telephone #</td>
<td></td>
</tr>
<tr>
<td>Dependent Children</td>
<td>□ Yes (If yes, please list ages)</td>
</tr>
<tr>
<td>Have you ever been or are you now a party to bankruptcy?</td>
<td>□ Yes (If yes, please attach all discharge papers)</td>
</tr>
</tbody>
</table>

**MEDICAL HISTORY**

- Please give a brief description of your medical condition and any current medications

- Personal Physician(s) (please list all physician seen within the last 5 years)

- Has the Insured used any tobacco or nicotine products within the last 5 years?

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

□ Yes (If yes, please list ages)
□ No
### POLICY INFORMATION

<table>
<thead>
<tr>
<th>Insurance Carrier</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Value</td>
<td></td>
</tr>
<tr>
<td>Type of Coverage</td>
<td>□ Term (if term, is it convertible: □ Yes □ No □ Not Sure)</td>
</tr>
<tr>
<td></td>
<td>□ Universal Life □ Whole Life □ Other</td>
</tr>
<tr>
<td>Policy Number</td>
<td></td>
</tr>
<tr>
<td>Issue Date</td>
<td></td>
</tr>
<tr>
<td>Premium Amount &amp; Frequency</td>
<td></td>
</tr>
<tr>
<td>Policy Loans</td>
<td></td>
</tr>
<tr>
<td>Current Surrender Value</td>
<td></td>
</tr>
<tr>
<td>Has this policy ever lapsed?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Has the Beneficiary ever been changed on this policy?</td>
<td>□ Yes (list original and current beneficiaries along with an explanation) □ No (list original beneficiaries)</td>
</tr>
<tr>
<td>Reason for the Sale of this Policy</td>
<td></td>
</tr>
</tbody>
</table>

### OWNER INFORMATION (if different from above)

| Policy Owner(s) |  |
| If Trust owned, name of all Trustees |  |
| Has the Ownership ever been changed on this policy? | □ Yes (list original owner along with an explanation) □ No |
| SSN or Tax ID# |  |
| Current Address |  |
| Telephone # |  |
| Marital Status |  |
| Gender | □ Male □ Female |
| Dependent Children | □ Yes □ No |
| Have you ever been or are you now a party to bankruptcy? | □ Yes (If yes, please attach all discharge papers) □ No |

### FRAUD NOTICE

“ANY PERSON WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE OR VIATICAL SETTLEMENT CONTRACT IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”
SUPPLEMENTAL LIFE INSURANCE POLICY INFORMATION

1. Has this Policy or any of its proceeds ever been used as security for a loan made to the original policy owner (or any affiliate of the original policy owner) for the purpose of paying all or part of the ongoing policy premium payments?
   □ Yes
   □ No

2. If viator purchased this Policy with financial assistance from a lender or investor ("financier"), do any of the following apply to the financing?
   a. The original policy owner or the Insured received a financial inducement to finance the premiums:
      □ Yes
      □ No

   b. The Financier has a potential interest in the death benefit or possible proceeds from the sale of this Policy:
      □ Yes
      □ No

   c. The financing arrangement included a pre-arrangement to sell this Policy:
      □ Yes
      □ No

   If the answer to question 1 or any of the questions in 2 above is Yes, please provide details:

3. Has there ever been an option or other arrangement of any kind to purchase, sell or transfer any of the following?
   a. The policy
      □ Yes
      □ No

   b. The beneficial interest in the Policy
      □ Yes
      □ No

   c. The entity owning the Policy
      □ Yes
      □ No

4. Please state the basis for the original policy owner’s (if not the viator) insurable interest in the life of the Insured(s):
DISCLOSURE NOTICE TO OWNER

1. Some or all of the proceeds of your viatical settlement may be taxable under federal income tax and/or state franchise and income tax laws. You should consult a professional tax advisor.

2. The sale of your insurance policy and receipt of proceeds could adversely affect your right to receive Medicaid or other government benefits or entitlements, and advice should be obtained from the appropriate agencies.

3. Settlement Benefits Association will only process your life insurance policy through licensed viatical settlement providers to the extent required by applicable law.

4. A viatical settlement broker represents exclusively the policy owner, and not the insurer or the viatical settlement provider, and, if required by State law, owes a fiduciary duty to the policy owner’s instructions and in the best interest of the policy owner. You agree that your viatical settlement broker represents you exclusively. Further, you agree that Settlement Benefits Association, owes a duty only to Settlement Benefits Association’s Producer (your viatical settlement broker), and not to you, where allowed by law.

