

Life Settlement Application and Questionnaire

LIFE INSURANCE POLICY INFORMATION

Full Legal Name of Insured: _____

Insurance Company: _____ Policy #: _____

Face Amount of Policy: _____ Date Issued: _____

Total Loans/Liens on Policy: _____ Account Value: _____ Surrender Value: _____

Premium payment: _____ Frequency: Annual Semi-Annual Quarterly Monthly *(Please circle)*

Date of last premium payment: _____ Date of next premium payment: _____

Type of policy: *(Please circle)* Term Whole Life Universal Life Variable Other (specify)

Group or individual policy: *(Please circle)* Group Individual Converted Group Date: _____

Name of Beneficiary (ies): _____

Relationship of Beneficiary (ies): _____ Revocable? Yes No *(Please circle)*

Reason for Selling: _____

What is the Total Face Value of life insurance on the Insured's life that is NOT being offered for sale? _____

POLICY OWNER INFORMATION

Full Legal Name of Policy Owner(s): _____

Street Address of Primary Domicile: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Alternate: _____ Email: _____

Relationship to the Insured: _____ Original Owner? Yes No *(Please circle)*

If **NO**, explain when, from whom: _____

Is there a court order related to the policy? If **YES**, explain (attach copy): _____

Has the owner been subject to any type of bankruptcy or insolvency proceedings? If **YES**, (attach copy): _____

Does any other party have a claim, right or interest in this policy? If **YES**, explain: _____

Is the owner: *(Please circle)* Individual Corporation Trust or LP Other (specify): _____

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COMPLETE IF POLICY OWNER(S) IS(ARE) AN INDIVIDUAL(S)

Date of birth: _____ SIN: _____ Gender: _____

Relationship to Insured: _____

Marital Status: Never Married Married Divorced Widowed Spouse's Name: _____

Family Status: Children _____ Sister(s) _____ Brother(s) _____

Spouse's Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Alternate: _____ Email: _____

Employment Status: **Employed?** Yes No **Retired?** Yes No Occupation _____

Are you receiving unemployment insurance, disability insurance or other payments? [REVIEW] _____

Does any other person hold a power of attorney to manage the Owner's financial affairs? If **YES**, please provide:

Name: _____

Address: _____

Phone #: _____ Email: _____

Powers granted: _____

COMPLETE IF POLICY OWNER IS A CORPORATION, TRUST, LIMITED PARTNERSHIP OR OTHER ENTITY

Full Legal Name and type of entity: _____

Jurisdiction where incorporated/organized: _____ Date incorporated/organized: _____

Name and Title of Primary Contact: _____

Address: _____

Phone #: _____ Email: _____

Names of Shareholders or Trust Beneficiaries or Limited Partners

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Names of Directors or Trustees or Managing (General) Partners and Officers

Directors/Trustees/Managing Partners (names):

Officers (names, titles):

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INSURED'S PERSONAL INFORMATION

Full Legal Name of Insured: _____

Date of birth: _____ SIN: _____ Gender: _____

Street Address of Primary Domicile: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Alternate: _____ Email: _____

Does any other person hold a power of attorney to manage the Insured's personal affairs or make health care decisions on behalf of the Insured? If **YES**, please provide:

Name: _____

Address: _____ Phone #: _____

Powers granted: _____

Marital Status: Never Married Married Divorced Widowed Spouse's Name: _____

Family Status: Children _____ Sister(s) _____ Brother(s) _____

INSURED'S HEALTH INFORMATION

Has the Insured smoked cigarettes, cigars or pipes or otherwise used tobacco in the last 24 months? Yes No
If **YES**, please describe:

Has the Insured consumed alcoholic beverages? Yes No
If **YES**, please describe:

Frequency: (Indicate number of times) _____ x Daily _____ x Weekly _____ x Monthly

Occasionally (specify) _____

Has the Insured ever undergone alcohol or substance abuse treatment? Yes No
If **YES**, please describe:

Has the Insured ever had an application for life or health insurance declined or modified? Yes No
If **YES**, please describe:

