



SETTLEMENT APPLICATION

A. PERSONAL INFORMATION (PLEASE PRINT OR TYPE)

Insured's Name	Date of Birth	Social Security Number
2 nd Insured's Name	Date of Birth	Social Security Number
Address	Phone Number	
City	State	Zip Code

B. LIFE INSURANCE INFORMATION

Insurance Company	Policy Number	Face Amount
Date of Issue	Policy Type (WL, UL, SUL, Term, etc...)	Current Premium
Policy Owner	State of Residence	Beneficiary(s)
Is the policy owner a defendant in any suits or legal actions? Yes _____ No _____		
Has the policy owner ever declared bankruptcy? Yes _____ No _____		
Marital Status: Single/Never Married _____ Married _____ Widowed _____ Divorced _____		

C. MEDICAL INFORMATION

Insured Medical History _____	
2 nd Insured Medical History _____	
Primary Physician	Telephone Number
Specialist	Telephone Number

For additional policy and/or physician information, please provide a supplementary page.

For Agent Use: If available, please include the following: 1) Current in force Illustration to maturity.
 2) Current APS (if not within the last 90 days, please provide physician information in Section C).



The undersigned represents to Life Insurance Settlements, Inc. that:

- A. The information contained herein is complete and accurate and may be relied upon by Life Insurance Settlements, Inc., Life Settlement/Viatical Settlement Providers and Financing Sources.
- B. The undersigned will immediately notify Life Insurance Settlements, Inc. of any material change in any information contained herein, occurring prior to conclusion of the proposed sale, including but not limited to: cancellation and release of insurance policies, assignment of ownership of policies, change in beneficiary and irrevocable assignment of right to designate future beneficiaries of policies.

The proposed sale, cancellation and release of insurance policies, assignment of ownership of policies, or change in beneficiary and irrevocable assignment of right to designate future beneficiaries of policies will be solely for the benefit and account of the undersigned, and not for the account or benefit of any other person.

FRAUD WARNING

ANY PERSON WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE OR AN APPLICATION FOR A LIFE SETTLEMENT/VIATICAL SETTLEMENT CONTRACT IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO APPLICANTS

Neither Life Insurance Settlements, Inc. nor its officers, directors, or principals provide legal, accounting, or financial advice to prospective applicants regarding the advisability or relative merits of selling or conveying their legal rights in existing life insurance policies in exchange for cash payments referred to as living benefits, viatical settlements, intervivos settlements, or other similar terms.

An applicant must determine the relative benefit of any such living benefit settlement after review of the legal and financial implications of such a settlement with the applicant's own attorney, accountant, or other appropriate advisors, only then, should a decision be made to effect such a sale or settlement.

Applicant has a clear & complete understanding of the current or future benefits of the life insurance policy being offered for sale or settlement.

Applicant acknowledges that he/she has freely and voluntarily provided the information requested in this application.

PLEASE SEND WITH THE COMPLETE APPLICATION FORM, PHOTOCOPIES OF THE FOLLOWING:

- A. Life Insurance policy to be sold, including the application for insurance
- B. Your Driver's License
- C. Last premium statement from your Life Insurance company (if available)
- D. Social Security Card

Applicant's Full Name (Type or Print)

Applicant Signature

Date

Witness' Full Name (Type or Print)

Witness Signature

Date



Life Insurance Information Release Form

Life insurance policy number _____ issued by _____
(Insurance Company), is owned by _____, and insured the life of
_____.

I authorize the release to Life Insurance Settlements, Inc. (LIS) or its designee, any or all information concerning the above policy.

I authorize LIS to share this information with life settlement providers, brokerage general agents, and other parties, as required. The purpose of this sharing of information is to obtain quotes for life settlements, and / or life and health insurance policies.

Policy Owner Signature

Date

Type or Print Name

Social Security Number



DISCLOSURE

The owner of the life insurance policy to be viaticated, the viator, should be aware of the following:

1. That there are possible alternatives to viatical settlements, including any accelerated death benefits or loans offered under the viator's life insurance policy.
2. That some or all of the proceeds of the viatical settlement may be taxable under the federal income tax or a state franchise or income tax laws, and assistance should be sought from a professional tax adviser.
3. That proceeds of the viatical settlement may be subject to the claims of creditors.
4. That receipt of proceeds of a viatical settlement may adversely affect the viator's eligibility for Medicaid or other government benefits or entitlements, and advice should be obtained from the appropriate governmental agencies.
5. That the viator has a right to rescind the viatical settlement contract within fifteen (15) calendar days after receipt of the viatical settlement proceeds by the viator, as provided by Nebraska law, in subsection (3) of section 44-1109. If the insured dies during the rescission period, the settlement contract shall be deemed rescinded. If a viatical settlement contract is rescinded, all viatical settlement proceeds and any premiums paid by the viatical settlement provider or purchaser shall be repaid to the viatical settlement provider or purchaser within sixty days of such rescission.
6. That entering into a viatical settlement may cause other rights or benefits, including conversion rights and waiver of premium benefits, which may exist under the policy or certificate to be forfeited by the viator, and assistance should be sought from a financial adviser.
7. That the insured may be contacted by either the viatical settlement provider or broker or its authorized representative for the purpose of determining the insured's health status. This contact is limited to once every six months if the insured has a life expectancy of more than one year, and no more than once every three months if the insured has a life expectancy of one year or less. For purposes of this subdivision, authorized representative does not include a viatical settlement purchaser.
8. That all medical, financial, or personal information solicited or obtained by a viatical settlement provider or viatical settlement broker about an insured, including identity or the identity of family members, a spouse or a significant other, may be disclosed as necessary to effect the viatical settlement between the viator and the viatical settlement provider. If you are asked to provide this information, you will be asked to consent to the disclosure. Failure to consent may affect your ability to viaticate your policy. The information may be furnished to someone who buys the policy or provides money for the purchase. You may be asked to renew your permission to share information every two years.



I have received a brochure, which describes the process of viatical settlements in the form prescribed by the National Association of Insurance Commissioners and provided as part of the viatical settlement disclosure.

Signature of Insured **Date**

Signature of Policy Owner (Viator) **Date**

Printed Name **Date**

Printed Name **Date**

Signature of Witness **Date**

Signature of Witness **Date**

Printed Name **Date**

Printed Name **Date**

LIS Representative **Date**

Printed Name **Date**