

## LIFE SETTLEMENT APPLICATION

***The information herein will be held in the strictest confidence.***

### INSURED'S INFORMATION

Insured's Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Street Address: (No PO Box) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Female  Male   
Spouse's Full Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EMPLOYMENT STATUS

Is the Insured currently retired? Yes  No

If no, name of current employer and occupation: \_\_\_\_\_

### LIFE INSURANCE POLICY INFORMATION *(please provide for each policy being offered for sale)*

Name of Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Approx. Cash Surrender Value: \$ \_\_\_\_\_  
Policy Issue Date: \_\_\_\_\_ Insuring: Individual  Survivorship   
Policy Type: Universal  VUL  Term  Whole Life  Group   
If Term policy, can be converted until what date? \_\_\_\_\_  
Annual Premium: \_\_\_\_\_ Paid: A  SA  Q  M  Next premium due date: \_\_\_\_\_  
Owner of Policy: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Owner Social Security / Tax ID #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Complete Trust or Corporation name, and names of Trustee(s) or 2 officers: \_\_\_\_\_  
\_\_\_\_\_

Beneficiary (ies): \_\_\_\_\_

Primary Beneficiary Address: \_\_\_\_\_

Reason for original purchase: Estate Planning  Family Protection   
Buy-sell agreement  Other (describe): \_\_\_\_\_

Reason for selling: \_\_\_\_\_

Has an application for insurance on insured's life/health ever been declined, rated or modified in any way (including this policy)? Yes  No  If yes, give company and reason:  
\_\_\_\_\_

Does the insured have plans to purchase new life insurance? \_\_\_\_\_

Total face value of life insurance NOT being offered for sale herewith: \_\_\_\_\_

**MEDICAL**

Please list any specific health conditions: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Has insured smoked: Cigarettes  Cigars  Cigarillos  Pipe  in the past 12 months? No

Does insured use or has ever used alcoholic beverages? Yes  No  If yes, please answer the following:

(A) Frequency of use? Daily  Weekly  Monthly  Occasionally

(B) Amount consumed on each occasion: \_\_\_\_\_

(C) Any treatment for alcohol use (including AA treatment)? \_\_\_\_\_

FAMILY HISTORY	Current Age	Deceased?	If deceased, cause and age at time of death
(A) Father	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
(B) Mother	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
(C) (Brother) (Sister)	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
(D) (Brother) (Sister)	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Please list insured's Primary Care Physicians:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of last consultation: \_\_\_\_\_

Please list any Specialist that insured has seen:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**FINANCIAL**

Has insured applied for or received a pension or compensation because of illness or injury? Yes  No

If yes, give details of illness or injury: \_\_\_\_\_

Since this policy has been in force, has owner been a party to a: [check all that apply] Civil Suit  Bankruptcy   
Judgments  Creditor Liens  Tax Liens  Divorce

*Explain any checked answers on a separate page and attach all discharge papers.*

Does insured have a living will? Yes  No

**PERSONAL ACKNOWLEDGEMENT**

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

I understand that some or all of the proceeds from a life 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 P&T Financial Co. nor any of its affiliates or representatives have made any representations or provided any advice concerning the possible tax consequences or treatment of the proceeds of this transaction.

Owner's signature: \_\_\_\_\_

Typed or printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_