

<b>Resource Purpose</b>	
To serve as a replicable tool that captures all pertinent application information and that can be shared or reused throughout a life settlement transaction process.	
<b>Questions to Identify Useful Information</b>	<b>Notes / Follow Up</b>
Is the policy owned by a trust?	If yes, provide the trust
Is the policy owned by a corporation?	If yes, provide the corporate bylaws, corporate formation documents, operating agreement, certification of organization, etc.
Are there any loans associated with the policy?	If yes, list loans and amount owed
Has the Beneficiary Changed since Issuance?	If yes, list initial beneficiary name & relationship, and list current beneficiary
Before or at the time the policy was issued, did the insured, owner or any other party agree to transfer, sell or assign, directly or indirectly the policy or any benefits to a third party	If yes, describe the arrangement in detail and provide copies of documents related to the agreement
Has the insured or the owner ever assigned the policy or policy benefits to any person or entity?	If yes, describe the details of the arrangement
Has the policy or any of the policy premiums been financed by a third party, either through a loan, equity, contribution or otherwise?	If yes, describe the financing arrangement and provide documentation; provide name of lender
<b>Basic Information to Collect</b>	<b>Notes / Follow Up</b>
<b>Insured Information</b>	
Insured 1 Name	Include: Insured "Also known As"
Insured 1 DOB	
Insured 1 SSN	
Insured 1 Gender	
Insured 2 Name	
Insured 2 DOB	
Insured 2 SSN	
Insured 2 Gender	
Address	
Phone Number	
<b>Medical History</b>	
Insured 1	
Insured 2	
Primary Care Doctor, Phone Number	
Specialists, Phone Number	
<b>Owner Information - Individual</b>	
Owner 1 Name	Use checkbox to indicate insured is also owner; skip section
Owner 1 SSN	
Owner 1 DOB	
Owner 2 Name	
Owner 2 SSN	
Owner 2 DOB	
Address	
Marital Status	
Phone Number	
Is Owner Defendant in Lawsuits or legal Action?	
Has owner ever declared bankruptcy?	
DL Number, Issue State	
<b>Ownership Information - Entity</b>	
Name	
TaxID	
Authorized Representative	
Title	
Address	
State of formation	
If Trust owned, date of Trust	
<b>Life Insurance Information</b>	
Insurance Company	
Policy Number	
Face Amount	
Issue Date	
Type of Policy	
Current Premium	
Current Cash Value	