## 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>
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<tbody>
<tr>
<td>Name</td>
<td></td>
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<tr>
<td>SSN</td>
<td></td>
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<tr>
<td>Current Address</td>
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<tr>
<td>Date of Birth</td>
<td></td>
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<tr>
<td>Day Telephone #</td>
<td></td>
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<tr>
<td>Night Telephone #</td>
<td></td>
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<tr>
<td>Dependent Children</td>
<td>□ Yes (If yes, please list ages) □ No</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) □ No</td>
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### MEDICAL HISTORY

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

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<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Type</th>
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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?

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

<table>
<thead>
<tr>
<th><strong>Insurance Carrier</strong></th>
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<tr>
<td><strong>Face Value</strong></td>
<td></td>
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<tr>
<td><strong>Type of Coverage</strong></td>
<td><img src="Yes" alt="Term" />, <img src="No" alt="Yes" />, ![Not Sure]</td>
</tr>
<tr>
<td><img src="Yes" alt="Universal Life" />, <img src="No" alt="Whole Life" />, <img src="Yes" alt="Other" /></td>
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<tr>
<td><strong>Policy Number</strong></td>
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<td><strong>Issue Date</strong></td>
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<td><strong>Premium Amount &amp; Frequency</strong></td>
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<tr>
<td><strong>Policy Loans</strong></td>
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<td><strong>Current Surrender Value</strong></td>
<td></td>
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<tr>
<td><strong>Has this policy ever lapsed?</strong></td>
<td><img src="Yes" alt="Yes" />, <img src="No" alt="No" /></td>
</tr>
<tr>
<td><strong>Has the Beneficiary ever been changed on this policy?</strong></td>
<td><img src="Yes" alt="Yes" />, <img src="No" alt="No" /></td>
</tr>
<tr>
<td><strong>Reason for the Sale of this Policy</strong></td>
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</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](Yes), ![No](No) |
| **SSN or Tax ID#** |  |
| **Current Address** |  |
| **Telephone #** |  |
| **Marital Status** |  |
| **Gender** | ![Male](Yes), ![Female](No) |
| **Dependent Children** | ![Yes](Yes), ![No](No) |
| **Have you ever been or are you now a party to bankruptcy?** | ![Yes](Yes) (If yes, please attach all discharge papers), ![No](No) |

### FRAUD NOTICE

“ANY PERSON WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE OR LIFE 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 life 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 life settlement providers to the extent required by applicable law.

4. A life settlement broker represents exclusively the policy owner, and not the insurer or the life 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. Further, you agree that Settlement Benefits Association owes a duty only to Settlement Benefits Association’s Producer (your life settlement broker), and not to you, where allowed by law.

5. Settlement Benefits Association will be compensated. The life 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 life 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 life settlement proceeds. You may, if you wish, inspect or receive a copy of the relevant escrow or trust agreements or documents for your life 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 life settlement proceeds in which to rescind the transaction, conditioned on the return of such proceeds. If the insured dies during the rescission period the life settlement contract shall be deemed rescinded, subject to repayment of all life 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 life settlement contract for details of these provisions.

9. Your entering into a life 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. Life Settlement proceeds could be subject to the claims of creditors.

11. All medical, financial or personal information solicited or obtained by a life settlement provider or life 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 life settlement between the policy 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.

12. Following the execution of a life 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 life settlement provider licensed in the state in which the policy owner resided at the time of the life settlement, or by the authorized representative of a duly licensed life settlement provider.

13. Disclosure to a Policy Owner shall include distribution of a brochure describing the process of life 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 LIFE SETTLEMENTS

By my signature below, I/we confirm and acknowledge receipt of a brochure describing the process of life 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 life 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 2 (if applicable)

____________________________   _________    _____________________________  ____________
Signature of Insured 2       Signature of Policy Owner 2 (if applicable)

____________________________   _________    _____________________________  ____________
Signature of Witness       Signature of Life Settlement Broker or Life Settlement Provider

____________________________   _________    _____________________________  ____________
Printed Name of Insured 1        Date    Printed Name Policy Owner 2       Date

____________________________   _________    _____________________________  ____________
Printed Name of Insured 2        Date    Printed Name Policy Owner 2       Date

