

## MEMBERSHIP INFORMATION

### MEMBERSHIP CATEGORIES AND DUES:

LISA Membership is divided into two (2) categories: Charter and Voting.

#### Charter Membership Description:

- Member Benefits: Charter Members are entitled to all the benefits and privileges afforded LISA Members including discounts for attendance at LISA events, discounts for events sponsored by ELSA and BVZL, recognition on LISA's website, the opportunity to serve on LISA committees, to run for LISA's Board of Directors and the right to vote for LISA's Board of Directors and other matters, etc.
- PPC: In addition to these benefits, Charter Members participate in LISA's Public Policy Council ("PPC"). The PPC oversees LISA's efforts with respect to legislative and regulatory affairs at the federal and state levels, works closely with legislators, regulators, insurance industry groups, lobbying firms and others to promote and protect LISA's interests in the public policy arena.
- Annual Dues: \$55,000. Dues are payable quarterly in advance (\$13,750 per quarter)

#### Voting Membership Description:

- Member Benefits: Voting Members are entitled to the benefits and privileges afforded LISA Members including discounts for attendance at LISA events, discounts for events sponsored by ELSA and BVZL, recognition on LISA's website, the opportunity to serve on LISA committees, to run for LISA's Board of Directors and the right to vote for LISA's Board of Directors and other matters, etc.
- Annual Dues: \$15,000. Dues are payable quarterly in advance (\$3,750 per quarter)

#### **Late Fees**

Membership will be suspended after 30 days of failure to pay dues, and will be terminated after 60 days of failure to pay dues. Once terminated, membership re- instatement will be conditional upon payment of a fee of \$250. Members will not regain conference rate, website and voting privileges until such time as all dues and fees assessed are paid in full.

#### **Tax Notice**

The Life Insurance Settlement Association is organized under section 501 (c) (6) of the IRS code. In most years, 50% of the dues paid to LISA shall not be deducted as charitable contributions for tax purposes.

#### **Conditions of Membership**

Membership in the LISA is conditional and reflects the affirmation of compliance with the Code of Ethics and Standards of Professional Conduct of the Association as adopted and amended by the Board of Directors from time to time.

## MEMBERSHIP APPLICATION

Thank you for your interest in LISA Membership. The Board of Directors will not consider an application for membership until the entire application is complete. If you have questions regarding the application, please contact the LISA Membership and Programs Director, K. Malaika Walton ([mwalton@lisa.org](mailto:mwalton@lisa.org)).

All applicants must complete the following sections of the application:

- General Business Information
- Acknowledgement of the LISA Code of Ethics & Standards of Professional Conduct
- Affirmation and Authorization

Please include with your application:

- A current Certificate of Good Standing or Authority to do Business in state of domicile.
- A non-refundable application fee of \$500.
- Your company logo

Name of Company \_\_\_\_\_

Select Your Industry Specialty

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting Services             | <input type="checkbox"/> Legal Services                         |
| <input type="checkbox"/> Asset Manager                   | <input type="checkbox"/> Life Expectancy Underwriter            |
| <input type="checkbox"/> Broker                          | <input type="checkbox"/> Provider                               |
| <input type="checkbox"/> Financing Entity                | <input type="checkbox"/> Securities Intermediary / Escrow Agent |
| <input type="checkbox"/> Industry Services               | <input type="checkbox"/> Servicer                               |
| <input type="checkbox"/> Information Technology Services | <input type="checkbox"/> Other                                  |
| <input type="checkbox"/> Investment Fund / Investor      |   |

Which Membership Category are you choosing:

Charter  Voting

List the States where your company is licensed or authorized to transact life and/or viatical settlement business

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Your Company Description

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Contact Person \_\_\_\_\_

Contact Person Title \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Phone \_\_\_\_\_

Principal Business Address

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Website \_\_\_\_\_

LinkedIn \_\_\_\_\_

Additional Company Users

First Name	Last Name	Title	Email

**LISA Code of Ethics and Standards of Professional Conduct:**

I acknowledge that I have read the [LISA Code of Ethics and Standards of Professional Conduct](#)

\_\_\_\_\_ (Applicant's name)

on behalf of \_\_\_\_\_ (Company's name)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Affirmation and Authorization**

