Settlements For Life, LLC

Enhancing The Value Of Your Life ™

Life Enhancement Program

Application Package

Agent Name: _____

Address: _____

_____

Phone: _____

Email: _____

Referred by: _____

SFL Contact: _____

5350 Poplar Avenue, Suite 550
Memphis, TN 38119
Phone 877.588.5558
Fax 901.683.5531
www.settlementsforlife.com

CONFIDENTIAL PERSONAL AND INSURANCE INFORMATION

Personal Data

First Insured Name_____ SS#_____-____-_____ Date of Birth____/___/____

Permanent Address_____

City_____ State_____ Zip_____County_____

Phone Numbers: Day: (___)_____-_____ Evening: (___)_____-_____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced Sex: ☐ Male ☐ Female Dependent Children: ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No If no, date last worked: _____/_____/_____

Have you ever declared bankruptcy? ☐ Yes ☐ No If yes, please attach bankruptcy discharge papers.

Is the client applying for new life insurance? ☐ Yes ☐ No

Second Insured Name_____ SS#_____-____-_____ Date of Birth____/___/____

Permanent Address_____

City_____ State_____ Zip_____ County_____

Phone Numbers: Day: (____)_____-_____ Evening: (____)_____-_____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced Sex: ☐ Male ☐ Female Dependent Children: ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No If no, date last worked: _____/_____/_____

Have you ever declared bankruptcy? ☐ Yes ☐ No If yes, please attach bankruptcy discharge papers.

Is the client applying for new life insurance? ☐ Yes ☐ No

Life Insurance Policy Information

First Policy

Insurance Carrier_____ Policy Number_____ Issue Date_____/_____/_____

Face Amount $_____Annual Premium $_____ Total Policy Loan $_____

Current Cash Surrender Value $_____ Date of Last Premium Paid _____/_____/_____

Next Premium Due Date____/_____/____ Policy Type ☐Term ☐Whole Life ☐Universal Life ☐Survivorship ☐Variable Life ☐Other_____

Policy Owner _____ SS#_____-____-_____ TID# _____-_____

Permanent Address_____ Phone Number (___)_____-_____

City_____ State_____ Zip_____ Date of Birth/Trust Date_____/_____/_____

Primary Beneficiary(ies) _____, _____,_____

Has the policy owner ever declared bankruptcy? ☐ Yes ☐ No If yes, please attach bankruptcy discharge papers.

Has the policy ever lapsed? ☐ Yes ☐ No If yes, date: _____/_____/_____

Please list any additional owners or trustees on a separate sheet.

Second Policy

Insurance Carrier_____ Policy Number_____ Issue Date_____/_____/_____

Face Amount $_____ Annual Premium $_____ Total Policy Loan $_____

Current Cash Surrender Value $_____ Date of Last Premium Paid _____/_____/_____

Next Premium Due Date____/_____/____ Policy Type ☐Term ☐Whole Life ☐Universal Life ☐Survivorship ☐Variable Life ☐Other_____

Policy Owner _____ SS#_____-____-_____ TID# _____-_____

Permanent Address_____ Phone Number (____)_____-_____

City_____ State_____ Zip_____ Date of Birth/Trust Date_____/_____/_____

Primary Beneficiary(ies) _____, _____,_____

Has the policy owner ever declared bankruptcy? ☐Yes ☐No If yes, please attach bankruptcy discharge papers.

Has the policy ever lapsed? ☐ Yes ☐ No If yes, date: _____/_____/_____

Please list any additional owners or trustees on a separate sheet.

Please attach additional pages for more than 2 policies.

Medical History

First Insured

Please give a brief description of your medical condition:_____

_____

_____

Name of Primary Physician:_____

Address_____ Phone Number (____)_____-_____

City _____ State _____ Zip _____ Fax Number (____)_____-_____

List names and numbers of other physicians/specialists:

Name_____ Addr, City, St., Zip_____Ph # (____)____-_____

Name_____ Addr, City, St., Zip_____Ph # (____)____-_____

Name_____ Addr, City, St., Zip_____Ph # (____)____-_____

If there are any other physicians that have treated you in the last five years, you may attach an additional page including their full name, address, and telephone number.

