



LIFE INSURANCE SETTLEMENTS, INC.
1180 SW 36th Avenue, Suite 201
Pompano Beach, FL 33069
Telephone 1-866-326-LIFE (5433)
Fax 954-492-0622

LIFE SETTLEMENT APPLICATION

PERSONAL INFORMATION - INSURED (PRINT OR TYPE)

Insured's Name: _____ Male Female

Date of Birth: _____ SSN: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Daytime: _____ Evening: _____

Marital Status: Single/Never Married Married Divorced Separated Widow/Widower

If Married Name of Spouse: _____

Dependent Children? No Yes

Complete for Second Insured, if applicable.

Second Insured's Name: _____ Male Female

Date of Birth: _____ SSN: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Daytime: _____ Evening: _____

Marital Status: Single/Never Married Married Divorced Separated Widow/Widower

If Married Name of Spouse: _____

Dependent Children? No Yes

MEDICAL INFORMATION

First Insured Medical History: _____

Primary Physician: _____ Telephone Number: _____

Specialist: _____ Telephone Number: _____

2nd Insured Medical History: _____

Primary Physician: _____ Telephone Number: _____

Specialist: _____ Telephone Number: _____

For additional physician information, please provide a supplementary page.



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LIFE SETTLEMENT APPLICATION, Page 2.

PERSONAL INFORMATION – POLICY OWNER

Is the insured also the policy owner? No Yes

Has the policy owner changed since the policy was issued? No Yes

If yes, please explain _____

Complete if Policy Owner is an individual other than insured.

Current policy owner name _____

Relationship to the insured _____

Date of birth _____ SSN _____

Address _____

City _____ State _____ Zip code _____

Phone Number _____

Marital Status: Single/Never Married Married Divorced Separated Widow/Widower

If Married Name of spouse: _____

Is the policy owner a defendant in any suits or legal actions? No Yes

Has the policy owner ever declared bankruptcy? No Yes

Drivers license # _____ State of Issue _____

Complete if Policy Owner is a Trust, Corporation, Partnership, LLC, or Other Entity.

Current policy owner name _____

Name of authorized representative and title _____

Name of authorized representative and title _____

Tax ID number _____ State of domicile _____

Address _____

City _____ State _____ Zip code _____

Phone Number _____

Is the policy owner a defendant in any suits or legal actions? No Yes

Has the policy owner ever declared bankruptcy? No Yes

This page may be duplicated if there are additional policy owners.



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LIFE SETTLEMENT APPLICATION, Page 3.

LIFE INSURANCE POLICY INFORMATION

Insurance Company _____ Policy Number _____

Face Amount _____ Date of Issue _____

Policy Type: Term UL WL SUL SWL VUL Other _____

Annual Premium Amount _____ Premium Due Date _____

Last Premium Paid Date _____ Amount Paid _____

Name of current Beneficiary(s) _____

Relationship(s) to insured _____

Has policy Beneficiary changed since the policy was issued? No Yes

If yes, please explain _____

What was the insured's and policy owner's original purpose for buying the policy? _____

Before or at the time the policy was issued, did the insured, policy owner or any other party arrange to transfer, sell or assign, directly or indirectly the policy or any benefits to a third party? No Yes

If yes, describe the arrangement in detail and provide copies of documents relating to the arrangement.

Has the insured or policy owner ever assigned the policy or policy benefits to any person or entity?
 No Yes

If yes, describe the details of such assignment _____



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LIFE SETTLEMENT APPLICATION, Page 4.

Has the policy or any of the policy premiums been financed by a third party, either through a loan, equity contribution or otherwise? No Yes

If yes, please describe the financing arrangement in detail and provide copies of any document related to that arrangement.

If yes, what is name of lender? _____

Principal loan amount _____

Loan Maturity balance (*payoff amount*) _____

Loan Maturity date _____

List all persons or entities (including any trust) who have, or have had, any direct or indirect ownership or other interest in the policy or its proceeds, including the nature of the interest and the relationship of such person entity to the insured. For any entity, please identify all persons that own (or have owned) and, if different, control or manage (or have controlled or managed) that entity. For any trust, include all beneficiaries to the trust.

Name _____

Nature of the interest _____

Date and manner interest was obtained _____

Relationship to insured _____

Name _____

Nature of the interest _____

Date and manner interest was obtained _____

Relationship to insured _____

Name _____

Nature of the interest _____

Date and manner interest was obtained _____

Relationship to insured _____



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LIFE SETTLEMENT APPLICATION, Page 5.

