INFORMATION SHEET

Please attach additional sheets if necessary to provide complete responses for the information requested

LIFE INSURANCE POLICY INFORMATION:

Insurance Company Name: _____

Name of Insured: _____ Policy #: _____

Has Insured been known by any other names? _____
Date Policy Issued: _____ Face Amount of Policy: $_____

Total loans/liens against Policy: $_____ Cash Surrender Value: $_____

Amount of Periodic Premium Payment: $_____

Frequency of premiums: ___ Annual ___ Semi-Annual ___ Quarterly ___ Monthly

Date of last premium payment: _____ Date next premium payment due: _____

Type of policy: ___Term ___Whole Life ___Universal Life ___Variable ___ Other (specify)_____

Group or individual policy: ___Individual ___Group ___Converted Group, date converted: _____

If the policy provides for accelerated benefits, have you applied for such benefits? ___ No

___Yes, applied and $_____ received ___Application was denied ___Application Pending

Beneficiary(ies): _____ Age(s)_____

Reason for Selling Policy: _____

POLICY OWNER INFORMATION: (attach additional sheets for multiple owners)

Full Legal Name of Policy Owner(s): _____

Aliases or Nicknames: _____

Street Address of Primary Domicile: _____

Mailing Address (if different): _____

Home Telephone: _____ Alternate Phone: _____ Fax: _____ Email: _____

Owner's relationship to the Insured: _____

Are you the original owner of this Policy? ___ Yes ___ No If No, explain how you acquired the Policy, when and from whom: ___

Is there any agreement or court order requiring you to maintain the Policy for the benefit of any other party, or granting an interest in the Policy to another party? ___ No ___ Yes (attach copy)

Does any other person or party have or claim any other right or interest in the Policy? ___ No ___ Yes

If yes, explain: _____

Is the Owner the subject of a petition in bankruptcy, or has the Owner been in bankruptcy at any time since the policy was issued?
___ No ___ Yes (attach copies of initial notice of filing and all discharge papers)

Is the Owner?: ___ Individual(s) [Complete **Section I** below]
___ Trust, Corporation, Partnership, LLC or Other Entity [Complete **Section II** below]

SECTION I – Complete if Policy Owner(s) is/are Individual(s):
(Attach additional sheets for multiple owners)

Policy Owner's DOB: _____ Male____ Female____ Social Security #: _____

State of Primary Residence: _____ Driver's License # and State: _____

In what state does the Owner file Resident tax returns? _____

Citizenship: ____U.S. ____ Other, explain: _____

Marital Status: ___Single ___Married ___Widowed ___Separated ___Divorced (attach copy of decree)

Current Spouse's name, address and phone: _____

_____

Names and birth dates of Owner's minor children and other dependents:

Name	Date of Birth	Relationship

Is there any agreement or court order requiring you to maintain the Policy for the benefit of any child, spouse, former spouse, domestic partner, or other dependent? ___No ___Yes (attach copy)

Does any other person hold a power of attorney to manage the Owner's financial affairs? ___No ___Yes
If so, please provide:

Name	Address	Phone Number

Are you currently working? Yes_____ No_____ Are you retired? Yes_____ No_____

What is/was your occupation? _____

Are you receiving disability benefits? Yes _____ No_____ What kind? _____

Are you receiving (*check all those that apply*): SSI_____ Medicaid_____ Food Stamps_____ None_____

SECTION II – Complete if Policy Owner is a Trust, Corporation, Partnership, LLC or Other Entity. Please provide entity formation documents e.g., Articles of Incorporation, Partnership Agreements or Trust Documents. (attach additional sheets for multiple owners)

Type of Entity and Full Legal Name: _____

Under which State's laws was this entity originally organized?_____ Date Organized:_____

Tax ID #: _____

Name and Title of Primary Contact Person: _____

Contact Person's Mailing Address: _____

Phone: _____ Fax:_____ E-mail:_____

Trusts – Names of additional Trustees, state whether each is co-trustee, joint trustee or alternate trustee:

Names of Trust Beneficiaries: _____

Corporations – Names of directors, and names and titles of officers. (Please provide Signer/Seller Authorization, e.g., Corporate Resolution and Bylaws):

Partnerships, LLCs & Other – List partners and managing members. (Please provide Signer/Seller Authorization, e.g., Operating Agreement or Partnership Agreement):

Name	Address	Phone Number

INSURED'S PERSONAL INFORMATION:

(If additional insureds, attach additional sheets with same information)

First Insured's Name: _____ Social Security #: _____

Has Insured been known by any other names: _____

___Male ___Female DOB: _____ Place of Birth: _____

Street Address: _____

Daytime Phone: _____ Evening Phone: _____ E-mail: _____

State of Primary Residence: _____ Driver's License # and State: _____

Does any other person hold a power of attorney to manage the Insured's personal affairs or to make health care decisions on behalf of the Insured? ___No ___Yes. If so, please provide:

Name	Address	Phone No.	Describe Powers Granted

HEALTH INFORMATION:

Please provide a brief description of Insured's health condition:

What is the Insured's primary medical condition? _____

When was the Insured's primary medical condition first diagnosed? _____

What are the Insured's secondary medical conditions or health concerns? _____

When were these secondary conditions diagnosed? _____

Current/Primary Physician: _____

Address & Phone: _____

Second Physician: _____

Address & Phone: _____

Third Physician _____

Address & Phone: _____

Owner/Seller's
Authority to Release Form
for Procurement of a Background Investigation and Credit Report

I hereby authorize the person or entity listed below ("Authorized Recipient") give my authority to conduct a comprehensive review of my background causing a background investigation, a consumer credit report and/or an investigative consumer report to be generated for insurance background investigation purposes.

I understand that the scope of the background investigation report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; and any other public records. This information shall be used to verify the Seller's history of residence, social security verification and financial responsibility for the purpose of entering into a life settlement transaction.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Life Policy Traders, Inc. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I understand this authorization automatically expires 120 days from the date of my signature and that I have the right to revoke the authorization at any time, provided I do so in writing.

I understand upon written request and proof of identification, a copy of my report and a summary of my rights under the Fair Credit Reporting Act will be provided to me.

Life Policy Traders, Inc.
Name of Authorized Recipient (print or type)

POLICY OWNER'S
FAIR CREDIT REPORTING ACT CONSUMER DISCLOSURE AND AUTHORIZATION
(Please duplicate form for multiple policy owners)

Facts You Need to Know:

In connection with a proposed transaction, the Authorized Recipient may conduct a comprehensive review of my background causing a background investigation and a consumer credit report, as defined in the Federal Fair Credit Reporting Act, 15 U.S.C. 1681 *et seq*. The report may be an "investigative consumer report" that includes information as to your character, general reputation, personal characteristics, and mode of living, whichever are applicable. If the Company obtains an investigative consumer report, you have the right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

The Authorized Recipient may not obtain any consumer report on you for employment purposes/medical staff privileges without your written consent. Also, the Authorized Recipient may not obtain medical information about you without your express consent to the release of medical information. Consent to the release of medical information, is *not* covered by the authorization contained in this document.

State-specific information:

- California – If you are a California resident, in addition to this disclosure/authorization, please review and complete the "Disclosure and Acknowledgement Concerning Consumer Credit Report or Investigative Consumer Report Obtained for Employment Purposes Pursuant to California Law."

- Minnesota – If you are a Minnesota resident, you have a right to obtain a copy of the consumer report by checking this box.

☐

- Oklahoma – If you are an Oklahoma resident, you have a right to obtain a copy of the consumer report by checking this box.

☐

Consent and General Authorization to Obtain Consumer Report

I, _____(policy owner's name) hereby authorize the Authorized Recipient, now or at any time prior to the closing of the contemplated transaction, to obtain a consumer report, or an investigative consumer report, on me. This authorization does not authorize the release of medical information.