Please provide a brief description of the insured's health condition: _____

Please describe the insured's primary medical condition: _____

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When was the insured's primary medical condition diagnosed? _____

Please describe the insured's secondary medical conditions diagnosed: _____

When were the insured's secondary medical conditions diagnosed? _____

Medications: (Please list name and dosage. Attach list if additional space required)

Father: Age _____ Deceased? Yes No If **YES**, list cause and age at time of death _____

Mother: Age _____ Deceased? Yes No If **YES**, list cause and age at time of death _____

Brother 1: Age _____ Deceased? Yes No If **YES**, list cause and age at time of death _____

Sister 1: Age _____ Deceased? Yes No If **YES**, list cause and age at time of death _____

Brother 2: Age _____ Deceased? Yes No If **YES**, list cause and age at time of death _____

Sister 2: Age _____ Deceased? Yes No If **YES**, list cause and age at time of death _____

PHYSICIAN INFORMATION

Current Primary Physician (name): _____

Address: _____

Phone: _____ Alternate: _____ Email: _____

Second Physician (name and specialty): _____

Address: _____

Phone: _____ Alternate: _____ Email: _____

Third Physician (name and specialty): _____

Address: _____

Phone: _____ Alternate: _____ Email: _____

IF THERE ARE ADDITIONAL INSUREDS, PLEASE ATTACH ADDITIONAL SHEETS WITH THE SAME INFORMATION

By signing below the signatories represent, warrant and acknowledge that, to the best of their knowledge, all of the information contained herein, appended hereto or otherwise provided to Perisen Life Settlements Corporation I Inc. ("Purchaser"), its affiliates and/or advisors is true, complete and not misleading and will inform Purchaser of material changes of any information contained herein or otherwise provided as soon as practicable after becoming aware of such change.

Further, the undersigned hereby represent, warrant and acknowledge that the life insurance policy(ies) referenced herein was(were) legally obtained and to the best of their knowledge all of the information contained in the application(s) for the subject insurance policy(ies) was true, complete and not misleading.

Any person who knowingly presents false information, conceals information for the purpose of misleading or commits a fraudulent act in an application for insurance or for a life settlement contract may be subject to criminal or civil liability.

SIGNATURES

Signature of **Policy Owner**: _____ Date: _____

Print Name: _____

Witness: _____ Name: _____

Owner's **Spouse** Signature: _____ Date: _____

Print Name: _____

Witness: _____ Name: _____

Signature of **Insured**: _____ Date: _____

Print Name: _____

Witness: _____ Name: _____

REQUIRED DISCLOSURES TO POLICY OWNER - READ CAREFULLY BEFORE SIGNING

Important – You should carefully read the following information before you submit a life settlement application package and seek additional advice where appropriate.