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 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 CONTRACT IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO POLICY OWNERS

Neither Life Insurance Settlements, Inc. nor its officers, directors, or principals provide legal, accounting, or financial advice to policy owner's 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, life settlements, intervivos settlements, or other similar terms.

The policy owner 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 policy owner's own attorney, accountant, or other appropriate advisors, only then, should a decision be made to effect such a sale or settlement.

The policy owner has a clear & complete understanding of the current or future benefits of the life insurance policy being offered for sale or settlement. The policy owner acknowledges that he/she has freely and voluntarily provided the information requested in this application.



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LIFE SETTLEMENT APPLICATION, Page 6.

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

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

In executing this application, each insured acknowledges and agrees that, subject to all applicable laws (including privacy laws), Life Insurance Settlements, Inc. shall have the right (regardless of whether or not a settlement transaction is completed) to license, sell and assign all data and information submitted or collected in connection with the potential settlement transaction, as well as all rights under the accompanying Authorization For Disclosure of Protected Health Information authorizing the disclosure of the insured's protected health information, to a third party financial institution, which may use such data or information to: (a) track performance of life expectancy underwriters; and (b) develop and use indices related to actual and anticipated longevity, mortality, life expectancies and/or similar measures of human lives in a manner in which the identity of underlying individuals may not be personally identified.

INSURED

Signature: _____
Printed Name: _____
Date: _____

INSURED

Signature: _____
Printed Name: _____
Date: _____

POLICY OWNER (if other than insured)

Signature: _____
Printed Name: _____
Date: _____

POLICY OWNER (if other than insured)

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____



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AUTHORIZATION TO RELEASE LIFE INSURANCE POLICY INFORMATION

Policy Owner: _____
Insured: _____
Policy Number: _____
Insurance Carrier: _____

I hereby authorize my insurance company to furnish Life Insurance Settlements, Inc. ("LIS") any and all information concerning the subject policy, including but not limited to: (1) the Policy, including the application therefore; (2) any and all forms promulgated with respect to the Policy and rights of the insured and/or owner hereunder, including forms relating to change of beneficiary, assignment, change of ownership, premium payment provisions and/or conversion; (3) any information and/or records regarding the undersigned's employment and status regarding disability; (4) any information which would normally be contained in an investigative consumer report or credit report concerning the Undersigned; (5) a duplicate copy of the Policy and Application therefore; and (6) any information which LIS or its representative(s) determines it requires.

This form will be used to obtain information about the above referenced life insurance policy for the purpose of soliciting an offer to purchase the above referenced policy on behalf of the policy's owner. I agree that this Authorization is valid for twenty-four (24) months from the date hereof, that a photocopy of this Authorization is as valid as the original. *You may withdraw your consent at any time pursuant to applicable law.*

LIS is authorized to disclose the information which I have authorized it to request and obtain or I have provided to it, to (a) Employees or Agents of LIS (b) Insurance Companies which issued the policies insuring the life of the undersigned or third party funding sources with which LIS negotiates on behalf of the undersigned and (c) Persons or Entities to whom disclosure is required by law. Persons or Entities are defined as any federal, state, or local law enforcement or regulatory official or the official's employees, agents, or representatives.

The Undersigned hereby authorizes LIS to disclose aggregate or statistical information about the undersigned and other persons whom LIS represents to shareholders, lenders, and other parties with whom it does business and/or state regulatory agencies.

POLICY OWNER

POLICY OWNER

Signature: _____
Printed Name: _____
Date: _____
SSN/Tax ID: _____

Signature: _____
Printed Name: _____
Date: _____
SSN/Tax ID: _____

WITNESS

WITNESS

Signature: _____
Printed Name: _____
Date: _____

Signature: _____
Printed Name: _____
Date: _____



**AUTHORIZATION TO RELEASE
PROTECTED HEALTH INFORMATION
PERMISSION TO SHARE INFORMATION**

1180 SW 36th Avenue, Suite 201
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A. Insured's Name <i>(please print)</i> :	Date of Birth: ____/____/____ Month Day Year	Medical Record Number: (if known):
Address:	Telephone Number:	Social Security Number: (last 4 digits):

B. Permission to Share: I give my permission to share my individually identifiable health information, which may include protected or privileged information in written and/or verbal form.

