



4913 Bellview Drive  
Bellaire, TX 77401  
Phone: 713-557-9443  
Fax: 713-662-0353  
[www.selectlife.net](http://www.selectlife.net)



## Key Information to evaluate a potential Life Settlement:

- Completed Prequalification Worksheet
- Completed Life Settlement Questionnaire
  - Medical records (as current as possible) going back for 5 years
  - A list of all physicians consulted during the past five years (name, address and telephone numbers)
- An in-force illustration showing level death benefit to maturity (at minimum premium and zero cash value at maturity)
- A copy of the last annual statement for the policy
- A signed copy of the “Authorization for the Disclosure of Health Information”
- A signed copy of the “Authorization for the Release of Policy Information”

While an indicative quote can often be obtained from incomplete information, a well documented file is the real key to a timely and competitive offer.

Once an offer has been made and accepted all of the information requested above (plus any additional information the Provider requests) must be provided before a closing document can be prepared.



## Life Settlement Prequalification Worksheet

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Prospect Name(s) \_\_\_\_\_

Agent Name \_\_\_\_\_

Date \_\_\_\_\_

### General Criteria

- |   |   |
|---|---|
| <input type="checkbox"/> Insured over age 65 (both if survivorship) | <input type="checkbox"/> Policy Face Amount Over \$100,000        |
| <input type="checkbox"/> Insurance Company Rated B+ or Better       | <input type="checkbox"/> Policy is Past its Contestability Period |

### Total A & B of 10 Points or Higher—Submit for Analysis

Point Score	Part A-Insured (if survivorship, use healthier insured)
1 Pt.	Male Age 70 or Younger      Female Age 73 or Younger
2 Pts.	Male Age 71-74                  Female Age 74-77
3 Pts.	Male Age 75-79                  Female Age 78-82
4 Pts.	Male Age 80+                    Female Age 83+
1 Pt.	In Good Health
2 Pts.	Minor Health Problems
3 Pts.	Significant Health Change Since Policy Issue
4 Pts.	Serious Health Problems
	<b>Part B-The Policy</b>
1 Pt.	Whole Life
2 Pts.	Survivorship
3 Pts.	Convertible Term
4 Pts.	Universal or Joint Survivorship with 1 Deceased
1 Pt.	Cash/Loan Value Exceeds 30% of Death Benefit
2 Pts.	Cash/Loan Value=20%-29% of Death Benefit
3 Pts.	Cash/Loan Value=10%-19% of Death Benefit
4 Pts.	Cash/Loan Value=Less Than 10% of Death Benefit
1 Pt.	Premium Exceeds 7% of Death Benefit
2 Pts.	Premium=5%-7% of Death Benefit
3 Pts.	Premium=3%-5% of Death Benefit
4 Pts.	Premium=Less Than 3% of Death Benefit
	<b>Total Score</b>



## Life Settlement Application

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Primary Insured's Name	Date of Birth	Sex	Marital Status	Social Security #
Second Insured's Name	Date of Birth	Sex	Marital Status	Social Security #
Address	City, State		Zip	
Daytime Phone Number	Evening Phone Number			

### Life Insurance Policy Information

Insurance Company	Policy Number	Date of Issue
Face Amount \$	Existing Policy Loan	Current Annual Premium
Current Cash Surrender Value \$	Policy Type (circle one): Universal Life   Whole Life   Variable Life   Term   Survivorship Group                      Other-	
Policyowner (if other than insured)*	Policyowner's Social Security # or Tax ID #	Drivers Lic. # (State)
Policyowner's Address		
City, State	Zip	Phone
Beneficiary Name		

***For additional owners, please attach additional sheet as necessary.  
\*If policyowner is trust, please list trustee(s), addresses & phone numbers.***

Trustee \_\_\_\_\_

Address \_\_\_\_\_

(Use additional sheet as necessary for additional trustees and please attach copy of trust document and, if necessary, any amendments hereto.)