Second Insured

Please give a brief description of your medical condition: _____

_____

_____

Name of Primary Physician:_____

Address_____ Phone Number (____)_____-_____

City _____ State _____ Zip _____ Fax Number (____)_____-_____

List names and numbers of other physicians/specialists:

Name_____ Addr, City, St., Zip_____Ph # (____)____-_____

Name_____ Addr, City, St., Zip_____Ph # (____)____-_____

Name_____ Addr, City, St., Zip_____Ph # (____)____-_____

If there are any other physicians that have treated you in the last five years, you may attach an additional page including their full name, address, and telephone number.

AUTHORIZATION TO RELEASE POLICY INFORMATION

I,_____ , the policy owner
(Name of the Policy Owner)

hereby authorize _____,
(Name of the Insurance Carrier)

the issuer of that certain insurance policy number # _____
(Policy Number)

insuring the life of _____, to release to Settlements For Life, LLC,
(Name of Insured)

or its authorized representative(s) and prospective Life Settlement Provider companies, any and all information concerning this policy. A photocopy or facsimile of this document shall be as valid as the original.

_____ _____
Policy Owner's Signature Social Security # or Tax ID #

_____ _____
Type or Print Name Date

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AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize any physician, medical practitioner, hospital, or medically-related facility, insurance company, or other institution or person(s) having any of my medical records, to release all, by facsimile and/or mail, any such medical records to Settlements For Life, LLC, prospective Life Settlement provider companies, and/or their authorized representative(s).

Medical records shall include all past, present, or future medical information or knowledge of medical information, medical reports, physical examination reports, hospital reports, laboratory reports, or x-ray reports relating to me or my health, including psychological information.

This authorization shall be valid until, and shall expire, ninety days after the date of this authorization.

A photocopy and/or facsimile of this authorization shall be as valid as the original.

Insured's Signature

Date

Type or Print Name

Social Security #

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

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

1. *Classes of Persons Authorized to Disclose My Protected Health Information:*
   I authorize each doctor, hospital, nurse, pharmacy, physician, physician practice group, and any other type of health care provider (each, an HCP) having any PHI about me to disclose any and all of my PHI as provided under this authorization. I authorize each Authorized HCP to rely upon a photo static 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 Settlements For Life, LLC, prospective provider companies, and its affiliates and any of their directors, officers, employees, agents, independent contractors, consultants, medical underwriters, lenders, financing entities, stop-loss re-insurers, credit enhancers, service providers or other representatives (each, an Authorized Recipient).

3. *Description of Protected Health Information Authorized for Disclosure 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. This authorization and all disclosures of my PHI made under this authorization are for purposes of allowing the Authorized Recipient 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 the Authorized Recipient.

4. *Expiration of Authorization:*
   This authorization shall remain valid until, and shall expire, one 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:*
   No 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 received and retained a copy of this signed authorization for future reference.

_____
Signature of Insured

_____
Print or Type Name of Insured

_____
Date

_____
Signature of Second Insured

_____
Print or Type Name of Second Insured

_____
Date

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IMPORTANT DISCLOSURE NOTICE FOR LIFE SETTLEMENT/VIATICAL APPLICANTS

All medical, financial, personal information solicited or obtained by a life settlement/viatical provider or life settlement/viatical broker about an owner and insured, including the owner's and 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/viatical 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 the funds for the purchase of the policy. You may be asked to renew your permission to share information every two years.

