

LIFE INSURANCE BUYERS, INC.

CHECKLIST FOR LIFE SETTLEMENT INQUIRY

The following items are obtained by the agent or Life Insurance Buyers, Inc. and are necessary for the life settlement process. Please speak with your LIBI representative for assistance.

- 2 Page Inquiry** – (Form #LIBILSI-0506A)
- Release forms for Medical Information signed by the appropriate parties as indicated.**
Form #LIBILSI- 0506MR
- Release from for Policy Information signed by appropriate parties as indicated**
Form #LIBILSI- 0506PR
- The Notice of Disclosure signed and dated**
(Form # LIBILSI- 0506D)
- 2 years of medical records from attending physicians, current within 30 days of application.**
- Complete copy of the insurance policy. If this is not available immediately, please make a note for us on the application and forward as soon as possible.**
- Current in-force illustration from the insurance company with application showing the following:**
 - Universal Life* — minimum premium payment to maturity.
 - Term* — proposed conversion illustration to Universal showing a minimum payment to maturity.
 - Whole Life* — run an illustration to maturity using dividends to pay premiums, surrendering all paid up additions and taking the maximum loans available.

Agent Representing Policy Owner

Address _____

Phone _____ Fax _____ Email _____

Is the representing agent the agent of record on the policy? _____

Helpful Case Notes _____



LIFE INSURANCE BUYERS, INC.

LIFE SETTLEMENT APPLICATION

INSURED'S INFORMATION

Insured's Name: _____ Sex: Female Male

Date of Birth: ____/____/____ Social Security #: ____ - ____ - ____

Address: (No PO Box) _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

2nd Insured

Spouse's Full Name: _____ Spouse's Date of Birth: ____/____/____

Social Security # _____ - _____ - _____

OWNER INFORMATION

Policy Owner: _____ State of Residence _____

Trust or Corporation name, and names of Trustee(s) or 2 officers _____

Owner S. S. or Tax ID # _____ Phone: _____ Fax: _____

Since this policy has been in force, has owner been a party to a: [check all that apply] Civil Suit Bankruptcy Judgments Creditor Liens Tax Liens Divorce

Explain any checked answers on a separate page and attach all discharge papers.

Reason for selling policy: _____

LIFE INSURANCE POLICY INFORMATION (please provide for each policy being offered for sale, separate sheet ok)

Ins. Company: _____ Policy Number: _____ Issue Date _____

Face Value \$ _____ Current Cash Value \$ _____

Cash Surrender Value \$ _____ Loans \$ _____

Policy Type - Individual Survivorship Joint First to Die Universal VUL Term Whole Life Group

Premium _____ Paid A SA Q M Next due date _____

INSURED'S MEDICAL INFORMATION

List any specific health conditions _____

Insured's Primary Care Physician(s):

Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____
Date of last consultation: _____

Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____
Date of last consultation: _____

Please list any Specialist that insured has seen:

Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____

Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____



PERSONAL ACKNOWLEDGEMENT

I represent and warrant that the information contained in this application is correct and accurate and you may rely thereon and that I will immediately notify Life Insurance Buyers, Inc. of any changes in the information. I further give my consent to Life Insurance Buyers, Inc. and its agents to release this application and all information gathered while processing it as necessary for the sole purpose of soliciting the purchase of my life insurance policy. I acknowledge that I am submitting this application for Life Insurance Buyers, Inc. to act as a broker on my behalf. I acknowledge that Life Insurance Buyers, Inc. will submit my policy (ies) to various licensed providers to evaluate the purchase of my life insurance policy (ies), and that Life Insurance Buyers, Inc. is not liable for any representations, warranties, or misconduct on the part of any licensed provider or independent representatives. I acknowledge I may be contacted by Life Insurance Buyers, Inc. regarding the information contained in this application.

I understand that some or all of the proceeds from a life settlement may be taxable and that I am encouraged to consult with an attorney or tax advisor concerning this transaction. I also acknowledge that neither Life Insurance Buyers, Inc. nor any of its affiliates or representatives have made any representations or provided any advice concerning the possible tax consequences or treatment of the proceeds of this transaction.

Owner's signature: _____

Typed or printed name: _____ Date: _____

Insured's signature (if not the owner) _____

Type or printed name: _____ Date: _____

Witness signature: _____

Printed Name _____ Date: _____

LIFE INSURANCE BUYERS, INC.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (HIPAA Compliant)

I hereby authorize any physician, medical practitioner, hospice, hospital, clinic or other medical or medically-related facility, insurance support organization, pharmacy, or any other institution or person ("Authorized Discloser") to provide Life Insurance Buyers, Inc. or its designee ("Authorized Recipient"), any and all information as to diagnosis, treatment and prognosis with respect to any physical or mental condition including psychiatric conditions, information relating to HIV or AIDS tests, or drug or alcohol abuse as it relates to me (hereinafter, "Protected Health Information" or "PHI").

This authorization allows for the disclosure, inspection and copying of any and all records, reports, and/or documents, including any underlying data regarding the care and treatment of the patient, and any other PHI concerning any treatment or hospitalization, including, but not limited to, all testing materials completed by or administered to the patient, along with any and all medical charts, clinical or doctor's notes, memoranda, medical reports, X-ray reports, index cards, history notes, pictures, records and medical bills in the possession and control of the Authorized Discloser.