Has the policyowner ever declared bankruptcy?                      Yes    or    No

Has policyowner been divorced?    Yes    or    No

Is the policyowner currently a defendant in a legal proceeding?    Yes    or    No



**Primary Insured Medical Information**

<i>Brief Description of Insured Medical History and Condition(s)</i>		
Primary Physician Name	Address	
City, State	Zip	Phone
Date and Reason last seen		
Insured's Specialist and Specialty	Address	
City, State	Zip	Phone
Date and Reason last seen		
Insured's Specialist and Specialty	Address	
City, State	Zip	Phone
Date and Reason last seen		
Insured's Specialist and Specialty	Address	
City, State	Zip	Phone
Date and Reason last seen		

*For additional specialists, please attach additional sheet as necessary.*



**Second Insured Medical Information**

<i>Brief Description of Insured Medical History and Condition(s)</i>		
Primary Physician Name	Address	
City, State	Zip	Phone
Date and Reason last seen		
Insured's Specialist and Specialty	Address	
City, State	Zip	Phone
Date and Reason last seen		
Insured's Specialist and Specialty	Address	
City, State	Zip	Phone
Date and Reason last seen		
Insured's Specialist and Specialty	Address	
City, State	Zip	Phone
Date and Reason last seen		

*For additional specialists, please attach additional sheet as necessary.*





## Authorization for Disclosure of Protected Health Information (HIPAA Compliant)

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### For Life Settlement

The undersigned insured (hereafter referred to as “I”, “me” or “my”), authorize the disclosure of my protected health information as defined under the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (“PHI”) as follows:

1. I hereby authorize any physician, medical practitioner, hospice, hospital, clinic, health care provider, or other medical or medically related facility, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer, benefit plan administrator, (“Authorized Discloser”) to provide Select Life Settlement Corporation and/or any of its officers, employees, agents, or Registered Licensed Providers with any and all information as to diagnosis, treatment and prognosis with respect to any physical or mental condition including psychiatric conditions, AIDS/HIV, drug or alcohol abuse, of or related to the insured.
2. This authorization allows for the disclosure, inspection, and copying of any and all records, reports, and/or documents, including any underlying data, regarding the care and treatments or hospitalization, including, but not limited to, all testing materials completed by or administered to the insured, along with any and all medical charts, clinical or doctors’ notes, memoranda, medical reports, X-ray reports, index cards, history notes, pictures, records and medical bills in your possession and control.
3. I understand that Registered Licensed Providers and their medical underwriters (“Authorized Recipients” named below) will use information released or obtained pursuant to this Authorization for the purpose of tracking my ongoing health status and the pursuing and/or completing the sale of life insurance policy on which I am the insured, and I hereby expressly authorize such use and disclosure. A list of such Registered Licensed Provider organizations is on page three of this document. I also understand that these organizations may release information to the firms listed in paragraph one for the purpose of obtaining additional life expectancy studies.
4. I agree that this authorization shall remain valid for twenty-four (24) months from the date thereof absent any provisions of any applicable state statute or regulation to the contrary, in which event it shall remain valid for the maximum period permitted there under and that a photographic copy or facsimile of this Authorization shall be valid as the original.
5. Right to Revoke Authorization: I understand that I may withdraw the consent of this Authorization under any applicable state statute or regulation. I acknowledge and understand that I may revoke this authorization any time with respect to Select Life Settlement Corporation or any Authorized Discloser by notifying Select Life Settlement Corporation or such Authorized Discloser in writing of my revocation of this authorization and delivering my revocation by mail or personal delivery at such address designated to me by Select Life Settlement Corporation or such Authorized Discloser; provided, that, any revocation of this authorization shall not apply to the extent that Select Life Settlement Corporation or such Authorized Discloser has taken action in reliance upon this authorization prior to receiving written notice of my revocation.



6. Inability to Condition Treatment, Payment, Enrollment, or Eligibility for Benefits on Provision of Authorization: This authorization is voluntary and I am not required to sign. No Authorized Discloser or other covered entity may condition my treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

I understand that this authorization is not a consent or an authorization requested by a health care provider, health care clearinghouse or health plan covered by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Regulations"). I further understand that any disclosure of my protected health information (PHI) carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal privacy regulations.

I certify that I am executing and delivering this authorization freely and unilaterally as of the date written below. I further certify that this authorization is written in plain language and that I have retained a copy of this signed authorization for future reference.

Any person who knowingly presents false information in a life settlement or viatical settlement application contract or agreement may be guilty of a crime and may be subject to fines and confinement in prison.

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Authorized Disclosers

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Authorized Recipients

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Signature of Insured

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Printed Name

Date

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Signature of Witness

---

Printed Name

Date



[Abacus Settlements, LLC

Life Settlement Solutions, Inc.

Applied Capital Management Group, LLC

LifeTrust LLC

Berkshire Settlements, LLC

Maple Life Financial Inc.

