LIFE INSURANCE SETTLEMENTS INC
Financial Options for the Secondary Market

INSURED MEDICAL QUESTIONNAIRE

(Print or type clearly)

PERSONAL INFORMATION

1. Name of Insured: _____ Date of Birth: _____

2. Height: _____ Weight: _____ Sex: ☐ Male ☐ Female

LIFESTYLE AND HABITS

3. Has your weight changed in the last year? ☐ Yes ☐ No If yes, provide details: _____

_____

4. Do you currently, or have you ever smoked cigarettes? ☐ Yes ☐ No If yes, for how many years? _____

If yes, how many daily? _____ Date of last use *(if currently, write "current")*: _____

5. Do you use any other form of tobacco? ☐ Yes ☐ No If yes, indicate type and frequency: _____

6. Do you drink beer, wine or spirits? ☐ Yes ☐ No If yes, indicate type and number of drinks per day: _____

7. Do you currently engage in sports or regular exercise? ☐ Yes ☐ No

If yes, provide details of type and frequency: _____

_____

8. Do you live alone? ☐ Yes ☐ No If no, with whom? ☐ Spouse ☐ Significant other ☐ Other

9. Do you live in an assisted living facility or nursing home? ☐ Yes ☐ No

10. Are you in the process of entering assisted living facility or a nursing home? ☐ Yes ☐ No

11. Do you require assistance to perform any of the following activities? ☐ Yes ☐ No

If yes, check all that apply:

☐ Driving ☐ Walking ☐ Bathing ☐ Dressing ☐ Taking Medication ☐ Eating/Meal Planning
☐ Transferring (*Lifting and moving oneself from one place to another such as from a bed to a chair.)*

If yes, provide details:_____

_____

MEDICAL HISTORY, CONDITIONS AND TREATMENTS

12. In the past five years, have you been diagnosed with or treated for any of the following conditions? *(Check all conditions that apply and provide details below)*

☐ Disease or disorder of the heart including atrial fibrillation, heart attack, coronary artery disease, etc.?

☐ Circulatory disorder including stroke, TIA *(mini-stroke)*, aneurysm, arterial blockage, etc?

☐ Cancer, tumor or malignancy?

☐ Any immune system disorder?

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- ☐ Disease or disorder of the digestive system including diabetes, liver disease, colon, or any other?
- ☐ Disease or disorder of the lungs or respiratory system including asthma, emphysema, COPD, or any other?
- ☐ Neurological disorders including Parkinson's disease, multiple sclerosis, convulsions, epilepsy, or any other?
- ☐ Mental or nervous disorder including dementia, memory or cognitive impairment, psychiatric disorder or any other?

Please provide details for any of the disorders that were checked above *(attach additional pages as necessary)*:

_____

13. Have you been diagnosed with, been treated for, had surgery or are currently being treated for any other disease or disorder not previously listed? ☐ Yes ☐ No

If yes, provide details *(attach additional pages as necessary)*:_____

_____

FAMILY HISTORY AND PRESCRIPTION MEDICATIONS

14. Mother's age, if living _____ if deceased, age at death _____cause of death _____
15. Father's age, if living _____if deceased, age at death _____cause of death _____
16. Sibling's age, if living _____ if deceased, age at death _____ cause of death _____

    Sibling's age, if living _____ if deceased, age at death _____ cause of death _____

17. Please list all prescription medications currently being used *(attach additional pages as necessary)*:

_____

_____

The undersigned insured and agent hereby represent and warrant that any and all information provided in this questionnaire is true and correct as of the date hereof. Each undersigned hereby affirms its understanding that Life Insurance Settlements, Inc. and/or any of its affiliates, directors, officers, employees, agents, independent contractors, service providers or other authorized representatives ("LIS") will be relying on the statements and responses which are being provided by the undersigned in this questionnaire, and each undersigned agrees, jointly and severally, to hold LIS harmless and agrees to indemnify LIS from and against any loss, liability, expense, claim or demand arising out of or in connection with any such statement or response.

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANOTHER PRESENTS OR CAUSES TO BE PRESENTED ANY STATEMENT FORMING A PART OF OR IN SUPPORT OF AN APPLICATION FOR INSURANCE OR VIATICAL SETTLEMENT CONTRACT ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION CONCERNING ANY FACT OR THING MATERIAL TO THE INSURANCE POLICY OR VIATICAL SETTLEMENT CONTRACT, OR ANY CLAIM THERE UNDER, COMMITS A FRAUDULENT VIATICAL SETTLEMENT ACT AND IS SUBJECT TO CIVIL AND CRIMINAL PENALTIES.

NAME OF INSURED	**SIGNATURE OF INSURED**	**DATE**
NAME OF WITNESS	**SIGNATURE OF WITNESS**	**DATE**