



Settlement Funding LLC

DBA/ Life Settlement Funding LLC

Dear Customer:

I've enclosed an **application for you to complete and sign**. I'll need to get a **copy of your policy** and an in force illustration of cost thru age 100 with \$1 left in cash value (assume 4% market return over time). I'll request the illustration from your insurance company and medical records for the insured as soon as this application is returned. Please return this information by email: Ray@AtAge60.com, fax (703) 319-0922 or mail to address below.

Sincerely,

Ray A. Towles
Life Settlement Agent



Settlement Funding LLC

DBA/ Life Settlements Funding LLC

APPLICATION FOR LIFE INSURANCE SETTLEMENT

English: "Receipt of a (INSERT: viatical* or life,** as applicable) settlement may affect your eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. The money you receive for your life insurance policy also may be taxable. Before completing a (INSERT: viatical or life, as applicable) settlement contract, you are urged to consult with an attorney, accountant, estate planner, financial planning advisor, your insurer or insurance agent, tax advisor, or a social service agency concerning how receipt of a payment will affect you, your family, and your spouse's eligibility for public assistance. For more information about (INSERT: viatical or life, as applicable) settlements generally, contact the Texas Department of Insurance at 1-800-252-3439."

Spanish: "El aceptar una liquidación tipo (INSERT: viáticos* or pago en vida**) podría afectar que usted pueda inscribirse en los programas de asistencia pública, tales como los de Asistencia Médica de Medicaid, Ayuda para Familias con Hijos Menores (AFDC), Ingreso Suplementario del Seguro Social (SSI) y otros programas de ayuda para la compra de medicamentos. Es posible que también tenga que pagar impuestos por el dinero que usted reciba por su seguro de vida. Antes de firmar cualquier acuerdo tipo (INSERT: viáticos or pago en vida) lo exhortamos que consulte con un abogado, contador, planeador de patrimonios, consejero económico, su aseguradora o agente de seguros, consejero (perito) en materia de impuestos o con (y con) una agencia (las agencias) de servicios sociales para que se informe cómo el recibo de dichos pagos podría afectar su capacidad, la de su familia y la de su cónyuge para recibir asistencia pública. Para más información en general respecto a los acuerdos tipo (INSERT: viáticos or pago en vida) llame al Departamento de Seguros de Texas al 1-800-252-3439."

*Pago Tipo Viáticos – Una transacción en la cual por medio de un contrato por escrito a cumplir en este estado se solicita, negocia, ofrece, compromete, establece o expide, que bajo dicho contrato un proveedor de liquidación tipo viáticos adquiera, por medio de asignación, venta o transferencia, la póliza de seguro de vida de un individuo que padece de una enfermedad o padecimiento catastrófico o que amenaza la vida, al pagar al propietario o tenedor de la póliza una compensación o cualquier cosa de valor de menos cuantía que la suma neta del beneficio de muerte que estipula la póliza.

Or

**Pago en Vida – Una transacción en la cual por medio de un contrato por escrito a cumplir en este estado se solicita, negocia, ofrece, compromete, establece o expide, que bajo dicho contrato un proveedor de liquidación tipo pago en vida adquiera, por medio de asignación, venta o transferencia, la póliza de seguro de vida de un individuo que no padece de una enfermedad o padecimiento catastrófico o que amenaza la vida, al pagar al propietario o tenedor de la póliza una compensación o cualquier cosa de valor de menos cuantía que la suma neta del beneficio de muerte que estipula la póliza.

Settlement Funding LLC DBA/ Life Settlements Funding LLC
1714 Tyvale Court Vienna, VA 22182
Telephone: (703) 928-6000 Fax: (703) 319-0922

This application is for: a viatical settlement a life settlement
(Please check only one.)

****Life settlement** -- A transaction whereby a written agreement is solicited, negotiated, offered, entered into, delivered, or issued for delivery in this state, under which a life settlement provider acquires, through assignment, sale, or transfer of a policy insuring the life of an individual who does not have a catastrophic or life-threatening illness or condition, by paying the owner or certificate holder compensation or anything of value that is less than the net death benefit of the policy.

***Viatical settlement** -- A transaction whereby a written agreement is solicited, negotiated, offered, entered into, delivered, or issued for delivery in this state, under which a viatical settlement provider acquires, through assignment, sale, or transfer of a policy insuring the life of an individual who has a catastrophic or life-threatening illness or condition, by paying the owner or certificate holder compensation or anything of value that is less than the net death benefit of the policy.

