

Please complete all pages of this application and fax to:
(732)842-6421

For additional information, please call:
Jay Smith
(732)229-6896



Life Benefits Today

Liquidity for Life™ Preliminary Application

Life Insurance Policy Information - Policy #1

Please type or print with black or blue ink

Insurance Company	Policy Number	Issue Date
Face Amount \$	Total Policy Loan \$	Account Value \$
Annual Premium \$		
Owner	Social Security Number	
Permanent Residence Address		
City	State	Zip
Do you have a residence in any other state? ___ No ___ Yes If so, where?	Citizenship: U.S. Other _____	
Beneficiary		

Life Insurance Policy Information - Policy #2 (if necessary*)

Insurance Company	Policy Number	Issue Date
Face Amount \$	Total Policy Loan \$	Account Value \$
Annual Premium \$		
Owner	Social Security Number	
Permanent Residence Address		
City	State	Zip
Do you have a residence in any other state? ___ No ___ Yes If so, where?	Citizenship: U.S. Other _____	
Beneficiary		

* - If owner of policy #2 is different than policy #1, please copy page 4 and submit with owner's signature.

Advisor Information

Name of Attorney, CPA or other financial professional assisting you in this transaction:	Advisor's Phone Number:
--	-------------------------

Insured Information

Insured's Name		Sex: Female Male
Social Security Number	Citizenship: U.S. Other _____	Date of Birth
Insured's Permanent Residence Address		How Long?
City	State	Zip

Insured Medical History and Condition(s) - please give a brief description

Insured Primary Physician

Name and Specialty		Date and Reason Last Seen
Address		Telephone
City	State	Zip

Insured Specialist or other Physician

Name and Specialty		Date and Reason Last Seen
Address		Telephone
City	State	Zip

Insured Hospitalization

Name of Hospital		Date and Reason for Hospitalization
Address		Telephone
City	State	Zip

If there are any other physicians that have treated you in the last three years, please attach an additional page, including full name of physician(s), specialty, address and telephone number with area code.

SECOND INSURED (if applicable)

Insured's Name		Sex: Female Male
Social Security Number	Citizenship: U.S. Other _____	Date of Birth
Insured's Permanent Residence Address		How Long?
City	State	Zip

Second Insured's Medical History and Condition(s) - please give a brief description

Second Insured's Primary Physician

Name and Specialty		Date and Reason Last Seen
Address		Telephone
City	State	Zip

Second Insured's Specialist or other Physician

Name and Specialty		Date and Reason Last Seen
Address		Telephone
City	State	Zip

Second Insured's Hospitalization

Name of Hospital		Date and Reason for Hospitalization
Address		Telephone
City	State	Zip

If there are any other physicians that have treated you in the last three years, please attach an additional page, including full name of physician(s), specialty, address and telephone number with area code.

AUTHORIZATION TO RELEASE MEDICAL RECORDS

The undersigned Insured(s) hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, institution or person, to provide Stone Street Financial, Inc., its reinsurers , authorized representatives and the issuer of policy(ies), any and all information/records as to diagnosis, treatment and prognosis with respect to any physical or mental condition, including psychiatric conditions, drug or alcohol abuse, of or relating to the insured(s). The undersigned insured(s) understand that these medical records may be secured by a third-party provider and may be electronically transmitted to Stone Street Financial, Inc., including transmission via web posting to a secure web site.

The undersigned insured(s) understand that all medical information will be kept strictly confidential and will not be released to the Medical Information Bureau.

The undersigned Insured(s) agree that a photographic copy or facsimile of this Authorization shall remain valid for the lifetime of the undersigned Insured(s) absent any provision of any applicable state statute or regulation to the contrary, in which event it shall remain valid for the maximum period permitted there under. However, to the extent that any statute or regulation limiting the effective period of this Authorization may be waived, the undersigned hereby exorcises such waiver to the fullest extent allowed by law.

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

Name of Insured(please print) _____	Signature of Insured _____
Name of Second Insured(please print) _____	Signature of Second Insured _____
Date _____	Witness _____

AUTHORIZATION TO RELEASE POLICY INFORMATION

The undersigned Owner of the policy(ies) hereby authorize the issuer of the ploicy(ies) to furnish Stone Street Financial, Inc., its insurers and/or its authorized representatives any information and forms (including any policy applications) they may request in connection to the policy(ies)(including any conversions thereof or replacements therefore).

The undersigned Owner agrees that a photographic copy or facsimile of this authorization shall remain valid for the maximum period permitted by law.

The undersigned Owner hereby requests the issuer of the policy(ies) to respond promptly to this request and grants Stone Street Financial, Inc. a limited power of attorney to enforce this authorization on my behalf.

