

Life Settlement Solutions LLC
4747 Viewridge Ave, Suite 108
San Diego, California 92123
Ph. (858) 576-8067; Fax (858) 576-9329

LIFE SETTLEMENT APPLICATION
(for use when the Owner is not represented by a Broker)
Attach additional pages as necessary to provide complete responses.

LIFE INSURANCE POLICY INFORMATION:

Name of Insurance Company: _____

Name of Insured: _____ Policy Number: _____

Date Policy Originally Issued: _____ If Policy Has Been Converted, Date Converted: _____

Original Face Value of Policy: \$ _____ Current Face Amount of Policy: \$ _____

Current Cash Surrender Value: \$ _____ Accidental Death Benefits over Face Value? No Yes

Has this policy ever been premium financed or used as collateral for a loan?

Never Yes, but the loan is paid off Yes, there is a loan now that will be paid off before or at closing

Total loans/liens against Policy (including Carrier loans): \$ _____ Name of lender _____

Does the policy provide for accelerated benefits? No Yes If yes, have you applied for such benefits?

No Yes, applied and \$ _____ received Application was denied Application Pending

Has the policy ever lapsed or been reinstated? No Yes; if so, approx. date of reinstatement: _____

Beneficiaries: _____

Has any person other than Policy Owner ever owned any interest in the Policy or provided any funding for payment of premiums for the Policy? No Yes; if so, please explain and attach relevant documentation.

Date first evaluated for settlement (mm/yyyy): _____ Reason for selling Policy: _____

POLICY OWNER INFORMATION: (attach additional sheets for multiple owners)

Name of Policy Owner(s): _____

Street Address of Primary Domicile: _____

Mailing Address (if different): _____

Telephone: _____ Alternate Phone: _____ Fax: _____

Owner's relationship to the Insured: _____

Are you the original owner of this Policy? Yes No. If No, explain how you acquired the Policy, when and from whom: _____

Is there any agreement, notice, order, action, proceeding or interest that may restrict change of ownership or beneficiary or otherwise impair transfer or enforcement of the Policy? No Yes (attach copy)

Does any other person or party have or claim any other right or interest in the Policy? No Yes

If yes, explain: _____

Is the Owner in bankruptcy, or has the Owner been in bankruptcy at any time since the policy was issued? No Yes (attach copies of initial notice of filing and all discharge papers)

Policy Owner Is [check one]:

Individual(s) [**Complete Section A below**]

Trust, Corporation, Partnership, LLC or Other Entity [**Complete Section B below**]

SECTION A – Complete if Policy Owner(s) is/are Individual(s) - attach additional sheets for multiple owners. Strike through this section if it does not apply.

Policy Owner's Date of Birth: _____ Male/Female: _____ Social Sec. No. _____

State of Primary Residence: _____ State ID/Driver's License No.: _____

In what state does the Owner file Resident tax returns? _____

Citizenship: U.S. Other, explain: _____

Marital Status: Single Married Widowed Separated* Divorced*
(*attach copy of decree or property settlement agreement showing disposition of life insurance)

Current Spouse, Putative or Common Law Spouse, Domestic Partner or Civil Union Partner, name, address and phone:

Is there any agreement or court order requiring you to maintain the Policy for the benefit of any child, spouse, former spouse, partner, dependent or other person? No Yes (attach copy)

Does any other person hold a power of attorney to manage the Owner's financial affairs? If so, please attach copy and provide: Name Address Phone No.

SECTION B – Complete if Policy Owner is a Trust, Corporation, Partnership, LLC or Other Entity - attach additional sheets for multiple owners. Strike through this section if it does not apply.

Type of Entity and primary purpose for which it was founded: _____

Under which State's laws is this entity organized? _____ Please provide copies of organizational documents

Date Founded: _____ Federal Tax ID No. _____

Name and Title of Primary Contact Person: _____

Contact Person's Street Address: _____

Phone: _____ Fax: _____ E-mail: _____

Trusts – Names of additional Trustees, state whether each is co-trustee, joint trustee or alternate trustee:

Names of all persons named as trust beneficiaries in trust documents, and all other persons that hold or have held any beneficial interest in the trust, at any time:

Corporations – Names of directors, and names and titles of officers: _____

Partnerships, LLCs & Other – List partners and managing members:

Name Street Address Phone

IMPORTANT NOTICES, REPRESENTATIONS AND WARRANTIES

Verification of Material Information: Each person signing this Life Settlement Application (“Settlement Application”) certifies that you understand and agree that all of the requests for information and the information provided in this Settlement Application are material to any decision by Life Settlement Solutions LLC (“LSS”) as to whether or on what terms it will purchase the Policy. Each of your answers in this Settlement Application is a statement by you that will be incorporated into any Life Settlement Contract with LSS.

NOTICE TO POLICY OWNERS AND INSURED: ANY PERSON WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE OR A LIFE SETTLEMENT CONTRACT IS GUILTY OF A CRIME AND UPON CONVICTION MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON, OR BOTH.

LSS HAS IN PLACE ANTI-FRAUD INITIATIVES DESIGNED TO DETECT AND PROSECUTE ACTIONS RESULTING FROM FRAUD. LSS WILL PURSUE ALL AVAILABLE REMEDIES FOR FRAUD, INCLUDING BUT NOT LIMITED TO RECOVERY OF MONEY DAMAGES. LSS WILL ALSO REPORT CASES OF SUSPECTED FRAUD TO THE APPROPRIATE LEGAL AND REGULATORY AUTHORITIES.