5. Settlement Benefits Association will be compensated. The viatical settlement provider company, not the viator (policy owner), will compensate Settlement Benefits Association, 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: 6% x $100,000 (face value) = $6,000.00. Compensation can include, but is not limited to, bonuses, overrides or other funds in addition to viatical settlement broker commissions.

6. There are possible alternative to selling your life insurance. This may include the option of an accelerated death benefit or policy loans offered by your life insurance company. You are advised to consult a financial advisor, certified public accountant or an attorney regarding these potential alternatives.

7. You have the right to obtain the name, business address, and telephone number of the entity that serves as independent third-party escrow agent that disburses your viatical settlement proceeds. You may, if you wish, inspect or receive a copy of the relevant escrow or trust agreements or documents for your viatical settlement from the escrow agent.

8. Once you have received your proceeds from the sale of your life insurance policy, you may have up to fifteen (15) days from receipt of the viatical settlement proceeds in which to rescind the transaction, conditioned on the return of such proceeds. If the insured dies during the rescission period the viatical settlement contract shall be deemed rescinded, subject to repayment of all viatical settlement proceeds. Funds should be sent to you within (3) business days after 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. Please refer to your viatical settlement contract for details of these provisions.

9. Your 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 Policy Owner. Assistance should be sought from a financial advisor.

10. Viatical Settlement proceeds could be subject to the claims of creditors.

11. 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 policy owner 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 years.

12. Following the execution of a viatical settlement contract, 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, or as otherwise provided under State law. This contact may be limited to once every three (3) 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 viatical settlement provider licensed in the state in which the policy owner resided at the time of the viatical settlement, or by the authorized representative of a duly licensed viatical settlement provider.

13. Disclosure to a Policy Owner shall include distribution of a brochure describing the process of viatical settlements. The NAIC’s form for the brochure shall be used unless another form is developed or approved by the commissioner of the state in question.
APPLICANT’S ACKNOWLEDGEMENT OF RECEIPT OF A BROCHURE ON VIATIONAL SETTLEMENTS

By my signature below, I/we confirm and acknowledge receipt of a brochure describing the process of viatical settlements.

SIGNATURES

I/We understand that Settlement Benefits Association, has a duty to find the most competitive offer available for my/our life insurance policy (ies). Prior to making the decision to sell the Policy, I/We have had the opportunity to discuss any questions about the transaction with other appropriate professionals such as my/our lawyer, accountant and tax advisor.

I/We agree that this application will become part of my/our viatical settlement contract if my/our life insurance policy is purchased. I/We agree that all of the information provided in this application is material and represent and warrant that all of the information is true and correct to the best of my/our knowledge. I/We acknowledge that I/We have read and understand the contents of the DISCLOSURE NOTICE.

_______________________________________    ____________________________________________
Signature of Insured 1       Signature of Policy Owner/Viator - (if other than insured)
______________________________________
Signature of Insured 2       Signature of Policy Owner 2/Viator (if applicable)
______________________________________
Signature of Witness       Signature of Viatical Settlement Broker or Viatical Settlement Provider
______________________________________
Signature of Witness       Signature of Viatical Settlement Broker or Viatical Settlement Provider

Printed Name of Insured 1        Date    Printed Name Policy Owner/Viator        Date
Printed Name of Insured 2        Date    Printed Name of Policy Owner 2/Viator    Date
Printed Name of Witness        Date    Printed Name                Date
AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION
(HIPAA Compliant)

I, the undersigned individual, authorize the disclosure of my protected health information ("PHI") as defined under the applicable privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as follows:

1. Classes of Persons Authorized to Disclose My Protected Health Information: I authorize each doctor, hospital, nurse, pharmacy, physician, physician practice group, laboratory and any other type of health care provider (each, an “Authorized HCP”) having any PHI about me to disclose any and all of my PHI as provided under this authorization. I acknowledge that all of my PHI in the possession or control of any authorized HCP is necessary for the purpose for which this authorization is given as described below. I authorize each Authorized HCP to rely upon a photostatic or facsimile copy or other reproduction of this authorization.

2. Classes of persons authorized to Receive My Protected Health Information: I authorize each Authorized HCP to disclose my PHI under this authorization to (a) Settlement Benefits Association and/or its authorized representatives, (b) any viatical settlement provider, (c) any person who may seek to purchase any life insurance policy insuring my life or other insurance product I own, (d) any financing entity of a viatical settlement provider, including, but not limited to, any of its underwriters, lenders, purchasers of securities and credit enhancers, (e) any life expectancy provider, (f) any life insurance company that has issued a life insurance policy insuring my life, and (g) any of the respective affiliates, agents, employees, representatives, advisors, successors and assigns of any of the persons or entities covered in the immediately foregoing clauses (a) through (f), inclusive (each, an “Authorized Recipient”).

