



# LIFE INSURANCE BUYERS, INC.

## New York Settlement Application

Insured's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

2<sup>nd</sup> 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<sup>nd</sup> 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 Buyers, Inc. that:**

- A. The information contained herein is complete and accurate and may be relied upon by Life Insurance Buyers, Inc., Life Settlement/Viatical Settlement Providers and Financing Sources.
- B. The undersigned will immediately notify Life Insurance Buyers, 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 Buyers, 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, inter vivos 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 Buyers, Inc. (LIBI) or its designee, any or all information concerning the above policy.

I authorize LIBI 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 a viatical settlements for persons with catastrophic or life-threatening illnesses, including, but not limited to, accelerated benefits offered by the issuer of the life insurance policy and loans secured by the life insurance policy.
2. That receipt of payment pursuant to a viatical settlement may affect eligibility for public assistance programs such as medical assistance (Medicaid), the family assistance program, supplemental social security income, and AIDS drug assistance programs and may be taxable. Prior to applying for a viatical settlement, policyowners should consult with the appropriate social services agency concerning how receipt will affect the eligibility of the recipient and the recipient's spouse or dependents, and with a qualified tax advisor.
3. That tax consequences may result from entering into a viatical settlement.
4. That the viator has the right to rescind a viatical settlement within fifteen days of the receipt of the viatical settlement proceeds.
5. That immediately upon receipt from the viator of documents to effect the transfer of the insurance policy, the viatical settlement company shall pay the proceeds of the settlement to an escrow or trust account managed by a trustee or escrow agent in an insured New York state bank of other bank approved by the superintendent, pending acknowledgment of the transfer by the issuer of the policy. The trustee or escrow agent shall transfer the proceeds due to the viator immediately upon receipt of acknowledgment of the transfer by the insurer.
6. That the viator has the right to know the identity of any person who will receive any fee or compensation from the viatical settlement company with respect to the viatical settlement and the amount and terms of such compensation.

I have received the most current form of information booklet describing how viatical settlements operate prepared by the National Association of Insurance Commissioners.

\_\_\_\_\_  
**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**

\_\_\_\_\_  
**LIBI Representative                      Date**

\_\_\_\_\_  
**Printed Name                                  Date**