

LIFE SETTLEMENT APPLICATION

PERSONAL DATA

NAME OF FIRST INSURED	DATE OF BIRTH / PLACE OF BIRTH	SEX	SOCIAL SECURITY NUMBER
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NAME OF SECOND INSURED	DATE OF BIRTH / PLACE OF BIRTH	SEX	SOCIAL SECURITY NUMBER
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ADDRESS	TELEPHONE WITH AREA CODE
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CITY	STATE	ZIP
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REASON FOR SALE

FIRST INSURED MEDICAL CONDITION (BRIEF DESCRIPTION)

SECOND INSURED MEDICAL CONDITION (BRIEF DESCRIPTION)

LIFE INSURANCE POLICY INFORMATION

INSURANCE COMPANY	POLICY NUMBER	ISSUE DATE
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FACE AMOUNT	ACCOUNT VALUE	CASH SURRENDER VALUE
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ANNUAL PREMIUM PAYMENT	NEXT PREMIUM DUE DATE	TOTAL POLICY LOAN
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LAST PREMIUM PAID DATE	AMOUNT PAID
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<input type="checkbox"/> ANNUAL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY
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PREMIUM MODE

<input type="checkbox"/> TERM	<input type="checkbox"/> UL	<input type="checkbox"/> WL	<input type="checkbox"/> SUL	<input type="checkbox"/> SWL	<input type="checkbox"/> VUL	<input type="checkbox"/> OTHER (please specify)
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TYPE OF POLICY

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> GROUP	<input type="checkbox"/> CONVERTED GROUP
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GROUP OR INDIVIDUAL POLICY

<input type="checkbox"/> NO	<input type="checkbox"/> YES (provide details):
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HAS THE OWNERSHIP OF THE POLICY CHANGED SINCE ITS ORIGINAL ISSUE?

<input type="checkbox"/> NO	<input type="checkbox"/> YES (provide details and documentation of the loan):
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IS OR HAS THE POLICY EVER BEEN SUBJECT TO A PREMIUM FINANCE LOAN?

119 WEST 72ND STREET · SUITE 340 · NEW YORK, NY 10023 · (212) 418-3270 · FAX (212) 980-6654

AZ/LSAPP/102813

POLICY OWNER(S)

NAME OF POLICY OWNER(S)

SOCIAL SECURITY OR TAX ID NUMBER

NAME OF PRESIDENT (IF CORPORATE OWNED)

NAME OF CORPORATE SECRETARY

NAME OF MANAGER (IF LLC OWNED)

NAME OF TRUSTEE (S) (IF TRUST OWNED)

DATE OF TRUST

SITUS OF TRUST

ADDRESS

TELEPHONE WITH AREA CODE

CITY

STATE

ZIP

If individually owned, has Policy Owner ever been? (check all that apply)

 Married Divorced Legally Separated Widowed Bankrupt

If more than one policy is being submitted, please attach an additional page including Policy Owner(s) and life insurance policy information as requested above.

IMPORTANT NOTICES: Laws governing applications, purchase, sale and re-sale of life insurance policies and life settlement contracts prohibit certain types of activities, some of which are listed below. If you believe that someone may have violated any such law, whether done knowingly or inadvertently, please consult with an attorney before completing this Application. Under life settlement and insurance laws in Arizona, and many other states, it is illegal to:

1. Make any statement to an applicant or policyholder in connection with the sale or financing of a policy to the effect that the insurance is free or without cost to the policyholder for any period of time, except as provided in the policy;
2. Prepare for or present to any person, such as a life settlement provider, premium finance lender, broker, insurer, insurance agent, any material information that is false or that withholds material information related to: (a) any application for insurance or for a life settlement contract, or the underwriting of any such application, (b) premiums paid on a policy, (c) payments or claims for payment under the terms of a life settlement contract or policy, (d) changes in ownership or beneficiary under the terms of a life settlement contract or policy, (e) reinstatement or conversion of a policy, (f) the solicitation of or entering into a life settlement contract or a policy, (g) issuing any written evidence of a life settlement contract or policy, or (h) issuing any written evidence of any application for, the existence of or payments related to a loan secured by any interest in a policy;
3. Employ any device, scheme or artifice to defraud any other person or party;
4. Procure life insurance for the benefit of a person, other than the Insured, who does not, at the time the policy is issued, have an insurable interest in the Insured. (For policies first issued in Arizona on or after 04/13/89, a person has an "insurable interest" in the Insured if that person: (i) is related closely by blood or by law and has a substantial interest engendered by love and affection; (ii) has a lawful and substantial economic interest in having the life, health or bodily safety of the Insured continue; (iii) is a party to a contract with the Insured for purchase or sale of an interest in a business, in which case the insurable interest is for the purposes of the contract only; or (iv) is a charitable organization and, when applying for the policy, the Insured named the charitable organization as owner and irrevocable beneficiary.); or
5. Purchase life insurance with resources or guarantees from a person that could not lawfully procure the policy, or pursuant to an agreement to transfer the policy or policy benefits to a person that lacks an insurable interest, or by use of a trust or other device created to give the appearance of insurable interest with the intent that it be for the benefit of a person that does not have an insurable interest.