CMG Surety LLC

Neuma, Inc.

Coventry First, LLC

Portsmouth Settlement Company I, Inc.

FairMarket Life Settlements Corp

Progressive Capital Solutions, LLC

Great West Growth LLC

Q Capital Strategies LLC

Habersham Funding, LLC

Secondary Life Capital LLC

Independent Funding LLC

Senior Settlements, LLC

Legacy Benefits Corporation

Seven Hills Settlements, LLC

Life Equity LLC

Vespers, LLC

Life Settlement Corporation

Wm. Page and Associates, Inc.]

Life Settlements International, LLC



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## Authorization for Release of Policy Info

I hereby authorize \_\_\_\_\_ to release to **Select Life Settlement Corporation** any insurance policy information, including but not limited to, illustrations, forms, riders and amendments concerning the life insurance policy insuring the life of

\_\_\_\_\_

I understand that Select Life Settlement Corporation will use information released or obtained pursuant to this Authorization for the purpose of pursuing and/or completing the sale of life insurance policy on which I am the owner, and I hereby expressly authorize such use and disclosure. I agree that this Authorization shall remain valid for twenty-four (24) months from the date thereof absent any provisions of any applicable state statute or regulation to the contrary, in which event it shall remain valid for the maximum period permitted there under and that a photographic copy or facsimile of this Authorization shall be valid as the original. I understand that I may withdraw the consent of this Authorization under any applicable state statute or regulation.

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Printed Name                      Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name                      Date



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## **Required Notice**

### **Important Information You Need to Know Before Entering Into a Life Settlement**

#### **What are life settlements?**

A life settlement is the sale of a life insurance policy or certificate (hereafter referred to as policy) issued on the life of a person, who does not have a catastrophic or life-threatening illness or condition that is likely to result in death within 24 months, for a dollar amount that is less than the policy's face value. The person who is insured under the policy is called a life settlor. This person may or may not be the owner of the policy. Only the owner of the policy has the right to sell the policy. If you do not own the policy, the owner cannot sell the policy without your consent. The entity that buys the policy is called a life settlement provider (hereafter referred to as provider) and must have a registration from the Texas Department of Insurance (hereafter referred to as TDI). Additionally, there are persons called brokers or provider representatives, who help with the sale of the policy. The provider representative or broker must also have a registration from TDI.

A life settlement offers you the opportunity to receive a portion of your policy's death benefit while you are still alive.

#### **How do life settlements work?**

Most providers, provider representatives, or brokers will ask you to complete an application and medical release forms so that they can gather information from your life insurance company and your doctors. All information gathered must be kept confidential and cannot be given to anyone without your written approval. If you qualify, the provider will make you an offer for your policy. The amount offered for your policy will be based on facts such as how long you are expected to live, the amount you pay for premiums, the rating of your insurance company, and your policy's provisions (e.g., a waiver of premium). If you accept the offer, you will be asked to sign a life settlement contract.

#### **Do I have to sell all of my policy?**

No. You can sell all of your policy or you can sell only a part of your policy. If you sell only a part, you will be required to assign or transfer only the part being sold. If you sell the entire policy, the provider will become the new owner of the policy.

#### **Is there a difference between a broker and a provider representative?**

Yes. Although both a broker and a provider representative will help you with the sale of your policy, there are important differences between them. A broker works for you. A broker will check with several providers to find the best offer for you. A provider representative works for a provider. A



provider representative will only check with the provider that he or she works with to get you their offer. If you use someone to help with the sale of your policy, you may want to ask whether they are a broker or a provider representative.

**Is the provider, provider representative, or broker required to keep my information confidential?**

Yes, any financial, medical, or personal information obtained by a provider, provider representative, or broker about you, including your family members, a spouse, or a significant other, may not be shared with anyone unless you have given written approval that the information may be shared. Any written approval for the sharing of this information must show who may get the information and why it will be released.

**If I enter a life settlement contract, when will I get my money and who from?**

The answer to this question depends on how the provider runs its business. Some providers use an escrow agent or trustee to handle the money that will be paid to you. If an escrow agent or trustee is used, the escrow agent or trustee will send you the money within three business days of the date the insurance company confirms to the provider that the transfer of ownership has been completed. If an escrow agent or trustee is not used, the provider will send you the money within three business days from the date you signed both the contract and the papers needed to transfer or assign your policy to them.