1. There are possible alternatives to the process of selling a life insurance policy, which you may prefer. Some alternatives, where applicable, are (a) borrowing against the cash value of the policy, (b) surrendering the policy for its cash value, and (c) accelerated death benefits that may be available under your policy. You may obtain information on these alternatives directly from the insurer that issued your policy.
2. Some or all of the proceeds from the sale of your policy may be taxable. You should obtain advice on these matters from your legal, financial and professional tax advisors.
3. The sale proceeds may be subject to claims by creditors, personal representatives, trustees in bankruptcy and receivers in provincial and federal courts. You should obtain advice on these matters from your legal and financial advisors.
4. Receipt of the sale proceeds may adversely affect your eligibility for government programs, benefits or entitlement and may result in an interruption of such public assistance benefits. Receipt of sale proceeds may reduce your risk of becoming impoverished and becoming dependent on public assistance or other government benefits or entitlements. You should obtain advice on these matters from appropriate government agencies and from your legal and financial advisors.
5. You may rescind (cancel) a life settlement contract until fifteen (15) calendar days after the date upon which you receive the sale proceeds.
6. The sale proceeds will be sent to you within five business days after the life settlement provider has received the insurer or group administrator's acknowledgment that ownership of the policy or interest in the certificate has been transferred and the beneficiary has been designated in accordance with the terms of the life settlement contract. Failure to tender the sale proceeds to you within the disclosed time shall render the Agreement voidable by you for lack of consideration until the time the sale proceeds are tendered to and accepted by you.
7. Entering into a life settlement contract may prevent the insured from qualifying for new life insurance coverage in the future and may cause other rights or benefits, including conversion rights and waiver of premium benefits that may exist under the Policy, to be forfeited by you. You should obtain advice on these matters from a financial advisor or another independent, qualified professional with experience in these matters.
8. If an Advisor is involved in the life settlement transaction, an Advisor represents exclusively you, and not the Insurer, or any other person, and owes you a standard of care to act in your best interest and a duty to act according to your instructions. You should be aware that in certain circumstances the Advisor will be compensated by Perisen Life Settlements Corporation I Inc. or its affiliates (collectively "Purchaser"), however, the Advisor is not affiliated with Purchaser.
9. Following the execution of the life settlement contract, the insured may be contacted by the Purchaser, the Life Settlement Provider or Life Settlement Broker, or the authorized representative of either, for the purpose of determining the insured's health status and to confirm the insured's address. Such contact will be limited to once every three (3) months.
10. Purchaser does not have an affiliation with any insurance company.
11. Purchaser is required to disclose the name, business address, telephone number, and email address of the party providing escrow services for the life settlement contract, which you have executed or will execute. You have a right to receive and inspect a copy of the relevant escrow agreement.
12. Your life insurance policy provides financial protection to your beneficiaries. If you sell your policy to us, your beneficiaries will no longer have that protection. Before you sell your policy, you should consider whether that protection is needed. A change of ownership could in the future limit the insured's ability to purchase future insurance on the insured's life because there is a limit to how much coverage insurers will issue on one life. Other financial options may be available to you. Consult your financial advisor or insurance company for more information.
13. In addition to the loss of coverage on insured, if your life insurance policy is a joint policy, or contains family riders or other provisions insuring the lives of a spouse, dependents or anyone other than the insured, there will be a loss of coverage on those additional insureds, and you should consult with your insurance broker for advice on the implications.
14. You will be selling and transferring all rights to any death benefit, additional guaranteed insurability benefits, all accidental death and dismemberment benefits, and any other applicable riders and benefits provided by your life insurance policy.
15. Following the life settlement transaction, Purchaser may assign or otherwise transfer its interests in the life insurance policy or the life settlement contract to a third party.

POLICY OWNER

Signature: _____

Printed Name: _____

Date: _____

REQUIRED DISCLOSURES TO INSURED - READ CAREFULLY BEFORE SIGNING

Important – You should carefully read the following information before you sign this Agreement and seek additional advice where appropriate.

1. Following the execution of the life settlement contract, Purchaser, or its authorized representative, may contact you for the purpose of determining your health status and to confirm your address. Such contact will be limited to once every three (3) months. You may designate any individual of legal age, who is in regular contact with you as a contact for inquiries about your health or medical status.
2. A change of ownership of the life insurance policy insuring your life could in the future limit your ability to purchase insurance on your life because there is a limit to how much coverage insurers will issue on one life. Other financial options may be available. Consult your financial advisor or insurance company for more information.
3. All medical, financial or personal information solicited or obtained by a Life Settlement Provider or Life Settlement Broker about an insured, including the insured's identity or the identity of family members, a spouse or a significant other may be disclosed as necessary to effect the life settlement contract between the owner and Purchaser, as permitted by applicable law.. If you are asked to provide this information, you will be asked to consent to the disclosure. The information may be provided to someone who buys the policy or provides funds for the purchase. You may be asked to renew your permission to share information every two years.
4. In addition to the loss of coverage on your life, if the policy is a joint policy, or contains family riders or other provisions insuring the lives of a spouse, dependents or anyone other than you, there will be a loss of coverage on those additional insureds, and you should consult with the insurer or your insurance producer for advice on the proposed life settlement.
5. Any person who knowingly and with intent to defraud any life settlement purchaser or other person files an application for a life settlement contract or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to criminal or civil liability.
6. No medical, financial or other personal information may be disclosed without your written consent.