I HEREBY ACKNOWLEDGE THAT MY MEMBERSHIP WILL BE CONSIDERED BY THE BOARD OF DIRECTORS OF THE LIFE INSURANCE SETTLEMENT ASSOCIATION. I UNDERSTAND AND AGREE THAT MY APPLICATION FOR MEMBERSHIP WILL BE DECLINED IF IT DOES NOT OBTAIN A MAJORITY VOTE OF THE BOARD OF DIRECTORS, OR IN THE OPINION OF THE BOARD OF DIRECTORS, I AM OR WILL BE UNABLE OR UNWILLING TO CONFORM TO THE CODE OF ETHICS OR OTHER REQUIREMENTS THAT THE LISA MAY REQUIRE.

I AGREE TO UPDATE THIS APPLICATION BY CAUSING AN AMENDMENT TO BE FILED ON A TIMELY BASIS WHENEVER CHANGES OCCUR TO ANSWERS PREVIOUSLY REPORTED. FURTHER, I REPRESENT THAT, TO THE EXTENT ANY INFORMATION PREVIOUSLY SUBMITTED IS NOT AMENDED, THE INFORMATION PROVIDED IN THIS FORM IS CURRENTLY ACCURATE AND COMPLETE. I ALSO UNDERSTAND THAT ANY AMENDED INFORMATION TO THE APPLICATION MAY CAUSE THE BOARD OF DIRECTORS TO REVISIT MY MEMBERSHIP STATUS.

AS THE LIFE INSURANCE SETTLEMENT ASSOCIATION MAY ADOPT POLICIES OR PROCEDURES AS MEMBERSHIP REQUIREMENTS, I AGREE THAT MY MEMBERSHIP WILL BE CONTINGENT UPON COMPLIANCE WITH SUCH POLICIES THAT THE BOARD OF DIRECTORS MAY ADOPT AND AGREE THAT MY RESIGNATION SHALL TAKE EFFECT IMMEDIATELY IN A CASE OF NON-COMPLIANCE WITH SUCH ADOPTED POLICIES.

I AGREE THAT NEITHER THE ASSOCIATION NOR ITS INDIVIDUAL MEMBERS, OFFICERS, DIRECTORS, AGENTS OR EMPLOYEES SHALL BE LIABLE TO ME, INDIVIDUALLY OR JOINTLY, IF THIS APPLICATION FOR MEMBERSHIP IS REJECTED OR FOR THE CONSEQUENCES OF ANY DISCIPLINARY ACTION WHICH MAY BE SOUGHT OR TAKEN AGAINST ME UNDER THE ASSOCIATION'S BYLAWS OR AMENDMENTS THERETO OR ANY DISCIPLINARY OR PENAL ACTION WHICH MAY BE SOUGHT OR TAKEN AGAINST ME UNDER THE LAWS OF ANY STATE OR

JURISDICTION, OR FOR ANY STATEMENT WHICH THE ASSOCIATION OR ANY OF SAID INDIVIDUALS MAY ISSUE RELATIVE TO ANY SUCH ACTION; PROVIDED, HOWEVER, THAT NOTHING HEREIN CONTAINED SHALL EXONERATE THE ASSOCIATION OR ANY OF SAID INDIVIDUALS FROM LIABILITY TO ME FOR ITS OR THEIR GROSS NEGLIGENCE OR WILLFUL MISCONDUCT.

I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT. I AUTHORIZE THE LIFE INSURANCE SETTLEMENT ASSOCIATION TO OBTAIN FROM ANY SOURCE WHATSOEVER SUCH ADDITIONAL INFORMATION AND DOCUMENTATION IT SHALL DEEM ADVISABLE.

I FURTHER ACKNOWLEDGE THAT I WILL ADHERE TO THE CODE OF ETHICS OF THE ASSOCIATION, THE LISA LOGO POLICY, THE LISA BYLAWS AND THE LISA STANDARDS OF PROFESSIONAL CONDUCT.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Please send completed application with a non-refundable check for \$500.00 to:

**LISA Membership Department**

Via email: [mwalton@lisa.org](mailto:mwalton@lisa.org)

Via mail: 1800 M Street NW, #400-S Washington DC 20036

Questions? Call Membership Director, K. Malaika Walton, 202.495.3126