____________________________   _________    _____________________________  ____________
Print 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 life 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 life 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 life settlement providers, life settlement brokers,
and other parties as required. The purpose of sharing this information is to obtain quotes for life 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

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<tr>
<th>Printed Name of Policy Owner</th>
<th>Signature of Policy Owner</th>
<th>Date Signed</th>
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Selling Your Policy

If you decide to sell your life insurance policy, you should be aware that Maryland law requires your viatical settlement broker to take certain steps in every transaction. The broker should:

1. Give you a written description of the services that are required on your behalf by state law.
2. Disclose all offers, counter-offers, acceptances and rejections relating to the sale of your policy within 72 hours of their receipt.
3. Explain in writing within 72 hours before a viatical settlement contract is signed by all parties, the amount of the broker's compensation and how it is calculated; and
4. Make other disclosures regarding your legal rights in a viatical settlement.

If you believe your viatical settlement broker did not make a required disclosure or did not perform a legally required service, you may file a complaint with the Maryland Insurance Administration against the broker. For information on filing a complaint, you may call or write the Insurance Administration or visit our website: www.mdinsurance.state.md.us

Buying a Life Insurance Policy?

If you are considering buying a life insurance policy as an investment, contact the Securities Division of the Maryland Office of the Attorney General (888-743-0023), for more information.

Persons with disabilities may request this document in an alternative format.
Understanding Viatical Settlements

The Maryland Insurance Administration and the National Association of Insurance Commissioners want you to have the facts before you sell your life insurance policy. This brochure provides some of that information, but it is only a starting point. Consult your own professional financial advisor, attorney, or accountant to help you understand your rights in the transaction, possible consequences and alternative solutions that may better serve your personal situation.

What is a Viatical Settlement?

A viatical settlement is a written agreement for the sale of a life insurance policy to a third party. The owner or certificate holder of the life insurance policy (the viator) sells the policy for an immediate cash benefit.

At one time, most viatical settlements were for people with a life-threatening illness. Now, individuals who are not facing a health crisis may sell their life insurance policies to obtain cash.

A viatical settlement broker is the person or company that, for a fee, commission or other consideration, arranges the sale of your life insurance policy.

In Maryland, a viatical settlement broker represents only the viator and has a duty to act in the viator’s best interest. Viatical settlement brokers must be both licensed to sell life insurance in Maryland and specifically registered with the Maryland Insurance Commissioner to conduct viatical settlements.

The viatical settlement provider is the buyer and becomes the new owner of the life insurance policy, pays future premiums, and collects the death benefit when the insured dies. Viatical settlement providers must be registered with the State Insurance Commissioner.

Consider Your Options

If you’re selling your policy to obtain cash to pay expenses, check all of your options. You may find a way to receive more cash from your life insurance policy.

1. Ask your insurance agent or company 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. You may also be able to use the cash value as security for a loan from a financial institution.

2. Find out whether your life insurance policy has an accelerated death benefit. An accelerated death benefit typically pays some of the policy’s death benefit before the insured dies. It may be a way for you to get cash from a policy without selling it to a third party.

Consumer Tips

- Comparison shop. Get quotes from several potential buyers to make sure you have a competitive offer.
- Find out the tax implications. Not all proceeds from the sale of your life insurance policy are tax-free.
- It’s important to know that any of your creditors could make a claim against your cash settlement.
- Find out whether you will lose eligibility for public assistance benefits such as food stamps or Medicaid if you receive a cash settlement.
- The buyer of your policy may periodically ask you about your health status. The buyer is required to give you a privacy notice outlining who will get this personal information. Be sure to read it.

- Check all application forms for accuracy, especially your medical history. All questions must be answered truthfully and completely.
- Make sure the viatical settlement provider agrees to put your settlement proceeds into an independent escrow account to protect your funds during the transfer.
- Remember that, by law, you have the right to change your mind and rescind the transaction within 15 days of receiving the cash payment.

Questions to Ask

- Do I still need life insurance protection?
- If I sell my policy, who decides the amount of the settlement offer and how is it calculated?
- Is this an employer or other group policy? If so, do I need permission to sell it?
- If I sell my policy, who will be the legal owner?
- Do I need the advice of a tax or estate planning advisor before I decide to sell my policy?
- Who will have private information about me, my family or my health status?
- After I sell my policy, can it be resold by the buyer?