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POLICY OWNER

NAME OF POLICY OWNER(S)

NAME OF SIGNING OFFICER (IF CORPORATE OWNED) OFFICER TITLE

NAME OF TRUSTEE(S) (IF TRUST OWNED) DATE OF TRUST TIN OR SSN

ADDRESS EMAIL TELEPHONE NUMBER

CITY STATE ZIP

If individually owned, has policy owner ever been? (Check all that apply)

- Married Divorced Legally Separated Widowed Bankrupt

If more than one policy is being submitted, please attach an additional page including policy owner(s) and life insurance policy information as requested above.

LIFE INSURANCE POLICY INFORMATION

INSURANCE COMPANY POLICY NUMBER ISSUE DATE

FACE AMOUNT TOTAL POLICY LOAN CASH SURRENDER VALUE

ANNUAL PREMIUM PAYMENT NEXT PREMIUM DUE

LAST PREMIUM PAID DATE AMOUNT PAID CUSTOMER SERVICE PHONE NUMBER

PREMIUM MODE:

- Annual Semi-Annual Quarterly Monthly

TYPE OF POLICY:

- Term UL SUL WL SWL VUL SVUL Other
 Individual Group Converted Group

REASON FOR SALE

Settlement Funding LLC DBA/ Life Settlement Funding LLC
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PERSONAL INFORMATION-FIRST INSURED

INSURED NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

CURRENT HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ NAME OF SPOUSE _____

MARITAL STATUS:

Married Divorced Legally Separated Widowed

INSURED'S DRIVERS LICENSE NUMBER & STATE _____ MALE/FEMALE _____ PLACE OF BIRTH _____

PERSONAL INFORMATION- SECOND INSURED

INSURED NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

CURRENT HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ NAME OF SPOUSE _____

MARITAL STATUS:

Married Divorced Legally Separated Widowed

INSURED'S DRIVERS LICENSE NUMBER & STATE _____ MALE/FEMALE _____ PLACE OF BIRTH _____

BENEFICIARY INFORMATION - ATTACH ADDITIONAL PAGE IF NECESSARY

NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER OR TIN _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

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MEDICAL INFORMATION - FIRST INSURED

Please provide a brief description of your medical condition and the reason you are considering a Life Settlement:

MEDICAL INFORMATION - SECOND INSURED

Please provide a brief description of your medical condition and the reason you are considering a Life Settlement:

First Insured

NAME OF PRIMARY PHYSICIAN TELEPHONE WITH AREA CODE

ADDRESS

CITY STATE ZIP

NAME OF SPECIALIST PHYSICIAN SPECIALTY TELEPHONE WITH AREA CODE

ADDRESS

CITY STATE ZIP

Second Insured

NAME OF PRIMARY PHYSICIAN TELEPHONE WITH AREA CODE

ADDRESS

CITY STATE ZIP

NAME OF SPECIALIST PHYSICIAN SPECIALTY TELEPHONE WITH AREA CODE

ADDRESS

CITY STATE ZIP

If there are any other physicians who have treated you in the last five years, please attach an additional page including full name of physician(s), specialty, address and telephone number with area code.

ADDITIONAL PHYSICIAN PAGE

NAME OF SPECIALIST PHYSICIAN SPECIALTY TELEPHONE WITH AREA CODE

ADDRESS

CITY STATE ZIP

NAME OF SPECIALIST PHYSICIAN SPECIALTY TELEPHONE WITH AREA CODE

ADDRESS

CITY STATE ZIP

NAME OF SPECIALIST PHYSICIAN SPECIALTY TELEPHONE WITH AREA CODE

ADDRESS

CITY STATE ZIP

NAME OF SPECIALIST PHYSICIAN SPECIALTY TELEPHONE WITH AREA CODE

ADDRESS

CITY STATE ZIP

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PERSONAL ACKNOWLEDGEMENT

I represent and warrant the information contained in this application is correct and accurate and you may rely thereon and that I will immediately notify Settlement Funding LLC of any changes in the information. I further give my consent to Settlement Funding LLC and its agents to release this application and all information gathered while processing it as necessary for the sole purpose of soliciting the sale of my life insurance policy. I acknowledge that I am submitting this application to Settlement Funding LLC to broker the sale of my life insurance policy and that Settlement Funding LLC, is under no obligation to purchase my policy. I acknowledge I may be contacted by Settlement Funding LLC regarding information contained in this application.