1. There may be possible alternatives to life settlement/viatical contracts, including any accelerated death benefits offered under the owner's life insurance policy;
2. Some or all of the proceeds of the life settlement/viatical may be taxable under federal income tax and state franchise and income taxes. You should seek assistance from a professional tax advisor to determine the tax consequences of selling your life insurance policy;
3. Proceeds of the life settlement could be subject to the claims of creditors;
4. Receipt of the proceeds of a life settlement/viatical may adversely affect the owner's eligibility for Medicaid or other government benefits or entitlements. You should obtain advice from the appropriate government agency;
5. The seller has the right to rescind the contract for at least thirty (30) calendar days from the date of contract or fifteen (15) days upon receipt of the life settlement/viatical proceeds, whichever is less. If the insured dies during the rescission period, the life settlement/viatical contract shall be deemed to have been rescinded, subject to repayment to the life settlement/viatical provider of all life settlement/viatical proceeds;
6. Funds will be sent to the owner within three (3) business days after the life settlement/viatical 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 pursuant to the life settlement/viatical contract;
7. Entering into a life settlement/viatical 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 viator. You should seek assistance from a financial advisor to determine what rights or benefits under the policy or certificate will be forfeited by the viator;
8. Settlements For Life, LLC will be compensated. The life settlement/viatical provider, not the viator, will compensate Settlements For Life, LLC based on a formula that is a percentage of the face value of the life insurance policy. Compensation can include, but is not limited to bonuses, overrides or other funds in addition to agent commissions.

It is a crime to knowingly provide false, incomplete or misleading information in an application for insurance or an application for a viatical or life settlement contract with intent to defraud. Penalties include imprisonment, fines and denial of insurance benefits.

Settlements For Life, LLC is the exclusive viatical/life settlement broker of record, which may be terminated only with sixty (60) days written notice.

I/We agree that this application will become part of my/our viatical/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 the best of my/our knowledge. I/We acknowledge that I/we have read and understand the contents of the Disclosure Notice.

Signature of Policy Owner	Printed Name of Policy Owner	Date

Signature of Insured (If different than the Policy Owner)	Printed Name of Insured	Date

Please send with Application:

1) Copy of Policy
2) Copy of Driver's License
3) Copy of Social Security Card
4) Copy of Premium Statement

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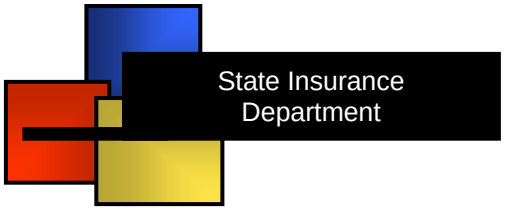

Selling Your Life Insurance Policy

Understanding Viatical Settlements

What is a Viatical Settlement?

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

The buyer (the viatical settlement provider) becomes the new owner of the life insurance policy, pays future premiums, and collects the death benefit when the insured dies.

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

Your state insurance department 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 decide if this is the most suitable arrangement for you.

Consider Your Options

If you're selling your policy to get cash to pay expenses, check all of your options. You may find a way to get 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 if 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 companies to make sure you have a competitive offer.
- Find out the tax implications. Not all proceeds received from the sale of your life insurance policy are tax free.
- It's important to know that any of your creditors could claim your cash settlement.
- Find out if you will lose any public assistance benefits such as food stamps or Medicaid if you get a cash settlement.
- The buyer of your policy can 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.

  Find out if you have the right to change your mind about the settlement AFTER you get the money. If so, how many days do you have to reconsider and return the money?

Questions to Ask

- Do I still need life insurance protection?
- If I sell my policy, how do they decide how much cash I get?
- 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 specific information about me, my family or my health status?
- After I sell my policy, can it be resold by the buyer?

Your state insurance department may have a list of viatical settlement providers and brokers that are licensed to do business in the state. Contact them to make sure yours are on the list.

Always Check with Your State

- Contact your state insurance or securities departments to learn about the issues and risks of viatical settlements if:
- you're considering selling your life insurance policy;
- you're asked to sell your life insurance policy *and* your health hasn't changed since you bought the policy;
- you're asked to buy a new life insurance policy and immediately sell it for cash.

Buying a Life Insurance Policy?

If you're interested in buying a life insurance policy as an investment, contact your state insurance department before you make a decision.