



SETTLEMENT APPLICATION

(Please print or type clearly.)

A. PERSONAL INFORMATION—INSURED

Name of Insured: _____ [] Male [] Female

Date of Birth: _____ SSN: _____

Name of Second Insured: _____ [] Male [] Female

Date of Birth: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email Address: _____

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

Dependent Children? [] No [] Yes

If Married, Name of Spouse: _____

Name of Beneficiary: _____

B. PERSONAL INFORMATION—POLICY OWNER *(Complete if Policy Owner is an Individual other than insured.)*

Is the Insured also the Policy Owner? [] Yes [] No

Complete if Policy Owner is an Individual other than insured.

Name of Policy Owner: _____

Date of Birth: _____ SSN: _____

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

Name of Policy Owner: _____

Tax ID Number: _____

C. INSURANCE COMPANY INFORMATION

Insurance Company: _____ **Policy Number:** _____

Face Amount: _____ **Date of Issue:** _____

Policy Type: [] Term [] UL [] WL [] SUL [] SWL [] VUL **Current Premium:** _____

Initial Policy Owner (at time of Issuance): _____

Name of Current Policy Owner (if different): _____

Has the Policy Owner changed since the policy was issued? [] Yes [] No

FOR ADDITIONAL LIFE INSURANCE POLICY 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 B).

The undersigned represents to FinLife Asset Services, Inc., that:

1. The information contained herein is complete and accurate and may be relied upon by **FinLife Asset Services, Inc.**
2. The undersigned will immediately notify **FinLife Asset Services, Inc.**, of any material change in any information contained herein, occurring prior to conclusion of the proposed sale, including but not limited to the following: 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 **FinLife Asset Services, 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, 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 affect 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.

In executing this application, each insured acknowledges and agrees that, subject to all applicable laws (including privacy laws), **FinLife Asset Services, 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.

LIFE INSURANCE POLICY OWNER

LIFE INSURANCE POLICY OWNER

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

INSURED *(if other than the Policy Owner)*

INSURED *(if other than the Policy Owner)*

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 and/or more than one (1) insured.**

LIFE INSURANCE INFORMATION RELEASE FORM

Policy Owner: _____

Insured: _____

Insurance Company: _____ **Policy Number:** _____

I hereby authorize my insurance company to furnish **FinLife Asset Services, Inc.**, and/or any of its affiliates, directors, officers, employees, agents, independent contractors, service providers or other authorized representatives ("**FinLife**"), with any information, forms, riders, or amendments in connection with any life insurance policy under which my life is insured (*including any conversions or replacements*).

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

I specifically authorize and request my insurance company and each authorized discloser, viatical settlement broker, and viatical settlement provider to rely upon a photo static or facsimile copy or other reproduction of this authorization as valid as the original.

Please accept this release form in lieu of any third-party authorization forms the insurer may have.

I agree and acknowledge this authorization shall remain valid for one year after the date signed.

LIFE INSURANCE POLICY OWNER

LIFE INSURANCE POLICY OWNER

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

SSN/Tax ID: _____

SSN/Tax ID: _____