3. Description of Protected Health Information and Purpose of Disclosure: This authorization shall apply to any and all of my health and medical data, information and records, whether or not personally or individually identifiable or protected under any federal or state confidentiality or privacy laws or regulations, including information relating to psychiatric or neuropsychiatric conditions, AIDS/HIV and/or drug or alcohol abuse/treatment. The purpose of this authorization and all disclosures of my PHI made under this authorization are for purposes of allowing the Authorized Recipient (a) to analyze, assess, evaluate or underwrite my health or medical condition, or life expectancy, in connection with the possible sale of any life insurance policy, or certificate of life insurance, under which my life is insured to any Authorized Recipient and (b) to monitor, track or verify my health or medical status and condition in connection with any life insurance policy under which my life is insured, that any Authorized Recipient purchases.

4. Expiration of Authorization: This authorization shall remain valid until, and shall expire on, the date that is one (1) year after the date of my death.

5. Right to Revoke Authorization: I acknowledge and understand that I may revoke this authorization any time with respect to any Authorized HCP by notifying such Authorized HCP in writing of my revocation of this authorization and delivering my revocation by mail or personal delivery at such address designated to me by such Authorized HCP; provided, that, any revocation of this authorization shall not apply to the extent that the Authorized HCP has taken action in reliance upon this authorization prior to receiving written notice of my revocation.

6. Inability to Condition Treatment, Payment, Enrollment, or Eligibility for Benefits on Provision of Authorization: I understand that no authorized HCP or other covered entity may condition my treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I understand that this authorization is not a consent or an authorization requested by a health care provider, health care clearinghouse or health plan covered by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the HIPAA Privacy Regulations”).

I further understand that, as a result of this authorization, there is the potential for my PHI that is disclosed by any Authorized HCP to an Authorized Recipient to be subject to redisclosure by the Authorized Recipient and my PHI that is disclosed to such Authorized Recipient may no longer be protected by the HIPAA Privacy Regulations. I certify that I am executing and delivering this authorization freely and unilaterally as of the date written below and that all information contained in this authorization is true and correct. I further certify that this authorization is written in plain language and that I have retained a copy of this signed authorization for future reference.

INDIVIDUAL:

Signature of Individual (Insured) ____________________________

Signature of Witness ____________________________

Printed Name of Individual ____________________________ Date ___________

Printed Name of Witness ____________________________ Date ___________
AUTHORIZATION FOR RELEASE OF POLICY INFORMATION

I hereby request and authorize __________________________________________ (Insert Name of Insurance Company),

the issuer of life insurance policy number ____________________________________________, owned by

___________________________________________ (Insert Name of Policy Owner), and insuring the life of

___________________________________________ (Insert Name of Insured), to release to Settlement Benefits

Association and/or its agents, successors, assignees, and affiliates, and their authorized representatives, any and all

information concerning the above policy (including any conversions thereof or replacements therefore). This includes, but is

not limited to, a complete copy of all policies and policy forms, master policies and certificates for any group policies, all

applications, policy illustrations, verification of coverage forms, annual or periodic statements, premium information, change

of ownership forms, change of beneficiary forms, and collateral and/or absolute assignment forms, as well as all other

information reflecting ownership and benefits payable under the policy, liens and assignments, premium waivers, and all

provisions of the policy related to the foregoing.

I authorize Settlement Benefits Association to share this information with viatical settlement providers, viatical settlement

brokers, and other parties as required. The purpose of sharing this information is to obtain quotes for viatical settlements.

This Authorization shall be effective from the date of signature until the expiration of one (1) year following the death of the

Insured(s). However, if any governing law or regulation limits this authorization to a shorter period of time, then this

Authorization shall remain in force for the maximum period of time allowed by law.

I agree that any copy or facsimile of this Authorization shall be as valid as the original.

This Authorization may be signed in counterparts if required to complete execution. This Authorization is effective as to
each Insured and each Policy Owner immediately upon witnessing of such individual’s signature, and is not conditioned upon
signature by other insureds or Policy Owners. It shall be sufficient that the signature on behalf of each party appear on one
or more such counterparts. However, witnesses must sign the same sheet at the same time as signature of the person
whose signature is being witnessed.

EXECUTED BY THE POLICY OWNER AS FOLLOWS

Printed Name of Policy Owner  Signature of Policy Owner  Date Signed

Printed Name of Witness  Signature of Witness  Date Signed

Printed Name of Policy Owner  Signature of Policy Owner  Date Signed

Printed Name of Witness  Signature of Witness  Date Signed
Defining the Terms

A life settlement is the sale of a life insurance policy to another person or company in return for a cash payment of less than the full amount of the death benefit.