I understand that some or all of the proceeds from a Life Insurance 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 Settlement Funding LLC, nor any of its representatives have made any representations or provided any advice concerning the possible tax consequences or treatment of the proceeds of this transaction.

I acknowledge that any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

PRINT NAME OF POLICY OWNER(S)

SIGNATURE OF OWNER(S)

DATE

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**AUTHORIZATION FOR DISCLOSURE OF POLICY INFORMATION AND
PROTECTED HEALTH INFORMATION (HIPAA COMPLIANT)**

Patient's (Insured) Name: _____

Date of Birth: _____ Social Security Number _____

I, the undersigned, hereby authorize the disclosure of my protected health information as follows:

- 1. Classes of Persons Authorized to Disclose My Protected Health Information:** I authorize any physician, medical practitioner, physician practice group, hospital or medical related facility, health care provider or other institution or person(s) having any medical records, charts, X-rays, laboratory work or similar information regarding my health ("Authorized Disclosure"), to release and disclose such information ("Protected Health Information") as provided in this authorization. I authorize each Authorized Disclosure to rely upon a photographic or facsimile copy or other reproduction of this document.
- 2. Persons Authorized to Receive all my Protected Health Information:** I authorize all my Protected Health Information to be released and disclosed by each Authorized Discloser under this authorization **Settlement Funding LLC** any of its principals, employees, agents or other authorized representatives and/or their successors, assigns, designees and affiliated entities (collectively, the "Authorized Recipient").
- 3. Description of Protected Health Information Authorized for Disclosure and the Purpose for such Disclosure:** authorization shall apply to any and all of my health and medical records and information, whether or not personally identifiable or protected under any federal or state confidentiality or privacy laws or regulations, including, but not limited to, the following:
 - Physician's/nurse's notes;
 - Examination summaries;
 - Reports and Orders;
 - Medication and Prescription Drug records;
 - Radiology, pathology and other laboratory or test reports; and
 - Other information/documentation included in a medical file.

This information and all disclosures of my Protected Health Information made pursuant to this authorization are for the purposes of allowing the Authorized Recipient (1) to evaluate or cause an evaluation to be prepared of my life expectancy based upon my health and medical status and condition in connection with the possible sale of any and all life insurance policies under which my life is insured and (2) to verify, track and monitor my health and medical status and condition in connection with any and all life insurance policies under which any life is insured that are sold.

- 4. Expiration of Authorization:** This Authorization shall remain valid until and shall expire on, the date of my death.
- 5. Right to Revoke Authorization:** I acknowledge and understand that I may revoke this authorization any time with respect to any Authorized Disclosure by notifying such Authorized Discloser or my revocation of this authorization in writing and delivering my revocation by mail or personal delivery at such address designated by such Authorized Discloser; provided that any revocation of this authorization shall not apply to the extent that the Authorized Discloser has taken action in reliance upon this authorization prior to receiving notice of my revocation or if this authorization was obtained.

I acknowledge and 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 "HIPPA Privacy Regulations"). I further understand that, as a result of this authorization, my Protected Health Information disclosed by any Authorized Discloser to the Authorized Recipient may be redisclosed by the Authorized Recipient and that my Protected Health Information that is disclosed to the Authorized Recipient may no longer be protected by the HIPPA Privacy Regulations.

I certify that I am executing and delivering this authorization freely, voluntarily and unilaterally as of the date written below. I further certify that I understand this authorization written in plain language and that I have retained a copy of this signed authorization for future reference.

Signature of Viator/Life Settlor (Insured)

Date

Printed Name of Viator/Life Settlor (Insured)

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AUTHORIZATION FOR RELEASE OF INSURANCE POLICY INFORMATION

(Signed by the Policy Owner/Applicant)

I hereby authorize my insurance company to release directly to Settlement Funding LLC and/or its authorized representatives with any information and forms in connection with my policy (including, but not limited to, verification of coverage, any illustrations or any conversions, thereof). As per my specific instructions, as the Policy Owner, please fax the requested information to Settlement Funding LLC directly and forward a copy to me.

I agree that a photographic copy or facsimile of this Authorization shall be valid as the original. It's use is in connection with the possible sale of any and all life insurance policies owned by the undersigned.

I agree that this authorization shall remain valid for three years, absent any of provision of any applicable state statute or regulation to the contrary, in which event it shall remain valid for the maximum period permitted, there under.