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

Insured
Second Insured (if applicable)

PLEASE LIST ALL POLICIES

Insurance Company	Policy Number

Name of Owner (please print) _____
Signature of Owner _____
Date _____
Witness _____

STATEMENT OF ACKNOWLEDGEMENT, REPRESENTATION AND WARRANTY

The following acknowledgements, representations and warranties are made by the undersigned:

To the best of the knowledge and belief of the undersigned, all statements in this application are complete, true and correctly recorded.

The undersigned represents and warrants that prior to and as a condition to the issuance of the subject life insurance policy(ies), the insured underwent a medical examination by a physician or other medical professional during which a blood sample was taken.

The undersigned represents and warrants that they have no knowledge that the Insured or Second Insured has a terminal illness (defined as a life expectancy of twenty-four months or less) or a chronic illness (a condition which restricts a person from performing everyday functions) after consultation with their doctor(s) or healthcare workers.

The undersigned acknowledges that the **transaction will not be funded until the Liquidity for Life™ Applic been completed and approved.**

_____ Insured's initials

_____ Second Insured's initials

_____ Owner's initials

Name of Insured(please print) _____ Signature of Insured _____

Name of Second Insured(please print) _____ Signature of Second Insured _____

Name of Owner(please print) _____ Signature of Owner _____

Date _____ Witness _____



LIFE SETTLEMENT APPLICATION DISCLOSURE STATEMENT

IMPORTANT - READ THIS DISCLOSURE STATEMENT BEFORE SIGNING THE LIFE SETTLEMENT APPLICATION.

The undersigned, as the seller, does hereby acknowledge that the undersigned has read the Life Settlement Application Disclosure Statement ("Statement") with respect to the possible sale of the seller's insurance policy ("policy"), policy number _____, issued by _____, ("insurer"):

Initials of Seller

1. There are alternatives to the process of selling the policy, which may be preferable. Some alternatives, where applicable, are (1) borrowing against the cash value of the policy, or (2) surrender of the policy, or (3) an "Accelerated or Living Benefits". Information on these alternatives should be obtained directly from the insurer that issued the policy or your financial or insurance advisors. _____
2. Receipt of the sale proceeds may adversely affect the Seller's eligibility for Medicaid, supplemental Social Security Income or other governmental benefits or entitlements. Advice should be obtained from the appropriate agency or from a professional advisor. _____
3. The sale proceed may be subject to claims by creditors, personal representatives, trustees in bankruptcy and receivers in state and federal courts. _____
4. Some or all of the proceeds of the settlement may be taxable under federal income tax and state franchise and income taxes, and assistance should be sought from a professional tax advisor. _____
5. The Seller has the right to recind a viatical settlement contract for fifteen (15) calendar days after the receipt of the viatical settlement proceeds by the Seller. If the insured dies during the rescission period, the viatical settlement contract shall be deemed to have been recinded, subject to repayment of all viatical settlement proceeds and any premiums, loans and loan interests to the viatical settlement provider, Stone Street Financial, Inc. (Stone Street"). _____
6. Funds will be sent to the Seller within three (3) business days after Stone Street has received the Insurer or group administrator's acknowledgement that ownership of the Policy or interest in the certificate has been transferred and the beneficiary has been designated. _____
7. Entering into a viatical settlement contract may cause other rights or benefits, including conversion rights and waiver of premium benefits that may exist under the Policy or certificate, to be forfeited by the Seller. Assistance should be sought from a financial advisor. _____
8. All medical, financial or personal information solicited or obtained by Stone Street or a viatical 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 viatical settlement between the Seller and Stone Street. If you are asked this information, you will be asked to consent to the disclosure. This 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. _____

- 9. The insured may be contacted by either Stone Street or its authorized representative for the purpose of determining the insured's health status. This contact is limited to once every three (3) months if the insured has a life expectancy of more than one year, and no more than once per month if the insured has a life expectancy of one year or less. _____
- 10. Seller acknowledges receipt of the NAIC Guide entitled "Selling Your Life Insurance Policy: Understanding Life Settlements". _____

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

<div style="background-color: black; color: white; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">SELLER</div> <p>Signature of Seller _____</p> <p>Print Name of Seller _____</p>		<div style="background-color: black; color: white; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">NOTARY</div> <p>State of _____ County of _____</p> <p>SS _____</p> <p>Subscribed and affirmed to me (Seal) this _____ day of _____, _____</p> <p>Signature of Notary Public _____</p> <p>My commission expires: _____</p>
--	--	--

<div style="background-color: black; color: white; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">STONE STREET</div> <p>AGREED and ACCEPTED this _____ day of _____, _____.</p> <p>By (Signature for Stone Street Financial, Inc.) _____</p> <p>Type Name _____</p> <p>Title _____</p>	
---	--

Defining the Terms

A **life settlement** is the sale of a life insurance policy to another person or company in return for a cash payment of less than the full amount of the death benefit.