<p>Released From:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p>	<p>Released To:</p> <p>Life Insurance Settlements, Inc. 1180 SW 36th Avenue, Suite 201 Pompano Beach, FL 33069 Telephone 1-866-326-5433</p>
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I, _____ **(Name of Insured)**, authorize disclosure of my protected health information as defined under the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("PHI") as follows:

- Classes of Persons Authorized to Disclose My Protected Health Information: I authorize each doctor, hospital, nurse, pharmacy, physician, physician practice group, and any other type of health care provider (each, an "HCP") having any PHI about me to disclose any and all of my PHI as provided under this authorization. I authorize each Authorized HCP to rely upon a photo static or facsimile copy or other reproduction of this authorization.
- Classes of Persons Authorized to Receive My Protected Health Information: I authorize each Authorized HCP to disclose my PHI under this authorization to Life Insurance Settlements, Inc. and any of its affiliates and any of their directors, officers, employees, agents, independent contractors, consultants, medical underwriters, lenders, financing entities, stop-loss reinsurers, service providers or other representatives (each, an "Authorized Recipient").
- Protected Health Information Authorized for Disclosure: This authorization shall apply to any and all of my health and medical data, information and records, whether or not personally or individually identifiable or protected under any federal or state confidentiality or privacy laws or regulations. This information may include information concerning communicable diseases such as Human Immunodeficiency Virus ("HIV") and Acquired Immune Deficiency Syndrome ("AIDS"), mental illness (except for psychotherapy notes), chemical or alcohol dependency, laboratory test results, medical history, treatment, billing, insurance or any other such related information.

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION, Page 2

4. Purpose of Disclosure: This authorization and all disclosures of my PHI made under this authorization are for purposes of allowing the Authorized Recipient (1) to analyze, assess, evaluate or underwrite my health or medical condition, or life expectancy, in connection with the possible sale of any life insurance policy, or certificate of life insurance, under which my life is insured to the Authorized Recipient and (2) to monitor, track or verify my health or medical status and condition in connection with any life insurance policy under which my life is insured, including any conversions thereof or replacements therefore, that Life Insurance Settlements, Inc. brokers.

5. Expiration: I understand this authorization will remain in effect for a maximum of one (1) year from the date of signature or until the specific date of _____.

6. Right to Revoke Authorization: I acknowledge and understand that I may revoke this authorization any time with respect to any Authorized HCP by notifying such Authorized HCP in writing of my revocation of this authorization and delivering my revocation by mail or personal delivery at such address designated to me by such Authorized HCP; provided, that, any revocation of this authorization shall not apply to the extent that the Authorized HCP has taken action in reliance upon this authorization prior to receiving written notice of my revocation.

7. Inability to Condition Treatment, Payment, Enrollment or Eligibility for Benefits on Provision of Authorization. No HCP or other covered entity may condition my treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

I understand that this authorization is not a consent or an authorization requested by a health care provider, health care clearinghouse or health plan covered by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Regulations"). I further understand that, as a result of this authorization, there is the potential for my PHI that is disclosed by any Authorized HCP to an Authorized Recipient to be subject to redisclosure by the Authorized Recipient and my PHI that is disclosed to such Authorized Recipient may no longer be protected by the HIPAA Privacy Regulations.

I certify that I am executing and delivering this authorization freely and unilaterally and that all information contained in this authorization is true and correct. I further certify that this authorization is written in plain language and that I have received and retained a copy of this signed authorization for future reference.

INSURED

Signature: _____

Printed Name: _____

Date: _____

PERSON AUTHORIZED TO SIGN ON BEHALF OF INSURED

Signature: _____

Printed Name: _____

Date: _____

Relationship to Insured: _____

(For example: Power of Attorney, Guardian ad Litem or similar status. Please attach a copy any official document confirming this status.)



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**AUTHORIZATION TO RELEASE LIFE INSURANCE POLICY
INFORMATION TO LIFE SETTLEMENT
PROVIDERS AND/OR THIRD PARTY FUNDING SOURCES**

I hereby authorize Life Insurance Settlements, Inc. (LIS) to release to All Licensed TX Life Settlement Providers any and all information concerning policy number _____ ("Policy Number") insuring the life of _____ ("Name of Insured") including but not limited to: (1) the Policy, including the application therefore; (2) any and all forms promulgated with respect to the Policy and rights of the insured and/or owner there under, including forms relating to change of beneficiary, assignment, change of ownership, premium payment provisions and/or conversion; (3) any information and/or records regarding the undersigned's employment and status regarding disability; (4) any information which would normally be contained in an investigative consumer report or credit report concerning the Undersigned; (5) a duplicate copy of the Policy and Application therefore; and (6) any information which LIS or its representative(s) determines it requires.