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

PRINT NAME OF VIATOR/LIFE SETTLOR (POLICY OWNER)

ADDRESS SOCIAL SECURITY NUMBER OR TAX ID NUMBER

CITY STATE ZIP

SIGNATURE OF VIATOR/LIFE SETTLOR (POLICY OWNER) DATE

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Pursuant to 28 TAC §3.1709, LHL365 Rev. 02/06 is promulgated by the Texas Department of Insurance.

Acknowledgment Form for Life Settlements

THE STATE OF _____ §
COUNTY OF _____ § KNOW ALL MEN BY THESE PRESENTS:

That _____ and
(Name of Life Settlor)

_____ does acknowledge that, to the
(Name of Policy Owner, if different from the Life Settlor)

best of his/her knowledge, the following are true representations:

- The life settlor does not have a catastrophic or life-threatening illness or condition that is likely to result in death within 24 months.
- A copy of the required written disclosures have been received and read by the life settlor and the policy owner.
- All of the documents (applications, medical release forms, etc.) used to effect the life settlement have been received and read by the life settlor and the policy owner.
- The life settlement contract is being entered into knowingly and voluntarily.

Witness my hand this _____ day of _____, _____.

Life Settlor's Signature _____ Policy Owner's Signature, if different from
the Life Settlor

Life Settlor's Printed Name _____ Policy Owner's Printed Name

Address Address _____

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Pursuant to 28 TAC §3.1709, LHL365 Rev. 02/06 is promulgated by the Texas Department of Insurance.

THE STATE OF _____ §
COUNTY OF _____ §

Before me, _____, on
(Printed name of Notary)

this day personally appeared _____ and
(Printed name of Life Settlor)

_____, known to me to be the person(s)
(Printed name of policy owner, if different than the Life Settlor)

whose name(s) is subscribed to the foregoing instrument, and acknowledged to me that the named person(s) executed the same for the purposes and considerations therein expressed, in the capacities therein stated, and as the act and deed of said life settlor and policy owner.

Given under my hand and seal of office this _____ day of _____,
_____.

(Notary Seal)

(Notary Public Signature)

Notary Public, State of _____

My Commission Expires: _____

Settlement Funding LLC DBA/ Life Settlement Funding LLC
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Pursuant to 28 TAC §3.1709, LHL364 Rev. 02/06 is promulgated by the Texas Department of Insurance.

Acknowledgment Form for Viatical Settlements

THE STATE OF _____ §
COUNTY OF _____ § KNOW ALL MEN BY THESE PRESENTS:
§

That _____ and
(Name of Viator)

_____ does acknowledge that, to the best
(Name of Policy Owner, if different from the Viator)

of his/her knowledge, the following are true representations:

- The viator has a catastrophic or life-threatening illness or condition that is likely to result in death within 24 months.
- A copy of the required written disclosures have been received and read by the viator and the policy owner.
- All of the documents (applications, medical release forms, etc.) used to effect the viatical settlement have been received and read by the viator and the policy owner.
- The viatical settlement contract is being entered into knowingly and voluntarily.

Witness my hand this _____ day of _____, _____.

Viator's Signature Policy Owner's Signature, if different from
the Viator

Viator's Printed Name Policy Owner's Printed Name

Address Address

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1714 Tyvale Court Vienna, VA 22182
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Pursuant to 28 TAC §3.1709, LHL364 Rev. 02/06 is promulgated by the Texas Department of Insurance.

THE STATE OF _____ §
COUNTY OF _____ §

Before me, _____, on
(Printed name of Notary)

this day personally appeared _____ and
(Printed name of Viator)

_____, known to me to be the person(s)
(Printed name of Policy Owner, if different from the Viator)

whose name(s) is subscribed to the foregoing instrument, and acknowledged to me that the named person(s) executed the same for the purposes and considerations therein expressed, in the capacities therein stated, and as the act and deed of said viator and policy owner.

Given under my hand and seal of office this _____ day of _____,

_____.

(Notary Seal)

(Notary Public Signature)

Notary Public, State of _____

My Commission Expires: _____

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Pursuant to 28 TAC §3.1708, LHL362 Rev. 02/06 is promulgated by the Texas Department of Insurance.

Required Notice
Important Information You Need to Know
Before Entering Into a Viatical Settlement

What are viatical settlements?

