

Life Settlement Pre-Qualification Form

Instructions: 1. Complete this pricing request form with the most current information available. 2. Submit an inforce maturity illustration with level premiums, a level net death benefit, and leaving approximately \$100 at the end of the illustrated run.				
Name of Submitting Producer/Broker		Producer/Broker Phone	Producer/Broker E-mail	Insured(s) Name (Not Required)
Reason for Sale		Insured 1 Gender M F	Insured 1 D.O.B.	Insured 2 Gender M F
Tobacco Use? M F Both	Have LE's been completed on the insured(s)? Y N If so, write in here:		Conversion Deadline or Lapse Date	
Owner State (Required)	Issue Rating	Insurance Carrier	Policy Issue Date	Loan Amount on Policy
Policy # (last 4 digits)	Policy Type	Face Value	Premiums to Maturity	Policy AV/CSV & As of Date
PLEASE CHECK 1 BOX PER INSURED	INSURED'S HEALTH & LIFESTYLE DESCRIPTION			
1 st Insured	2 nd Insured	(Please provide most accurate health depiction – <u>preferably based on insured's opinion</u>)		
GOOD		<ul style="list-style-type: none"> Insured lives an active and independent lifestyle, may exercise regularly, travel, work, etc. Standard health or better. 		
FAIR		<ul style="list-style-type: none"> Insured lives an average lifestyle primarily independent but with some minor assistance. Likely rated at least a few tables. 		
POOR		<ul style="list-style-type: none"> Insured lives with independence but DOES require some assistance and supervision. Would be issued highly rated. 		
SERIOUS		<ul style="list-style-type: none"> Insured must be monitored regularly requiring daily or full time supervision. Would NOT qualify for insurance whatsoever. 		
TERMINAL		<ul style="list-style-type: none"> A terminal condition that may result in a life expectancy of 24 months or less. 		
Primary Diagnosis and Other Medical Conditions				
1 2 Cancer (5+ yrs in Remission) Type _____ Cancer (current) Type _____ TIA, Multiple? Y__ N__ Stroke (CVA), Multiple? Y__ N__ Hepatitis C Cirrhosis, Stage _____ Organ Transplant _____ Morbid Obesity, BMI% _____ Severe Depression Sedentary		1 2 ADL Assistance with _____ Hypertension - Poor Control Diabetes (type II) - Controlled Diabetes (type II) - Poor Control Parkinson Disease Dementia Alzheimer's Disease COPD, Stage _____ Emphysema, Stage _____ Aneurysm CKD, Stage _____ Heart Attack, Multiple? Y__ N__		1 2 Peripheral Vascular Disease Valve Replacement/Repair Atrial Fibrillation Short-Term Memory Loss Cardiac Arrhythmia Congestive Heart Failure Coronary Artery Disease Coronary By-Pass Multiple Sclerosis Pacemaker Placement in ____ ALS - Diagnosed in _____ Other _____
Additional Health Notes:				