

**Appendix C**

**LIFE SETTLEMENT PROVIDER'S DISCLOSURE TO OWNER UPON SETTLEMENT**

**IMPORTANT- READ THIS DISCLOSURE FORM BEFORE SIGNING ANY LIFE SETTLEMENT CONTRACT.**

The life settlement provider must provide you with at least the following disclosures prior to signing of the life settlement contract. You should carefully read all of the following points and seek financial, insurance, tax and other advice where appropriate.

1. The person or entity identified on this form is acting as a life settlement provider and does not represent you.
2. The affiliation, if any, between the life settlement provider and the issuer of the insurance policy to be settled is:  
 None  
 \_\_\_\_\_
3. The name, business address and telephone number of the life settlement provider are as follows:
4. If an insurance policy to be settled has been issued as a joint policy or involves family riders or any coverage of a life other than the insured under the policy to be settled, the possibility of loss of coverage on the other lives under the policy exists. If this is the case, the insurance producer or the insurer issuing the policy should be consulted for advice on the proposed life settlement.  
 The insurance policy DOES NOT provide coverage to any person other than the insured.  
 The insurance policy DOES provide coverage to other persons as follow:  
\_\_\_\_\_  
\_\_\_\_\_

Policy Owner's Initials: \_\_\_\_\_

5. The current death benefit payable under insurance policy or certificate number \_\_\_\_\_ issued by \_\_\_\_\_ is: \$ \_\_\_\_\_

The availability of additional guaranteed insurance benefits, the dollar amount of any accidental death and dismemberment benefits under the policy or certificate, and the extent to which your interest in these benefits will be transferred as a result of the life settlement contact are:

- Unknown  
 \_\_\_\_\_  
\_\_\_\_\_

6. You may inspect or receive copies of the relevant escrow, trust agreements or other documents by contacting the independent third party escrow agent. You may contact that agent at (name, business address, telephone number):  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE POLICY OWNER'S ACKNOWLEDGMENT:** I have read and fully understand this Disclosure form, and I have received a copy of this form to keep for my records.

**LIFE INSURANCE POLICY OWNER**

**JOINT LIFE INSURANCE POLICY OWNER**

By: \_\_\_\_\_  
Printed Name

By: \_\_\_\_\_  
Printed Name/Title

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**LIFE SETTLEMENT PROVIDER**

By: \_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_