A life settlement provider is the person or company that becomes the new policy owner in return for a payment made to the seller. The life settlement provider becomes the policy owner, must pay any premiums that are due, and eventually collects the full amount of the death benefit from the insurance company.

A life settlement broker is the person or company who represents the seller of the policy and can comparison shop for life settlement offers. The buyer pays the broker a commission if the sale is completed.

Additional Questions to Consider

- Do I still need life insurance protection?
- Will I qualify for a new life insurance policy in the future?
- If I sell my policy, how will they decide how much cash I get?
- If I sell my policy, will there be any costs I have to pay?
- If I sell my policy, will the money be put into an escrow account? If so, who will the escrow agent be? Does state law require the agent to be licensed?
- Is my policy an employer or other group policy? If so, do I need their permission to sell it?
- If I sell my policy, who will be the legal owner?
- Is the viatical settlement provider I plan to sell to allowed to do business in my state?
- After I sell my policy, can the buyer resell it?

Consumer Alert

- If you’re asked to invest in or buy a life settlement, contact your state insurance department to learn more about the issues and risks.
- If you don’t have a life-threatening illness and you’re interested in selling your life insurance policy, contact your state insurance department for more information.
- If you’ve been contacted by someone who wants you to buy a policy and then sell it immediately, contact your state insurance department. This activity may be considered fraudulent and the parties may be prosecuted by the appropriate authorities.

Check with Your State

Your state insurance department may regulate the purchase of life settlements. Contact them for a copy of those regulations.

Selling Your Life Insurance Policy: Understanding Life Settlements

This publication was issued in joint cooperation with the:
National Association of Insurance Commissioners
2301 McGee Street, Suite 800
Kansas City, Mo. 64108
(816)842-3600
http://www.naic.org
Understanding Life Settlements

A life settlement is the sale of a life insurance policy to a third party. The owner of a life insurance policy sells it for a cash payment that is less than the full amount of the death benefit. The buyer becomes the new owner and/or beneficiary of the life insurance policy, pays all future premiums and collects the full amount of the death benefit when the insured dies.

People decide to sell their life insurance policies for many reasons. When an individual with a terminal or chronic illness sells his or her life insurance policy, that is known as a viatical settlement. When an individual who does not have a terminal or chronic illness sells a policy for other reasons, including changed needs of dependents, wanting to reduce premiums, and cash for meeting expenses, that is known as a life settlement.

A life settlement may or may not be the right choice for you. Your state insurance department, along with the National Association of Insurance Commissioners, is concerned that many consumers may not fully understand life settlements. Please continue reading before making any decisions.

Get All of the Facts

Before you enter into any life settlement transaction, you should:

- Contact your life insurer to learn about all of your possible options under your policy.
- Contact a life settlement broker or life settlement provider for information about life settlements.
- Consult with your own financial advisor who knows your personal financial needs. Be sure to ask about tax and other financial consequences if you sell your policy.
- Contact your state insurance department for information about current laws that may protect you.

Consider All Your Options

- Find out if you have any cash value in your life insurance policy. You may be able to use some of the cash value to meet your immediate needs and keep your policy in force for your beneficiaries without having to sell it to a third party. You may also be able to use the cash value as security for a loan from a financial institution.
- Review other sources of cash that may meet your financial needs at a lower cost than a life settlement.

Other Considerations

- Contact a professional tax advisor. Find out the tax implications. Proceeds are only tax-free under certain circumstances.
- Know that your creditors could claim the proceeds.
- Find out if you’ll lose any public assistance benefits such as food stamps or Medicaid if you get a cash settlement.
- Know that you must provide certain medical and personal information to third parties who will be paid the proceeds from your policy upon your death. These third parties may sell your policy and pass along your medical and personal information to other individuals.

Consumer Tips

- Understand how the process works and when the different phases will happen.
- Decide whether to sell your policy directly to a life settlement provider or go through a life settlement broker who will do the comparison shopping for you.
- If you don’t use a life settlement broker, comparison shop on your own.
- You don’t have to accept any life settlement offer.
- Check all application forms for accuracy, especially information about your medical history.
- You must be truthful in your answers to application questions.
- Make sure the life settlement provider agrees to put your settlement proceeds in escrow with an independent party or financial institution to make sure your funds are safe during the transfer.
- Find out if you have the right to change your mind about the life settlement offer after you get the proceeds. In many states, you have the right to change your mind for a certain period of time. If you have that right, you’ll have to return the money you were paid and premiums the buyer paid.
- Understand whether buyers may learn your identity when they buy your policy, and whether they will know certain medical and personal information about you, such as your address and life expectancy.