DOB*:_____ **SS#_____** **Drivers License #_____** **Issuing State:_____**

7 years residence:

Address(es)				**From/To**
Street Address	City	State	Zip	
Street Address	City	State	Zip	
Street Address	City	State	Zip	
Street Address	City	State	Zip	

Street Address City State Zip

Other names used:

Name(s)	**From/To**

*** Federal law prohibits discrimination in employment on the basis of race, color, sex, national origin, religion, age, equal pay or disability. Additionally, New York State law prohibits discrimination in employment on the basis of creed, sexual orientation, military status or marital status.**

Policy Owner's Signature Today's Date

Policy Owner's Name Printed

Life Policy Traders, Inc.
Name of Authorized Recipient (print or type)

INSURED'S
FAIR CREDIT REPORTING ACT CONSUMER DISCLOSURE AND AUTHORIZATION
(Please duplicate form for multiple insureds)

Facts You Need to Know:

In connection with a proposed transaction, the Authorized Representative may conduct a comprehensive review of my background causing a background investigation and a consumer credit report, as defined in the Federal Fair Credit Reporting Act, 15 U.S.C. 1681 *et seq*. The report may be an "investigative consumer report" that includes information as to your character, general reputation, personal characteristics, and mode of living, whichever are applicable. If the Authorized Representative obtains an investigative consumer report, you have the right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

The Authorized Representative may not obtain any consumer report on you for employment purposes/medical staff privileges without your written consent. Also, the Authorized Representative may not obtain medical information about you without your express consent to the release of medical information. Consent to the release of medical information, is *not* covered by the authorization contained in this document.

State-specific information:

- California – If you are a California resident, in addition to this disclosure/authorization, please review and complete the "Disclosure and Acknowledgement Concerning Consumer Credit Report or Investigative Consumer Report Obtained for Employment Purposes Pursuant to California Law."

- Minnesota – If you are a Minnesota resident, you have a right to obtain a copy of the consumer report by checking this box.

☐

- Oklahoma – If you are an Oklahoma resident, you have a right to obtain a copy of the consumer report by checking this box.

☐

Consent and General Authorization to Obtain Consumer Report

I, **«M_20_Insured_1_First_Name» «M_21_Insured_1_Last_Name»,** (Insured's name) hereby authorize the Authorized Representative, now or at any time prior to the closing of the contemplated transaction to obtain a consumer report, or an investigative consumer report, on me. This authorization does not authorize the release of medical information.

DOB*:_____ **SS#_____** **Drivers License #_____** **Issuing State:_____**

7 years residence:

Address(es)				**From/To**
Street Address	City	State	Zip	
Street Address	City	State	Zip	
Street Address	City	State	Zip	
Street Address	City	State	Zip	

Street Address	City	State	Zip	

Other names used:

Name(s)	**From/To**

* Federal law prohibits discrimination in employment on the basis of race, color, sex, national origin, religion, age, equal pay or disability. Additionally, New York State law prohibits discrimination in employment on the basis of creed, sexual orientation, military status or marital status.

_____ _____
Insured's Signature Today's Date

_____
Insured's Name Printed

Life Policy Traders, Inc.
Name of Authorized Recipient (print or type)

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (*http://www.ftc.gov*). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

[The Remainder of Page Left Intentionally Blank. Signature Page Follows.]
(Please duplicate form for multiple policy owners and or insureds)

I hereby certify, to the best of my knowledge and belief, the information provided in the Life Insurance Policy Information, Policy Owner Information (Sections I & II) sections is complete and accurate.

x_____

Signature of Owner

_____

Print Name of Owner

I hereby certify, to the best of my knowledge and belief, the information provided in the Insured's Personal Information, Insured's Health Information and Family Health History sections is complete and accurate.

x_____

Signature of Insured

_____

Print Name of Insured