I agree that this Authorization is valid for twenty-four (24) months from the date hereof, that a photocopy of this Authorization is as valid as the original. *You may withdraw your consent at anytime pursuant to applicable law.*

This form will be used for the purpose of soliciting offers to purchase the above referenced policy on behalf of the policy's owner.

POLICY OWNER

Signature: _____
Printed Name: _____
Date: _____

POLICY OWNER

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____



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DISCLOSURE TO OWNERS

IMPORTANT – READ THIS DISCLOSURE FORM AND THE ENCLOSED LIFE SETTLEMENT INFORMATION BROCHURE BEFORE SIGNING ANY LIFE SETTLEMENT AGREEMENT.

You should carefully read all of the following points and seek financial, insurance, tax and other advice where appropriate.

The broker, or the provider if no broker is involved in the application, shall provide in writing, in a separate document that is signed by the owner, the following information to the owner not later than the date of application for a life settlement contract:

1. Possible alternatives to life settlement contracts exist, including accelerated benefits offered by the issuer of the life insurance policy;
2. Some or all of the proceeds of a life settlement contract may be taxable and that assistance should be sought from a professional tax advisor;
3. Proceeds from a life settlement contract could be subject to the claims of creditors;
4. Receipt of proceeds from a life settlement contract may adversely affect the recipients' eligibility for public assistance or other government benefits or entitlements and that advice should be obtained from the appropriate agency;
5. The owner has a right to terminate a life settlement contract within 15 days of the date the contract is executed by all parties and the owner has received the disclosures described in this section, that rescission, if exercised by the owner, is effective only if both notice of the rescission is given and the owner repays all proceeds and any premiums, loans, and loan interest paid on account of the provider during the rescission period, and that if the insured dies during the rescission period, the contract is considered rescinded subject to repayment by the owner or the owner's estate of all proceeds and any premiums, loans, and loan interest to the provider;
6. Proceeds will be sent to the owner within three business days after the provider has received the insurer or group administrator's acknowledgement that ownership of the policy or interest in the certificate has been transferred and the beneficiary has been designated in accordance with the terms of the life settlement contract;
7. Entering into a life settlement contract may cause the owner to forfeit other rights or benefits, including conversion rights and waiver of premium benefits that may exist under the policy or certificate of a group policy, and that assistance should be sought from a professional financial advisor;
8. The amount and method of calculating the compensation, including anything of value, paid or given, or to be paid or given, to the broker, or any other person acting for the owner in connection with the transaction;



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DISCLOSURE TO OWNERS, Page 2

9. The date by which the funds will be available to the owner and the identity of the transmitter of the funds;
10. The commissioner requires delivery of a buyer's guide or a similar consumer advisory package in the form prescribed by the commissioner to owners during the solicitation process;
11. All medical, financial, or personal information solicited or obtained by a provider or broker about an insured, including the insured's identity or the identity of family members or a spouse or a significant other, may be disclosed as necessary to effect the life settlement contract between the owner and provider. If you are asked to provide this information, you will be asked to consent to the disclosure. The information may be provided to someone who buys the policy or provides funds for the purchase. You may be asked to renew your permission to share information every two years;
12. The commissioner requires providers and brokers to print separate signed fraud warnings on the applications and on the life settlement contracts as follows: "Any person who knowingly presents false information in an application for insurance or a life settlement contract is guilty of a crime and may be subject to fines and confinement in prison";
13. The insured may be contacted by either the provider or broker or an authorized representative of the provider or broker for the purpose of determining the insured's health status or to verify the insured's address and that this contact is limited to once every three months if the insured has a life expectancy of more than one year, and not more than once per month if the insured has a life expectancy of one year or less;
14. The affiliation, if any, between the provider and the issuer of the insurance policy to be settled;
15. A broker represents exclusively the owner, and not the insurer or the provider or any other person, and owes a fiduciary duty to the owner, including a duty to act according to the owner's instructions and in the best interest of the owner;
16. The name, address, and telephone number of the provider;
17. The name, business address, and telephone number of the independent third party escrow agent, and the fact that the owner may inspect or receive copies of the relevant escrow or trust agreements or documents; and
18. A change of ownership could in the future limit the insured's ability to purchase future insurance on the insured's life because there is a limit to how much coverage insurers will issue on one life.