A viatical settlement is the sale of a life insurance policy or certificate (hereafter referred to as policy) issued on the life of a person, who has a catastrophic or life-threatening illness or condition that is likely to result in death within 24 months, for a dollar amount that is less than the policy's face value. The person with the catastrophic or life-threatening illness or condition who is insured under the policy is called a viator. This person may or may not be the owner of the policy. Only the owner of the policy has the right to sell the policy. If you do not own the policy, the owner cannot sell the policy without your consent. The entity that buys the policy is called a viatical settlement provider (hereafter referred to as provider) and must have a registration from the Texas Department of Insurance (hereafter referred to as TDI). Additionally, there are persons called brokers or provider representatives, who help with the sale of the policy. The provider representative or broker must also have a registration from TDI.

A viatical settlement offers you the opportunity to receive a portion of your policy's death benefit while you are still alive, giving you a chance to ease the financial stress that sometimes goes with an illness or condition.

How do viatical settlements work?

Most providers, provider representatives, or brokers will ask you to complete an application and medical release forms so that they can gather information from your life insurance company and your doctors. All information gathered must be kept confidential and cannot be given to anyone without your written approval. If you qualify, the provider will make you an offer for your policy. The amount offered for your policy will be based on facts such as how long you are expected to live, the amount you pay for premiums, the rating of your insurance company, and your policy's provisions (e.g., a waiver of premium). If you accept the offer, you will be asked to sign a viatical settlement contract.

Do I have to sell all of my policy?

No. You can sell all of your policy or you can sell only a part of your policy. If you sell only a part, you will be required to assign or transfer only the part being sold. If you sell the entire policy, the provider will become the new owner of the policy.

Is there a difference between a broker and a provider representative?

Yes. Although both a broker and a provider representative will help you with the sale of your policy, there are important differences between them. A broker works for you. A broker will check with several providers to find the best offer for you. A provider representative works for a provider. A provider representative will only check with the provider he or she works with to get you their offer. If you use someone to help with the sale of your policy, you may want to ask whether they are a broker or a provider representative.

Is the provider, provider representative, or broker required to keep my information confidential?

Yes, any financial, medical, or personal information obtained by a provider, provider representative, or broker about you, including your family members, a spouse, or a significant other, may not be shared with anyone unless you have given written approval that the information may be shared. Any written approval for the sharing of this information must show who may get the information and why it will be released.

If I enter a viatical settlement contract, when will I get my money and from whom?

The answer to this question depends on how the provider runs its business. Some providers use an escrow agent or trustee to handle the money that will be paid to you. If an escrow agent or trustee is used, the escrow agent or trustee will send you the money within three business days of the date the insurance company confirms to the provider that the transfer of ownership has been completed. If an escrow agent or trustee is not used, the provider will send you the money within three business days from the date you signed both the contract and the papers needed to transfer or assign your policy to them.

What if I change my mind?

If you change your mind about selling your policy, you can cancel the viatical settlement contract at any time up to the 15th day after you receive the money from the provider. To cancel the viatical settlement contract, you will have to return any money the provider paid to you for the purchase of your policy along with any premiums the provider paid to keep the policy in force. If you change your mind, remember to arrange with the provider to have the insurance company transfer the ownership of the policy back to you.

What if I die shortly after selling my policy?

If you die at any time up to the 15th day after you receive the money from the provider, the settlement contract will automatically cancel. The provider will pay the owner of your policy or beneficiaries designated by the owner in the viatical settlement contract any proceeds it receives from your policy, minus any money it already paid for the purchase of your policy and any premiums it paid to the insurance company to keep your policy current. The insurance company or the provider should refund any unearned premiums paid.

What happens after I get my money?

After the provider has paid the owner for the sale of the policy, they may begin calling to check on the health status of the viator.

What if I don't want to be contacted about my health status?

If you do not want to be contacted about your health status, you may appoint an adult person or persons to be contacted on your behalf. That person must be in regular contact with you and you must give the provider their name, address and phone number. Once you give the provider this information, they may not contact you unless they have tried and have not been able to reach the contact person for more than 30 days. If you need to, you can change your contact person at any time by sending a written notice to the provider.

How will I know who will be calling me or my contact person about my health status and how often can they call?

The provider must give you the name, address, and phone number of the person who will be contacting you or your contact person(s) about your health status.

If your life is expected to end in one year or less, contacts to check on your health status are limited to once every 30 days. If you are expected to live for more than one year, contact is limited to once every three months.

Will the provider be calling my doctor to check on my health status?

Some providers will use your signed medical release form to check with your doctor for updates on your health status. The medical release form tells your doctor that you want your doctor to give your medical information to the provider, their broker, or provider representative. If you decide you do not want the provider to contact your doctor, you have the right to withdraw your medical consent in accordance with law.