

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

**LIFE SETTLEMENT APPLICATION**  
Please see **IMPORTANT NOTICES** on **PAGE 4** of this Application.  
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:

<u>Name</u>	<u>Street Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

**POLICY APPLICATION, ORIGINATION AND FINANCING INFORMATION:**

Names of owners and beneficiaries of Policy at time of issue: \_\_\_\_\_

Insured's relationship to original owners & beneficiaries: \_\_\_\_\_

If original owner was a trust or estate-planning vehicle, Insured's relationships with each person that was a beneficiary of that trust/entity at that time: \_\_\_\_\_

If original owner was a partnership, corporation, limited liability company, etc., Insured's role in the operation of that entity at that time: \_\_\_\_\_

If premium financed, Borrower's relationship to Insured: \_\_\_\_\_

<b>The following questions relate to any third parties (persons other than the original owner or the Insured) that may have been involved in the purchase or financing of the Policy. At the time of application for the Policy, or during the first two years after the Policy was issued, was there any understanding or arrangement with any third party (whether or not completed) for any of the following:</b>	YES	NO
(1) A transfer or assignment of any ownership, benefits or other interest in the Policy?		
(2) A transfer of control or any interest in any trust or other entity that owned the Policy?		
(3) A transfer or assignment of any collateral or security interest in the Policy?		
(4) A loan or other arrangement for a third party to provide funds for payment of premiums, costs or expenses of the Policy?		
(5) Any guaranty or commitment with respect to any sale or purchase of the Policy?		
(6) Payment associated with the Policy for any use <i>other than</i> for payment of the premiums, costs or expenses payable to the insurer?		
(7) Payment or other item of value (other than the Policy) given to the Insured or the original owner of the Policy in exchange for applying for the Policy?		
(8) For evaluation of the Policy or the Insured for settlement or re-sale of 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.

**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 Disclosure Form with Acknowledgement and Consent of Policy Owner and Insured (“Disclosure Form”) from LSS explaining the life settlement;
3. I have reviewed and have a full and complete understanding of the Life Settlement Contract;
4. I fully understand the effect that the life settlement process and Life Settlement Contract (“Contract”) will have on the Policy and I intend to transfer and fully release of all interests I may have in the Policy to LSS and its assignees;
5. I consent to the Life Settlement Contract knowingly, freely and voluntarily;
6. 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;
7. I consent and authorize LSS to initiate any criminal records check, credit check and/or background check that LSS deems appropriate under the circumstances;
8. I have provided truthful information in response to this Settlement Application, the Disclosure Form and all other disclosures and information provided to LSS;
9. I sign this Settlement Application and all other documents required for the Life Settlement Contract 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 7 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 4 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>

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 7 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 4 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 4 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
----------------------------------	------------------------------	------

<i>Signature of Witness**</i>	Print name	Date
-------------------------------	------------	------

<i>Signature of Policy Owner</i>	Print name (& title, if any)	Date
----------------------------------	------------------------------	------

<i>Signature of Witness**</i>	Print name	Date
-------------------------------	------------	------

\*\* Each Witness must be a disinterested third party