

## Appendix A-2

<b>Life Settlement Provider Report Idaho Insureds Only Instructions</b>
NOTE: This form must be accompanied by the Life Settlement Provider Certification Form. See Chapter 19 on Idaho Department of Insurance website at <a href="http://www.doi.idaho.gov">http://www.doi.idaho.gov</a> . ATTACH A SEPARATE SHEET IF NECESSARY
<b>Question 1.</b> List the settlement number, case number or unique identifying number used to identify this specific life settlement transaction.
<b>Question 2.</b> List the date the life settlement contract was purchased by the provider during the current calendar year, whether or not the insured is still alive at the end of the calendar year.
<b>Question 3.</b> List the date the owner of the policy originally initiated coverage.
<b>Question 4.</b> Was the policy being purchased previously financed? Yes or No.
<b>Question 5.</b> List the ownership type of the policy, such as trust, corporate or individually owned.
<b>Question 6.</b> If the difference between the date shown in question 3 and the date shown in question 2 is less than 2 years, provide the reason the contract was sold. In accordance with Section 41-1961, Idaho Code, use "a" if exercise of conversion rights, "bi" if terminally/chronically ill, "bii" if owner's spouse dies, "biii" if owner divorces spouse, "biv" if owner retires, "bv" if owner becomes disabled and cannot work fulltime, "bvi" if owner decreed bankrupt or insolvent, or "O" for other and provide an explanation
<b>Question 7.</b> List the age (in years) of the person insured by the policy being sold at the time of the life settlement contract.
<b>Question 8.</b> List the life expectancy (LE) in months of the person insured at the time of the life settlement contract. If more than one LE was ordered, provide individual information on each LE.
<b>Question 9.</b> List the name of the insurance company along with its NAIC company code number.
<b>Question 10.</b> List the net amount (in dollars) for the policy being sold.
<b>Question 11.</b> List the net amount (in dollars) paid to the seller of the policy.
<b>Question 12.</b> Identify whether the policy was an individual policy (I) or a group policy (G).
<b>Question 13.</b> List the type of funding for the transaction: "F" for a licensed financial institution (policies collateralized), "P" for private (purchaser) funding, "I" for internal funding, "T" for trust, and "RPT" for related provider trust.
<b>Question 14.</b> What is the product type? Term, UL, SUL, VUL, SVUL, WL, SWL, etc.
<b>Question 15.</b> List the date the proceeds of the agreement are paid or transferred to an escrow or trust account
<b>Question 16.</b> List the name of the escrow agent and the account number, or provide the trust institution and account number.
<b>Question 17.</b> Indicate the purchase source of the policy. Use "B" for life settlement broker, "D" for direct from the insured or owner, "I" for insurance agent/producer, "SM" for a secondary market or life settlement provider, "P" for private (purchaser) funding or "O" for other and provide an explanation.
<b>Question 18.</b> List the name of the source of the life settlement transaction. If it is a broker, producer or other licensee, name that person; if it is direct, from a relative, from the corporation of the insured or any other entity that could possibly reveal the insured, designate by writing "Direct," "Relative," "Corporation" or other non-designating word.
<b>Question 19.</b> List the amount of commissions (in dollars) paid to the source involved in the transaction whether that is a life settlement broker, an insurance producer or other licensed entity authorized to be a life settlement source.
<b>Question 20.</b> List the date the disclosures required by Idaho Code §§41-1956 and 1957 were made to the owner/seller of the policy. This includes but is not limited to alternatives to life settlement contracts, tax consequences and rights of owners.
<b>Question 21.</b> If the provider transferred ownership of life settlement contract, list the date the transfer occurred and provide the name of the new owner. If not applicable show "N/A".
<b>Question 22.</b> List the total amount of premiums (in dollars) paid to the insurer to maintain the policy during the report period.
<b>Question 23.</b> Date the authorization for release of medical information was signed by the insured.