

DIRECTIONS FOR COMPLETING THE SALE OF YOUR LIFE INSURANCE POLICY

Please read and follow the directions below very carefully in order to avoid any delay in completing the transaction. Upon receipt of all of the following documents and information, the purchase price will be funded into escrow and Change of Owner and Beneficiary forms will be sent to the Insurer. Upon confirmation by the Insurer of receipt of the Change of Owner and Beneficiary forms and satisfactory approval of all requirements, the purchase price will be released from escrow.

DOCUMENTS ENCLOSED WITH THIS PACKAGE

- 1 Cover Letter**
The cover letter is for your information only.
- 2 Directions for Completing the Sale of the Life Insurance Policy**
This Directions sheet provides you with an overview of the documentation in your package. It also refers to a follow up call which we intend to make and, accordingly, requests the phone number and the appropriate time to place that call.
- 3 Checklist of Documents to Provide**
The Checklist includes a list of additional documentation that you should provide to
- 4 Life Insurance Policy Purchase Agreement**
Seller should sign and initial where indicated and obtain a notarization in the space provided. Please review all of the information on Exhibit A and mark any corrections to the information.
- 5 Funding Method Request**
Seller(s) should indicate the preferred method of receiving funds and sign where indicated. A copy is enclosed for each Seller.
- 6 Seller Acknowledgment**
Seller(s) should read all of the disclosures, sign where indicated and obtain a notarization in the space provided.
- 7 Insured Acknowledgment**
Insured(s) should read all of the disclosures, sign where indicated and obtain a notarization in the space provided.
- 8 Insured's Authorization to Release Medical Records and Limited Durable Power of Attorney**
Insured(s) should sign where indicated and obtain a notarization in the space provided. A copy is enclosed for each Insured.
- 9 Seller's Authorization to Release Policy Information**
Seller(s) should sign where indicated and obtain a notarization in the space provided.
- 10 Insured's List of Primary Designated People**
Insured(s) may designate an adult person in regular contact with the Insured(s) as a contact person for inquiries about the Insured(s) health status. If a designation of an adult person is made, the preferred method of contact should be indicated by providing the full name, address, phone number and relationship of the designated person, and the designated person must sign in the indicated area. Insured(s) should also sign each of the attached letters that will be sent to the designated person. A copy is enclosed for each insured.
- 11 Spouse's Release and Consent to Change Beneficiary of Life Insurance Policy**
If Seller is married and resides in a community property state, Seller's spouse should read this carefully, sign where indicated, and obtain a notarization in the space provided. If Seller does not have a spouse, Seller must sign and print name where indicated and obtain a notarization in the space provided. A copy is enclosed for each Seller's spouse.
- 12 Beneficiary's Release and Consent to Change Beneficiary of Life Insurance Policy**
The current beneficiary(s) should read this carefully, sign and print name where indicated, and obtain a

notarization in the space provided. If beneficiary is a minor, a guardian needs to sign and print name where indicated and obtain a notarization in the space provided.

13 Attending Physician's Statement

If Seller is Insured, the Attending Physician of the Insured must complete and sign. A copy is provided for each Insured.

14 Escrow Agreement

Seller should sign where indicated and obtain a notarization in the space provided.

15 Application

Seller and Insured should complete application and sign where indicated in the space provided.

16 W9 Form

Seller(s) should complete W9 and sign where indicated in the space provided.

17 Change of Owner and Beneficiary Forms from the Insurer – 2 copies

Seller should review the information on the forms, complete them as appropriate, and sign the forms where indicated, **but the date should not be completed.** By signing and returning the forms to us you are authorizing us to date them at such time as we send the forms to the Insurer. Often the Insurer needs originals and copies can get lost in their paper shuffle. We ask that two copies of each form be completed in an effort to eliminate any delay and burden in execution of additional documents.

18 Federal Express Envelope

A self-addressed Federal Express envelope is enclosed for your convenience. Please see the attached checklist for documents that must be provided.

Additional Information

The completed, enclosed documents together with the items on the attached checklist should be everything needed to complete this transaction; however, from time to time additional information is necessary to satisfy certain legal, Insurer and/or escrow requirements.

In addition to the aforementioned documents from you, the documents and information we must have to fund a life settlement transaction (the "Final Documents") are:

- Verification of coverage from the Insurer
- Final confirmation of all values from the Insurer
- Written acknowledgement from the Insurer as to the change of owner and beneficiary
- Medical review not more than ninety (90) days old
- Illustration not more than ninety (90) days old
- Verification that there has not been an adverse change in the carrier's rating since the date of the cover letter included in this package

No transaction will be consummated without each of the items referred to above, in each case, in form and substance satisfactory to (). As mentioned above, in order to ensure that we have accomplished our goal of making this package easy to understand and complete, we would like to take a couple of minutes of your time after all of the completed and requested documents have been returned to us by calling you to discuss these documents and the information contained in them. Please indicate below the best time(s), day(s) and telephone number to call you. With your permission, this call will be recorded and maintained in your confidential file.

Seller name: _____

Best time(s) to call: _____ a.m./p.m. Day(s): _____

Telephone number: () _____