By signing below, I understand that this Authorization shall apply to any and all PHI, whether or not personally identifiable or protected under any federal or state confidentiality or privacy laws or regulations. I further understand that PHI obtained may be used to evaluate eligibility to participate in Purchaser's life settlement program and to evaluate life expectancy now and in the future. Authorized Discloser, however, may not condition treatment, payment, enrollment or eligibility for benefits upon this Authorization.

I agree that this Authorization is valid for six (6) months from the date thereof, and that a photocopy or facsimile is as valid as an original.

I understand that I may revoke this Authorization any time with respect to any Authorized Discloser by notifying such Authorized Discloser of the revocation in writing and delivering such revocation by certified mail or personal delivery at such address designated by the respective Authorized Discloser.

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"), and that PHI obtained by this Authorization, if redisclosed by authorized Designee, may no longer be protected by the HIPAA Privacy Regulations.

FIRST INSURED

Signature of Insured

Printed Name of Insured

Date Signed

Social Security Number

SECOND INSURED

Signature of Insured

Printed Name of Insured

Date Signed

Social Security Number

WITNESS

Signature of Witness

Printed Name of Witness

Date Signed

Life Insurance Buyers, Inc. 12103 Sagamore Leawood, Kansas 66209 800.936.5508

LIFE INSURANCE BUYERS, INC.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

RELEASE OF POLICY INFORMATION

I hereby authorize _____, the issuer of Policy Number _____ and/or Certificate Number _____ owned by _____ and insuring the life of _____, to release to Life Insurance Buyers, Inc. or its authorized agents, a copy of the policy, forms, riders or amendments, illustrations or verification of coverage of this policy. I respectfully request that you reply immediately to any request for information or letters required by Life Insurance Buyers, Inc., its agents or its designee to the extent necessary to effectuate assessment of the Life Settlement Application, including without limitation viatical or life settlement providers and/or underwriters, any and all information pertaining to this policy or employment information. I understand that funding sources and their underwriters and/or contingency re-insurers will use information released or obtained pursuant to this Authorization for the purposes of pursuing and/or completing the sale of life insurance policy(ies) on which I am the owner or Insured, and I hereby expressly authorize such use and disclosure. I agree that this authorization is valid for six (6) months from the date thereof, and that a photocopy or facsimile is as valid as an original.

Signature of Owner

Printed Name of Owner

Date Signed

Social Security Number

Signature of Witness

Printed Name of Witness

Date Signed

NOTICE OF DISCLOSURE

1. There may be alternatives to a life settlement contract including, but not limited to, accelerated benefits, loans secured by the policy, and surrender of the policy for cash value offered by the issuer of the policy for which you may be eligible. The terms and conditions of such benefits may vary with each individual insurance carrier and/or policy. We encourage you to contact the issuer of your policy to discuss these other benefits.
2. Some or all of the proceeds of your life settlement may be taxable under federal income tax and/or state franchise and income tax laws. Life Insurance Buyers, Inc. strongly urges you to consult your own attorney or tax advisor concerning this transaction. Life Insurance Buyers, Inc. makes no representation and gives no advice concerning the possible tax consequences or treatment of the proceeds of this transaction.
3. Some or all of your life settlement proceeds may adversely affect your eligibility for social security income, public assistance, public medical services including Medicaid or other government benefits or entitlements. Advice on such effects should be obtained from the appropriate government agencies.
4. Proceeds from a life settlement may not be exempt from claims of creditors, personal representatives, trustees in bankruptcy and receivers in state or federal court.
5. If your policy contains a provision for double or additional indemnity for accidental death, or contains riders or other provisions insuring the lives of a spouse, dependents or others, there may be a loss of coverage. We urge you to contact the issuer of your life insurance policy for information on these provisions.
6. Entering into a life settlement will have an effect on payment of premiums and disposition of proceeds, cash values and dividends and may cause other rights or benefits, including conversion rights and waiver of premium benefits that may exist under the policy to be forfeited by you.
7. All medical, financial or personal information solicited or obtained by Life Insurance Buyers, Inc. about the insured, including the insured's identity or the identity of family members, a spouse or significant other may be disclosed as necessary to effect the life settlement between you and Life Insurance Buyers, Inc.. If the insured is asked to provide this information, the insured will be asked to consent to the disclosure. The information may be presented to someone who buys the policy or provides funds for the purchase. The insured may be asked to renew his or her permission to share information every two years.
8. The insured may be contacted by Life Insurance Buyers, Inc. or its authorized representative for the purpose of determining the insured's health status. This contact will be limited to no more frequently than once every three (3) months.
9. Funds will be sent to you within three (3) business days after the purchasing provider has received the insurer's or group administrator's acknowledgement that ownership of the policy or interest in the certificate has been transferred and the beneficiary has been designated.
10. **-You acknowledge that compensation is paid to Life Insurance Buyers, Inc. and your referring advisor/broker. That compensation shall not exceed the lesser of 6% of the policy face amount, or 30% of the purchase price, less policy cash surrender value. The gross purchase offer will be reduced by the amount of compensation. You may ask for the amount and terms of the compensation when an offer is received or thereafter.**

I acknowledge that I have read and understand the contents of this disclosure and have read and understand the attached "How a Life Settlement Operates".

Insured's Name: _____ Social Security: _____ - _____ - _____

Owner's Signature: _____ Date: _____

Typed or Printed Name: _____

Agent

Signature

Date

Life Insurance Buyers, Inc. 12103 Sagamore Leawood, Kansas 66209 800.936.5508

LIBILSI- 0506D

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