INSURED INFORMATION: FIRST INSURED'S NAME: _____

OCCUPATION (if retired, previous occupation) _____ SPOUSE'S MAIDEN NAME _____

FATHER'S NAME _____ MOTHER'S MAIDEN NAME _____

NAME OF PRIMARY PHYSICIAN _____ TELEPHONE WITH AREA CODE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF SPECIALIST PHYSICIAN _____ SPECIALTY _____ TELEPHONE WITH AREA CODE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

If there are any other physicians who have treated the Insured(s) in the last five years, please attach an additional page including full name of physician(s), specialty, address and telephone number with area code.

STATEMENT REGARDING TERMINAL OR CHRONIC ILLNESS

Definitions - As used below:

- “*Chronic illness*” means an illness that causes a person to either (a) be unable to perform at least two (2) activities of daily living (such as eating, toileting, transferring, bathing, dressing, or continence); or (b) require substantial supervision to protect the individual from threats to health and safety due to severe cognitive impairment.
- “*Terminal illness*” means an illness or sickness that can reasonably be expected to result in death in 24 months or less.

By signature below, each of the undersigned, as Seller and Insured respectively, states (initial as applicable):

Chronic or Terminal Illness Status	First Insured Initials	Seller Initials
To the best of my information and belief, the First Insured does not presently suffer from any chronic or terminal illness as defined above.		
After the Issue Date of the Policy, a physician or other doctor determined that the First Insured has a terminal or chronic illness as defined above. Enclosed with this Statement are true and correct copies of independent evidence (i.e., copies of medical records or a letter from the treating physician) that includes the name and date of birth of the Insured, a description of the nature of the terminal or chronic illness, and the approximate date the Insured was informed of the diagnosis of such illness.		

INSURED INFORMATION: SECOND INSURED'S NAME: _____

OCCUPATION (if retired, previous occupation) _____ SPOUSE'S MAIDEN NAME _____

FATHER'S NAME _____ MOTHER'S MAIDEN NAME _____

NAME OF PRIMARY PHYSICIAN _____ TELEPHONE WITH AREA CODE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF SPECIALIST PHYSICIAN _____ SPECIALTY _____ TELEPHONE WITH AREA CODE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

If there are any other physicians who have treated the Insured(s) in the last five years, please attach an additional page including full name of physician(s), specialty, address and telephone number with area code.

STATEMENT REGARDING TERMINAL OR CHRONIC ILLNESS

Definitions - As used below:

- “*Chronic illness*” means an illness that causes a person to either (a) be unable to perform at least two (2) activities of daily living (such as eating, toileting, transferring, bathing, dressing, or continence); or (b) require substantial supervision to protect the individual from threats to health and safety due to severe cognitive impairment.
- “*Terminal illness*” means an illness or sickness that can reasonably be expected to result in death in 24 months or less.

By signature below, each of the undersigned, as Seller and Insured respectively, states (*initial as applicable*):

Chronic or Terminal Illness Status	Second Insured Initials	Seller Initials
To the best of my information and belief, the Second Insured does not presently suffer from any chronic or terminal illness as defined above.		
After the Issue Date of the Policy, a physician or other doctor determined that the Second Insured has a terminal or chronic illness as defined above. Enclosed with this Statement are true and correct copies of independent evidence (i.e., copies of medical records or a letter from the treating physician) that includes the name and date of birth of the Insured, a description of the nature of the terminal or chronic illness, and the approximate date the Insured was informed of the diagnosis of such illness.		

