

Life Settlement Solutions LLC

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VIATICAL SETTLEMENT APPLICATION

Please attach additional pages as necessary to provide complete responses.

LIFE INSURANCE POLICY INFORMATION:

Name of Insurance Company: _____

Name of Insured: _____ Policy Number: _____

Date Policy Issued: _____ Coverage/Face Amount of Policy: \$_____

Total loans/liens/restrictions against Policy: \$_____

Amount of Periodic Premium Payment: \$_____ Cash Surrender Value: \$_____

How frequently are premiums paid: ___ Annual ___ Semi-Annual ___ Quarterly ___ Monthly

Date of last premium payment: _____ Date next premium payment due: _____

Type of coverage: ___ Term ___ Whole Life ___ Universal Life ___ Variable ___ Other

Type of policy: ___ Individual ___ Group ___ Converted [Date Issued _____ Date Converted: _____]

If the policy provides for accelerated benefits, have you applied for such benefits? ___ No

___ Yes, applied and \$_____ received ___ Application was denied ___ Application Pending

Names of Beneficiaries: _____

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: _____

Current 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 the subject of a petition 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)

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

State of Primary Residence: _____ State ID/Driver's Lic. 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)

Current Spouse's 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, domestic partner, or other dependent? No Yes (attach copy)

Does any other person hold a power of attorney to manage the Owner's financial affairs? If so, please 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)

Type of Entity: _____

Under which State's laws is this entity organized? _____

Date Founded: _____ Federal Tax ID No. _____

Name and Title of Primary Contact Person: _____

Contact Person's Mailing Address: _____

Phone: _____ Fax: _____ E-mail: _____

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

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

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

Name

Address

Phone

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. _____

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 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 any chronic, catastrophic, disabling or life-threatening illness or condition?

No Yes. If Yes, please explain: _____

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. _____

Does any other person hold a power of attorney to manage this Insured's personal affairs or to make health care decisions on behalf of the Insured? No Yes. If so, please 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 any chronic, catastrophic, disabling or life-threatening illness or condition?

No Yes. If Yes, please explain: _____

POLICY APPLICATION, ORIGINATION AND FINANCING INFORMATION:

Name of original owner of Policy at time of issue: _____

Describe in detail original owner's relationship to Insured: _____

	YES	NO
(1) At the time the Policy was applied for or issued, or within two years after the Policy was issued, was there any understanding, arrangement or agreement for a transfer or assignment, at that time or at any later time, of any ownership interest in the Policy?		
(2) At the time the Policy was applied for or issued, or within two years after the Policy was issued, was there any understanding, arrangement or agreement for a transfer of any interest in any trust or other non-human entity that owned the Policy, to any other person or party?		
(3) At the time the Policy was applied for or issued, or within two years after the Policy was issued, was there any understanding, arrangement or agreement for a transfer or assignment, at that time or at any later time, of any collateral or security interest in the Policy?		
(4) Has the Policy ever been the subject of any loan or arrangement under which a third party (other than the insurer) provided funds for payment of premiums, costs or other expenses associated with obtaining the Policy?		
(5) If the Policy was ever the subject of such a loan or arrangement, were any of the proceeds of such funding used to make any payments other than the premiums, costs or expenses associated with obtaining and maintaining the Policy?		
(6) At the time the Policy was applied for or issued, or within two years after the Policy was issued, was there any other form of understanding, arrangement or agreement with any person (other than the original policy owner, insured and insurer) for any transfer, assignment, financing, sale or purchase the Policy?		
(7) At the time the Policy was applied for or issued, or within two years after the Policy was issued, was there any other form of understanding, arrangement or agreement with any person (other than the original policy owner, insured and insurer) involving any guaranty or commitment with respect to any sale or purchase of the Policy?		
(8) In connection with applying for and obtaining the Policy, was there any understanding, arrangement or agreement for payment of any money, monetary inducement or other consideration to the Insured or the original owner of the Policy in exchange for applying for the Policy?		

If you answered "Yes" to any of Questions (1) through (8) above, please explain in detail below (attach additional sheets if necessary) **and** provide copies of all agreements, consents, marketing materials and other related documentation.