By initialing below and signing this Settlement Application, each POLICY OWNER and INSURED represents, warrant, and agrees that:

1. I have a full and complete understanding of the benefits of the Policy described in this Settlement Application;
2. I have received and read a copy of the California Department of Insurance Life Settlement Licensee Disclosure to Life Settlement Applicant;
3. I have received and read a copy of the LSS Privacy Policy notice;
4. If the Policy Owner enters into a Life Settlement Contract with LSS, I agree to execute any related documents to effect the life settlement, including, but not limited to, any documents required for release of information about the Insured, Policy Owner or the Policy to the appropriate parties in connection with the Contract, completion of the settlement transaction, or the new owner’s management of the Policy after the settlement transaction has been completed;
5. If requested, I will sign a consent to authorize LSS to initiate any criminal records check and/or background check that LSS deems appropriate under the circumstances;
6. I have provided truthful information in response to this Settlement Application and all other disclosures and information provided to LSS;
7. I sign this Settlement Application and all other documents signed in connection with this application freely and voluntarily.

POLICY OWNER AND INSURED INITIALS: _____

FIRST INSURED'S PERSONAL INFORMATION

First Insured's Name: _____ Social Security No. _____

Has Insured been known by any other names: _____

___ Male ___ Female Date of Birth: _____ Place of Birth: _____

Street Address: _____

Daytime Phone: _____ Evening Phone: _____

State of Primary Residence: _____ Drivers Lic./State ID No. _____

Citizenship: ___ U.S. ___ Other, explain: _____

Spouse Name, Address & Phone: _____

Does any other person hold a power of attorney to manage the Insured's personal affairs or to make health care decisions on behalf of the Insured? No Yes. If so, please attach copy and provide:

<u>Name</u>	<u>Address</u>	<u>Phone No.</u>	<u>Describe Powers Granted</u>

Brief description of Insured's general health: _____

Name of Insured's Primary Physician: _____ Phone: _____

Address: _____

Does this Insured have a catastrophic, disabling, or life-threatening illness or condition, or any illness or condition that is likely to result in death within the next 36 months?

No Yes. If Yes, please explain: _____

Insured's Verification of Material Information: As the Insured named above, I certify that (1) the information provided on all pages of this Application is true and correct to the best of my knowledge, (2) all blank lines and spaces in this application were filled in prior to my signing it, (3) I have read, understand and agree to the notices, representations and warranties set forth on page 3 of this Application, and (4) I understand and agree that a copy of this Application form may be provided to the insurance company that issued the policy described herein. *Do NOT sign this form unless all of the blank lines on all pages of this form have been completely and correctly filled in above. For any space above that does not apply, fill in "N/A" or "None" as appropriate.*

SIGNATURE OF FIRST INSURED _____ ***DATE*** _____

Signature of Witness** _____ ***Print Name*** _____ ***Date*** _____

SECOND INSURED'S PERSONAL INFORMATION (If applicable)

Second Insured's Name: _____ Social Security No. _____

Has Insured been known by any other names: _____

___ Male ___ Female Date of Birth: _____ Place of Birth: _____

Street Address: _____

Daytime Phone: _____ Evening Phone: _____

State of Primary Residence: _____ Drivers Lic./State ID No. _____

Citizenship: ___ U.S. ___ Other, explain: _____

Spouse Name, Address & Phone: _____

Does any other person hold a power of attorney to manage the Insured's personal affairs or to make health care decisions on behalf of the Insured? No Yes. If so, please attach copy and provide:

<u>Name</u>	<u>Address</u>	<u>Phone No.</u>	<u>Describe Powers Granted</u>
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Brief description of Insured's general health: _____

Name of Insured's Primary Physician: _____ Phone: _____

Address: _____

Does this Insured have a catastrophic, disabling, or life-threatening illness or condition, or any illness or condition that is likely to result in death within the next 36 months?

No Yes. If Yes, please explain: _____

Insured's Verification of Material Information: As the Insured named above, I certify that (1) the information provided on all pages of this Application is true and correct to the best of my knowledge, (2) all blank lines and spaces in this application were filled in prior to my signing it, (3) I have read, understand and agree to the notices, representations and warranties set forth on page 3 of this Application, and (4) I understand and agree that a copy of this Application form may be provided to the insurance company that issued the policy described herein. *Do NOT sign this form unless all of the blank lines on all pages of this form have been completely and correctly filled in above. For any space above that does not apply, fill in "N/A" or "None" as appropriate.*

SIGNATURE OF SECOND INSURED ***DATE***

Signature of Witness** ***Print Name*** ***Date***

VERIFICATION OF LIFE SETTLEMENT APPLICATION

Policy Owner's Verification of Material Information: As the owner of the life insurance policy described in this Life Settlement Application, I certify that (1) the information provided on all pages of this Application is true and correct to the best of my knowledge, (2) all blank lines and spaces in this application were filled in prior to my signing it, (3) I have read, understand and agree to the notices, representations and warranties set forth on page 3 of this Application, and (4) I understand and agree that a copy of this Application form may be provided to the insurance company that issued the policy described herein.

CAUTION: *Do NOT sign this form unless all of the blank lines on all pages of this form have been completely and correctly filled in above. For any space above that does not apply, fill in "N/A" or "None" as appropriate.*

<i>Signature of Policy Owner</i>	Print name (& title, if any)	Date
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<i>Signature of Witness**</i>	Print name	Date
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<i>Signature of Policy Owner</i>	Print name (& title, if any)	Date
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<i>Signature of Witness**</i>	Print name	Date
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** Each Witness must be a disinterested third party