A **life settlement provider** is the person or company that becomes the new policy owner in return for a payment made to the seller. The life settlement provider becomes the policy owner, must pay any premiums that are due, and eventually collects the full amount of the death benefit from the insurance company.

A **life settlement broker** is the person or company who represents the seller of the policy and can comparison shop for life settlement offers. The buyer pays the broker a commission if the sale is completed.

Consumer Alert

- If you're asked to invest in or buy a life settlement, contact your state insurance department to learn more about the issues and risks.
- If you don't have a life-threatening illness and you're interested in selling your life insurance policy, contact your state insurance department for more information.
- If you've been contacted by someone who wants you to buy a policy and then sell it immediately, contact your state insurance department. This activity may be considered fraudulent and the parties may be prosecuted by the appropriate authorities.

Selling Your Life Insurance Policy: Understanding Life Settlements

Additional Questions to Consider

- Do I still need life insurance protection?
- Will I qualify for a new life insurance policy in the future?
- If I sell my policy, how will they decide how much cash I get?
- If I sell my policy, will there be any costs I have to pay?
- If I sell my policy, will the money be put into an escrow account? If so, who will the escrow agent be? Does state law require the agent to be licensed?
- Is my policy an employer or other group policy? If so, do I need their permission to sell it?
- If I sell my policy, who will be the legal owner?
- Is the viatical settlement provider I plan to sell to allowed to do business in my state?
- After I sell my policy, can the buyer resell it?



Check with Your State



Your state insurance department may regulate the purchase of life settlements. Contact them for a copy of those regulations.



This publication was issued in joint cooperation with the:

National Association of Insurance Commissioners

2301 McGee Street, Suite 800

Kansas City, Mo. 64108

(816)842-3600

<http://www.naic.org>

Understanding Life Settlements

A life settlement is the sale of a life insurance policy to a third party. The owner of a life insurance policy sells it for a cash payment that is less than the full amount of the death benefit. The buyer becomes the new owner and/or beneficiary of the life insurance policy, pays all future premiums and collects the full amount of the death benefit when the insured dies.

People decide to sell their life insurance policies for many reasons. When an individual with a terminal or chronic illness sells his or her life insurance policy, that is known as a **viatical settlement**. When an individual who does not have a terminal or chronic illness sells a policy for other reasons, including changed needs of dependents, wanting to reduce premiums, and cash for meeting expenses, that is known as a **life settlement**.

A life settlement may or may not be the right choice for you. Your state insurance department, along with the National Association of Insurance Commissioners, is concerned that many consumers may not fully understand life settlements. Please continue reading before making any decisions.

Get All of the Facts

Before you enter into any life settlement transaction, you should:

- Contact your life insurer to learn about all of your possible options under your policy.
- Contact a life settlement broker or life settlement provider for information about life settlements.
- Consult with your own financial advisor who knows your personal financial needs. Be sure to ask about tax and other financial consequences if you sell your policy.
- Contact your state insurance department for information about current laws that may protect you.



Consider All Your Options

Find out if you have any cash value in your life insurance policy. You may be able to use some of the cash value to meet your immediate needs and keep your policy in force for your beneficiaries without having to sell it to a third party. You may also be able to use the cash value as security for a loan from a financial institution.



Review other sources of cash that may meet your financial needs at a lower cost than a life settlement.

Other Considerations

Contact a professional tax advisor. Find out the tax implications. **Proceeds are only tax-free under certain circumstances.**

Know that your creditors could claim the proceeds.

Find out if you'll lose any public assistance benefits such as food stamps or Medicaid if you get a cash settlement.

Know that you must provide certain medical and personal information to third parties who will be paid the proceeds from your policy upon your death. These third parties may sell your policy and pass along your medical and personal information to other individuals.

Consumer Tips

Understand how the process works and when the different phases will happen. Decide whether to sell your policy directly to a life settlement provider or go through a life settlement broker who will do the comparison shopping for you.

If you don't use a life settlement broker, comparison shop on your own. You don't have to accept any life settlement offer.

Check all application forms for accuracy, especially information about your medical history.

You must be truthful in your answers to application questions.

Make sure the life settlement provider agrees to put your settlement proceeds in escrow with an independent party or financial institution to make sure your funds are safe during the transfer.

Find out if you have the right to change your mind about the life settlement offer after you get the proceeds. In many states, you have the right to change your mind for a certain period of time. If you have that right, you'll have to return the money you were paid and premiums the buyer paid.

Understand whether buyers may learn your identity when they buy your policy, and whether they will know certain medical and personal information about you, such as your address and life expectancy.