VERIFICATIONS AND SIGNATURES

Verification of Material Information: In signing this Viatical Settlement Application ("Settlement Application"), each of the undersigned parties and individuals certifies and represents that the information provided in this Settlement Application is true and correct to the best of their knowledge. The undersigned also understand and agree that all of the requests for information made by Life Settlement Solutions LLC ("LSS"), and the information provided to LSS in this Settlement Application, are material to LSS' decisions concerning whether or on what terms it will purchase the Policy, and that this Settlement Application will be incorporated into the Viatical Settlement Contract.

NOTICE TO POLICY OWNERS AND INSURED(S): IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY PRESENT FALSE INFORMATION IN, OR CONCEAL INFORMATION RELATED TO, AN APPLICATION FOR INSURANCE OR AN APPLICATION FOR A VIATICAL SETTLEMENT CONTRACT. IT IS ALSO UNLAWFUL FOR ANY PERSON TO PROVIDE FALSE INFORMATION TO OR CONCEAL MATERIAL INFORMATION FROM A VIATICAL SETTLEMENT PROVIDER FOR THE PURPOSE OF MISLEADING OR WITH THE INTENT TO DEFRAUD THE VIATICAL SETTLEMENT PROVIDER. 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 MONETARY DAMAGES, AND WHICH MAY INCLUDE RESCISSION OF ANY CONTRACT ENTERED INTO AS THE RESULT OF OR AFFECTED BY SUCH FRAUD. LSS WILL ALSO REPORT CASES OF SUSPECTED FRAUD TO THE APPROPRIATE LEGAL AND REGULATORY AUTHORITIES. 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, AND/OR CIVIL DAMAGES.

Each of the undersigned Policy Owner(s) hereby represents, warrants, certifies and agrees that: (1) I have reviewed the Viatical Settlement Contract for purchase and sale of the Policy, and I have a full and complete understanding of the Viatical Settlement Contract; (2) I have received and read a Disclosure Form with Acknowledgement and Consent of Policy Owner and Insured (“Disclosure Form”) from LSS explaining the viatical settlement; (3) I have a full and complete understanding of the benefits of the Policy described in this Settlement Application and the effect that the viatical settlement process and Viatical Settlement Contract will have on the Policy and my transfer and full release of any interest I may have in the Policy; (4) I consent to the Viatical Settlement Contract and agree to execute any related documents to effect the viatical settlement process, including, but not limited to, any documents required for release of information about the Insured and the Policy to the appropriate parties; (5) I consent and authorize LSS to initiate any criminal records check, credit check and/or background check concerning the Policy Owner(s) and individuals signing on behalf of the Policy Owner(s), which LSS may deem appropriate under the circumstances; (6) I have provided truthful information in response to the Disclosure Form and this Settlement Application; and (7) I sign this Settlement Application and enter into the Viatical Settlement Contract freely and voluntarily.

The undersigned Insured(s) hereby represents, warrants, certifies and agrees that: (1) I have been given an opportunity to review the Viatical Settlement Contract for purchase and sale of the Policy, and I consent to the Policy Owner entering into the Viatical Settlement Contract; (2) I have received and read a Disclosure Form with Acknowledgement and Consent of Policy Owner and Insured (“Disclosure Form”) from LSS explaining the viatical settlement; (3) I consent to the execution of any related documents to effect the viatical settlement process and the Viatical Settlement Contract, including, but not limited to, any documents required for release of my personal and medical information to the appropriate parties in connection with entering into the Viatical Settlement Contract and/or servicing of the Policy and Viatical Settlement Contract following the sale; and (4) I have provided truthful information in response to the Disclosure Form and this Settlement Application, and have signed below freely and voluntarily.

{Signatures appear on next page.}

VIATICAL SETTLEMENT APPLICATION

VERIFICATIONS AND SIGNATURES - continued:

Each of the undersigned Policy Owner(s) and Insured(s) certify that they have provided the information set forth on pages 1-4 above, and that all blank lines were filled in prior to signing this application. Policy Owner(s) and Insured(s) also certify that they have read and understand the verifications and notices set forth on page 5 above.

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.

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