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DISCLOSURE TO OWNERS, Page 3

A broker shall provide the owner and the provider with at least the following disclosures not later than the date on which the life settlement contract is signed by all parties and which must be conspicuously displayed in the life settlement contract or in a separate document signed by the owner:

1. The name, business address, and telephone number of the broker;
2. A full, complete, and accurate description of all the offers, counter-offers, acceptances, and rejections relating to the proposed life settlement contract;
3. A written disclosure of any affiliations or contractual arrangements between the broker and any person making an offer in connection with the proposed life settlement contract;
4. The name of each broker who receives compensation and the amount of compensation, including anything of value, paid or given to the broker in connection with the life settlement contract; and
5. A complete reconciliation of the gross offer or bid by the provider to the net amount of proceeds or value to be received by the owner.

That the policy owner may file a complaint by contacting the Texas Department of Insurance, Consumer Protection Division, Mail Code 111-1A, P. O. Box 149104, Austin, Texas 78714-9104 or 333 Guadalupe St., Austin, Texas 78701, or by calling the department's Consumer Help Line between 8 a.m. and 5 p.m., Central Time, Monday-Friday at 1-800-252-3439; by faxing a complaint to the department at 1-512-490-1007; by completing a complaint on-line at www.tdi.texas.gov/consumer/complfrm.html ; or by e-mailing a complaint to ConsumerProtection@tdi.texas.gov.

POLICY OWNER

POLICY OWNER

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

WITNESS

WITNESS

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

This signature page may be duplicated if there are more than two (2) policy owners. Two (2) witnesses are required if there is more than one (1) policy owner.



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CONSENT TO DISCLOSURE OF PROTECTED DATA

Policy Owner: _____
Insured: _____
Policy Number: _____
Insurance Carrier: _____
Broker: Life Insurance Settlements, Inc.

The undersigned is the owner of, or named insured under, one or more life insurance policies identified below. In order to effect a life settlement contract between the owner and a life settlement provider, or to effectuate the sale or transfer of a life settlement contract or a settled policy, or interest therein, the undersigned each hereby consent to the release of information to the authorized recipients specified herein.

Information Authorized to be Released: Any information (1) concerning or related to the identity of the owner of, or the named insured under, the life insurance policies identified below, (2) that there is a reasonable basis to believe could be used to identify the insured or owner, and (3) concerning or related to the owner's or insured's financial or medical information may be released to the authorized recipients (as defined below). Such information may include (but is not limited to): the name, address, telephone numbers, social security number, tax records, medical records, credit information and other non-public personal information of or related to the insured or the owner, or representative thereof; and the related insurance policy number(s).

Authorized Recipients of Information: Information authorized to be released hereunder may be released to (1) any life settlement broker, (2) any life settlement provider (a "life settlement provider"), (3) any person who may seek to purchase from such life settlement provider any life insurance policy insuring the below identified insured's life or other insurance product owned by the below identified owner, (4) any financing entity of a life settlement provider, including, but not limited to, any of its underwriters, lenders, purchasers of securities and credit enhancers, (5) any service provider, including, but not limited to, any life expectancy underwriter, escrow agent or post-purchase policy servicer, (6) any life insurance or annuity company that has issued a life insurance policy insuring the below identified insured's life, and (7) any of the respective affiliates, directors, officers, employees, agents, representatives, independent contractors, accountants, actuaries, attorneys and other representatives and advisors, and successors and assigns of any of the persons or entities covered in the immediately foregoing clauses (1) through (6), inclusive (each, an "authorized recipient"). Each authorized recipient in receipt of information authorized to be released by this authorization may share any such information with any other authorized recipient as if such other authorized recipient had received such information directly from the undersigned.

The undersigned each certify that this authorization has been made freely, voluntarily and without coercion and that the information shown below is accurate and complete to the best of the undersigned's knowledge. The undersigned understands that any revocation of this authorization will not apply to information that has already been released in response to this authorization. Redisclosure of the undersigned's information by those receiving the above authorized information may be accomplished without the undersigned's further written authorization and may no longer be protected. The undersigned releases any authorized recipient from any and all liability for actual or alleged damages to the undersigned as a result of good faith compliance with this authorization. This authorization is valid for the duration of the life insurance policy(-ies) specified below, provided that this authorization shall be of no force or further effect if a life settlement contract is not affected. The undersigned each acknowledge receipt of a copy of this authorization.



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CONSENT TO DISCLOSURE OF PROTECTED DATA, Page 2

A copy of this authorization may be accepted as an original. This authorization may be sent via facsimile.