**What if I change my mind?**

If you change your mind about selling your policy, you can cancel the life settlement contract at any time up to the 15th day after you receive the money from the provider. To cancel the life settlement contract, you will have to return any money the provider paid to you for the purchase of your policy along with any premiums the provider paid to keep the policy in force. If you change your mind, remember to arrange with the provider to have the insurance company transfer the ownership of the policy back to you.

**What if I die shortly after selling my policy?**

If you die at any time up to the 15th day after you receive the money from the provider, the settlement contract will automatically cancel. The provider will pay the owner of your policy or beneficiaries designated by the owner in the life settlement contract any proceeds it receives from your policy, minus any money it already paid for the purchase of your policy and any premiums it paid to the insurance company to keep your policy current. The insurance company or the provider should refund any unearned premiums paid.

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**What happens after I get my money?**

After the provider has paid the owner for the sale of the policy, they may begin calling to check on the health status of the life settlor.

**What if I don't want to be contacted about my health status?**

If you do not want to be contacted about your health status, you may appoint an adult person or persons to be contacted on your behalf. That person must be in regular contact with you and you must give the provider their name, address and phone number. Once you give the provider this information, they may not contact you unless they have tried and have not been able to reach your contact person for more than 30 days. If you need to, you can change your contact person at any time by sending a written notice to the provider.

**How will I know who will be calling me or my contact person about my health status and how often can they call?**

The provider must give you the name, address, and phone number of the person who will be contacting you or your contact person(s) about your health status.

If your life is expected to end in one year or less, contacts to check on your health status are limited to once every 30 days. If you are expected to live for more than one year, contact is limited to once every three months.

**Will the provider be calling my doctor to check on my health status?**

Some providers will use your signed medical release form to check with your doctor for updates on your health status. The medical release form tells your doctor that you want your doctor to give your medical information to the provider, their broker, or provider representative. If you decide you do not want the provider to contact your doctor, you have the right to withdraw your medical consent in accordance with law.

**Does anyone make money or commissions from the sale of my policy?**

You have the right to ask for and receive the names of all the people who have or will receive some type of payment from the sale of your policy, along with the amount and terms of the payment. You may ask for this information at any time.

**How will I know if my policy includes extra coverages like accidental death, future increases in the death benefit, or covers other family members? Do these affect my settlement?**

Some policies contain extra coverages. You may want to contact your insurance company or agent to see if your policy contains a provision or rider providing extra coverages.

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If your policy includes a benefit for accidental death, the additional death benefit may not be included as part of your settlement. The additional death benefit will remain payable to your beneficiaries or your estate.

If your policy provides future increases in the death benefit, you may want to ask how much the provider is paying you for the purchase of this benefit.

If your policy is a joint policy, or provides coverage on the lives of other family members or anyone other than yourself, there may be a possible loss of coverage.

**Are there other options available besides selling my policy?**

Your insurance company may offer options, such as accelerated death benefits, loans, and surrender of the policy for its cash value. Before entering into a life settlement, you should contact your insurance company or agent to see what options are available.

**What other things should I know about a life settlement contract?**

Some things that may be affected if you enter a life settlement are:

- there may be a loss of life insurance coverage on your spouse or other family members, if the policy (or any riders attached to it) covers their lives;
- the amount of premiums you pay;
- policy cash values or dividends, if provided for in the policy;
- a loss of other rights or benefits, including conversion rights and waiver of premium benefits that may exist under the your policy;
- you may incur tax consequences;
- your ability to receive supplemental social security income, public assistance, and public medical services including Medicaid; and
- the money you receive for your life settlement could be taken away from you by creditors, personal representatives, trustees in bankruptcy, and receivers in state or federal court.

Because of the above, you should contact an attorney, accountant, estate planner, financial planning advisor, tax advisor, social services agency, your insurance company, or agent, as applicable, to find out what effect selling your policy will have on you.

**What if I have a complaint?**

You may file a complaint with the Texas Department of Insurance, Consumer Protection, Mail Code 111-1A, P.O. Box 149091, Austin, Texas 78714-9091; or by calling the Consumer Help Line between 8 a.m. and 5 p.m., Central time, Monday-Friday at 1-800-252-3439; by faxing a complaint to TDI at 1-521-475-1771; by completing a complaint on-line at [www.tdi.state.tx.us](http://www.tdi.state.tx.us); or by e-mailing a complaint to [consumer.protection@tdi.state.tx.us](mailto:consumer.protection@tdi.state.tx.us).

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