INSURED'S CERTIFICATION

1. I/We represent and warrant that (a) the information contained in this Application is correct and accurate, (b) that Q Capital Strategies, LLC, and its authorized representatives and assignees, and their funding sources and their medical underwriters, contingency insurers and reinsurers and purchasers of life insurance policies may rely thereon and (c) I/We will immediately notify Q Capital Strategies, LLC of any changes in the information. I/We further give consent to Q Capital Strategies, LLC, and its authorized representatives or assignees, to disclose this Application and any information gathered while processing it as necessary for the purpose of completing the sale and resale of the life insurance policy(ies) listed herein and permitting Q Capital Strategies, LLC or any subsequent Policy Owner(s) of said policy(ies) to obtain any amounts payable to them as owner or beneficiary of the policy(ies). I/We acknowledge that I/We are submitting this Application to Q Capital Strategies, LLC to evaluate the sale of the life insurance policy(ies) listed herein and that Q Capital Strategies, LLC is under no obligation to purchase the policy(ies). I/We acknowledge that Q Capital Strategies, LLC may contact me/us regarding information contained in this Application.
2. I/We also acknowledge that neither Q Capital Strategies, LLC nor any of its affiliates or representatives has provided any advice of any sort in connection with this transaction, nor have they made any representations or statements except to the extent (if any) set forth in forms provided by Q Capital Strategies, LLC signed by me in connection with this transaction.
3. I, the undersigned Insured, understand that I am entitled to receive and keep for my own records, copies of all life settlement contract, disclosure, application, acknowledgement and consent forms signed by me in connection with this transaction. If I have not received such copies, I will ask the Sellers' life settlement broker to provide copies for me to keep.
4. This Insured's Certification is given to Q Capital Strategies, LLC, and deemed to be also given to each subsequent owner of the Policy and any party who is a potential purchaser of the Policy from any subsequent owner.
5. **NOTICE: Any person who knowingly presents false information in an application for insurance or for a life settlement contract may be subject to criminal or civil liability.**

PRINT NAME OF FIRST INSURED	SIGNATURE	DATE
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PRINT NAME OF WITNESS	SIGNATURE	DATE
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PRINT NAME OF SECOND INSURED (if any)	SIGNATURE	DATE
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PRINT NAME OF WITNESS	SIGNATURE	DATE
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SELLER'S CERTIFICATION

1. I/We represent and warrant that (a) the information contained in this Application is correct and accurate, (b) that Q Capital Strategies, LLC, and its authorized representatives and assignees, and their funding sources and their medical underwriters, contingency insurers and reinsurers and purchasers of life insurance policies may rely thereon and (c) I/We will immediately notify Q Capital Strategies, LLC of any changes in the information. I/We further give consent to Q Capital Strategies, LLC, and its authorized representatives or assignees, to disclose this Application and any information gathered while processing it as necessary for the purpose of completing the sale and resale of the life insurance policy(ies) listed herein and permitting Q Capital Strategies, LLC or any subsequent Policy Owner(s) of said policy(ies) to obtain any amounts payable to them as owner or beneficiary of the policy(ies). I/We acknowledge that I/We are submitting this Application to Q Capital Strategies, LLC to evaluate the sale of the life insurance policy(ies) listed herein and that Q Capital Strategies, LLC is under no obligation to purchase the policy(ies). I/We acknowledge that Q Capital Strategies, LLC may contact me/us regarding information contained in this Application.
2. I/We also acknowledge that neither Q Capital Strategies, LLC nor any of its affiliates or representatives has made any representations or provided any advice concerning the possible tax consequences or treatment of the proceeds of this transaction, nor have they made any other representations or statements except to the extent (if any) set forth in forms provided by Q Capital Strategies, LLC signed by me in connection with this transaction.
3. I/We understand that the person providing this Application form to me is legally required to also give me copies of certain disclosure forms completed by and signed on behalf of Q Capital Strategies, LLC, including: (1) Form P-LSDO: Life Settlement Provider/Broker Disclosures to Owner; and (2) Form P-LSA: Life Settlement Affiliations. I understand that if Form P-LSDO was not provided to me on or before the date of this Application, my rescission rights as explained in Form P-LSDO would have been extended until the expiration of thirty days after my receipt of that form.
4. **By signature below, I acknowledge that I have received copies of Form P-LSDO and Form P-LSA as completed by and signed on behalf of Q Capital Strategies, LLC, and that I read both of said forms on or before the date that I completed and signed this Application. Since Form P-LSDO and Form L-PLSA were provided to me on or before the date of this Application, I understand that the rescission period applicable to this transaction will expire fifteen (15) days after the Life Settlement Contract has been signed by all parties.**
5. I/We understand that each Seller is entitled to receive and keep for his/her/its own records, copies of all life settlement contract, disclosure, application, acknowledgement and consent forms signed by me in connection with this transaction. If I have not received such copies, I will ask the Sellers' life settlement broker to provide copies for me to keep.
6. This Seller's Certification is given to Q Capital Strategies, LLC, and deemed to be also given to each subsequent owner of the Policy and any party who is a potential purchaser of the Policy from any subsequent owner.
7. **NOTICE: Any person who knowingly presents false information in an application for insurance or for a life settlement contract may be subject to criminal or civil liability.**

NAME OF POLICY OWNER(S)

SIGNATURE

DATE

NAME OF WITNESS

SIGNATURE

DATE