POLICY OWNER AND INSURED'S ACKNOWLEDGMENT: I have read and received a copy of the Consent to Disclosure of Protected Data and acknowledge with my signature below.

INSURED

Signature: _____
Printed Name: _____
Date: _____

INSURED

Signature: _____
Printed Name: _____
Date: _____

POLICY OWNER (if other than insured)

Signature: _____
Printed Name: _____
Date: _____

POLICY OWNER (if other than insured)

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____

WITNESS

Signature: _____
Printed Name: _____
Date: _____



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BROKER AUTHORIZATION & SERVICES AGREEMENT

As one of the major firms in the settlement industry brokering life policies, Life Insurance Settlements, Inc. and its staff of experienced and trained professionals continually strive to set the standards nationwide in the areas of corporate responsibility, professionalism, adherence to compliance and regulatory issues, and the highest ethical treatment of clients and business associates. We represent the best interests of our clients and maximize the sales value of their policy(ies) in the secondary market. As your designated life settlement broker, Life Insurance Settlements, Inc. incurs the necessary, required and related costs to facilitate your life settlement transaction while providing the following services including but not limited to:

- Evaluation Form assessment.
- Medical underwriting and insurance verifications.
- Obtaining and forwarding independent third party life expectancy reports.
- Submission to multiple licensed life settlement providers.
- Best execution negotiation to maximize fair market value of life settlement.
- Closing services including contract review and assistance with contingency requirements of life settlement providers.

In consideration of the services provided and related costs incurred as described above, I/We authorize Life Insurance Settlements, Inc. to act as my/our broker and to evaluate, underwrite, solicit, generate and secure offers beginning on the date of execution of the Agreement and continuing for 365 days, or one calendar year, whatever is longer after the final offer is obtained/acquired regarding and/or related to the purchase of the following life insurance policy(ies) for the insured(s)

_____:

Policy number _____ Issued by _____

Policy number _____ Issued by _____

By signing this authorization and agreement, I/we am/are aware:

1. Committing for the period of time described above to Life Insurance Settlements, Inc. to evaluate, underwrite, solicit, generate and secure conditional and appropriate life settlement offers, as determined by Life Insurance Settlements, Inc. pursuant to its typical business model, methods and practices, for the sale of my/our life insurance policy(ies) as state above.
2. Recognizing the proprietary nature of such appropriate, conditional offers as evaluated, underwritten, solicited, generated and secured by Life Insurance Settlements, Inc. for the period of time as described above and pursuant to this Broker Authorization & services Agreement.

In all respects in connection with the transaction, the Broker, Life Insurance Settlements, Inc. will act exclusively on behalf of the Policy Owner and the Insured, and owes duties to the Policy Owner and the Insured, and has not acted on behalf of, and owes no duties to, the Provider or its successors or permitted assigns. The Broker, Life Insurance Settlements, Inc. will use its best efforts, on behalf of the

BROKER AUTHORIZATION & SERVICES AGREEMENT, Page 2

Policy Owner, to obtain the most favorable terms and conditions for the Policy Owner in respect of the sale of the Policy, including, without limitation, the best price for the Policy. Life Insurance Settlements, Inc. issues no guarantee that the life insurance policy will be sold, and is under no obligation to purchase the policy or to ultimately find a life settlement provider for the policy(ies) and is not responsible for any breach committed by a life settlement provider, if such life settlement provider is identified.

I/We understand that Life Insurance Settlements, Inc. has a duty to find the most competitive life settlement offer available for my/our life insurance policy (ies). Therefore, I/we hereby grant to Life Insurance Settlements, Inc. the right to broker my/our life insurance policy(ies) which may only be terminated upon thirty (30) days prior written notice. Prior to making the decision to sell the Policy, I/We have had the opportunity to discuss any questions about the transaction with other appropriate professionals such as my/our lawyer, accountant and tax advisor.

The undersigned acknowledges they have read and accept receipt of a copy of this Broker Authorization & Services Agreement.

INSURED

Signature: _____

Printed Name: _____

Date: _____

INSURED

Signature: _____

Printed Name: _____

Date: _____

POLICY OWNER (if other than insured)

Signature: _____

Printed Name: _____

Date: _____

POLICY OWNER (if other than insured)

Signature: _____

Printed Name: _____

Date: _____

LIFE SETTLEMENT BROKER

Signature: _____

Printed Name: _____

Date: _____