INSURED

Signature: _____ Printed Name: _____

Date: _____

NOTICE REGARDING COLLECTION, RETENTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Perisen Life Settlements Corporation I Inc. ("Purchaser") collects, retains, uses and discloses your personal information to enable us to provide applicants with services requested and offered, to meet legal and regulatory requirements, and for any other purpose you may consent to in the future. In addition, we collect personal information about you from your Life Settlement Application, supplementary forms and questionnaires, and from various sources.

The information collected from the above sources is used to facilitate a potential sale of your life insurance policy (hereinafter referred to as a "Life Settlement").

Your Social Insurance Number will be used for identification purposes only. Your personal information may be disclosed to third parties or regulatory authorities, when necessary, to our affiliates in connection with the services we provide, to the Escrow agent appointed in the Purchase Escrow Agreement that you have executed or will execute and it may otherwise be disclosed to the agents and employees of Perisen as permitted by applicable law. Your information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. For example, personal information may be disclosed in response to demands or requests from government authorities, courts, or law enforcement in these countries.

By signing and submitting this application on your own behalf you give your consent to the collection, retention, use and disclosure of your personal information as described in your Life Settlement Application filed with Perisen.

Upon receiving your Life Settlement Application, Purchaser will establish and maintain a file containing your personal information at our head office. Your file will be accessible only to those employees and authorized representatives of the Purchaser, responsible for administering your file, and other persons authorized by you or by law. Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending a written request to Perisen Life Settlements Corporation I Inc., 100 Wellington St. W., Suite 2101, Toronto, Ontario M5K 1J3. Your personal information will be collected, used, disclosed, shared and treated as described herein or as otherwise described at or before the time of collection, use or disclosure, or as otherwise permitted by law.

PERSONAL INFORMATION AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION

I/We have read and fully understand the contents of the Notice Regarding Collection, Retention, Use and Disclosure of Personal Information and acknowledge consent to the collection, retention, use and disclosure of my/our personal information by Perisen. and its affiliates for the purposes identified above.

For the purposes of risk assessment, investigation and loss analysis, I/we authorize and direct any physician, medical practitioner, hospital, clinic or other medical facility, pharmacist, health care public agency, and health care and provider, insurance company or reinsurer, the Medical Information Bureau, investigation, consumer and credit reporting agencies, motor vehicle and driver record authorities in any relevant jurisdictions or any other organization, institution, association or person, that now holds or may in future hold, any information concerning me/us or my/our health to disclose to Perisen., its authorized representatives and its affiliates, upon the request of Perisen., any such information.

Signed at _____ in the Province of _____ on _____

Signature of Insured _____

Signature of Policy Owner (if other than Insured) _____

If policy is owned by a corporation, partnership, trust or other entity

Name and Title _____

Witness _____

CONSENT TO RELEASE INSURANCE INFORMATION

To Whom It May Concern:

I/We the undersigned hereby give authorization to

Insurance Company: _____

to release to Perisen Life settlements Corporation I Inc. and its affiliates, successors, agents or representatives (collectively "Buyer") all information on the life insurance policies listed below, including but not limited to, the following:

- The Policy Schedule & Application for Insurance
- All forms, riders, amendments, policy statements, verification of coverage, change of ownership forms, change of beneficiary forms or assignment forms
- Premium information and illustrations
- Loan Information

that Buyer may request. This authorization will remain in force until such time as it is withdrawn by me/us in writing.

Policy Number(s): _____

Full Legal Name of **Insured**: _____

Full Legal Name of **Policy Owner**: _____

Owner's Phone Number: _____ Owner's Email: _____

Owner's Address: _____

SIGNATURES

Full Legal Name of **Policy Owner**: _____

Signature of Owner: _____ Date: _____

Corporation Officer, Partner or Trustee (if applicable):

Entity Name: _____

Officer Name and Title: _____

Signature: _____ Date: _____

Witness: _____

Phone: _____ Email: _____

Signature: _____ Date: _____