



IMS ASSOCIATES

A LIFE SETTLEMENT BROKERAGE

LIFE SETTLEMENT INFORMAL APPLICATION

This checklist was designed to help you ascertain if you have completed all pertinent items in order to expedite processing of the life settlement.

The following items must be received by IMS in order for the policy to be processed:

- Application must be filled out completely, signed and witnessed. Anything that is not applicable, mark "N/A".
- Insured's photo ID** - Accepted forms of identification are photocopies of a driver's license or passport. Identification must be current not expired.
- Complete copy of the insurance policy.** If this is not available immediately, please make a note for us on the application and forward as soon as possible.
- Current in-force illustration** from the insurance company with application showing the following:
 - Universal Life – minimum premium payment to age 100.
 - Term – proposed conversion illustration to Universal showing a minimum payment to age 100.
 - Whole Life – run a natural vanish premium illustration to age 100.
- Owner and Beneficiary (ies) of the policy.**
If owner/beneficiary is a trust, we need:
 - Copy of trust and Tax ID#**
 - Trustee (s) must sign the policy information release form
If owner/beneficiary is a corporation, we need:
 - Complete name and address of corporation.
 - Corporate resolution showing current authorized officers.
 - Two officers must sign the policy information release form.

AGENTS MUST COMPLETE:

Representing Agent _____ SS# _____
Address _____
City _____ State _____ E-mail _____
Phone _____ Fax _____
Is the representing agent the writing agent on the policy? _____
Has this policy been or will this policy be submitted to another life settlement company? _____
Agent Signature _____ **Date** _____

IMS CONTACT INFO:

2741 Walnut Ave, Suite 100
Tustin, CA 92780

Phone: 800-914-9483
Fax: 714-634-3972

www.IMSSettlements.com

Life Settlement Application

INSURED'S INFORMATION 1

Insured's Name _____
Social Security # _____ - _____ - _____
Street Address (No PO Box) _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Fax # _____ E-mail Address _____
Date of Birth _____ Sex Female Male
Is there a Power of Attorney _____ If Yes, list who and provide copy _____
Spouse's Full Name _____ Spouse's Date of Birth _____

INSURED'S INFORMATION 2

Insured's Name _____
Social Security # _____ - _____ - _____
Street Address (No PO Box) _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Fax # _____ E-mail Address _____
Date of Birth _____ Sex Female Male
Is there a Power of Attorney _____ If Yes, list who and provide copy _____
Spouse's Full Name _____ Spouse's Date of Birth _____

EMPLOYMENT STATUS

Are you currently retired? Yes No Do you work? Yes No
Current employer and occupation _____

LIFE INSURANCE POLICY INFORMATION

(please provide for each policy being offered for sale)

Name of Insurance Company _____
Policy Number _____ Face Value \$ _____
Cash Value _____ Cash Surrender Value _____
Loan Amount _____ Face Value Net of Loan _____
Policy Issue Date _____ Insuring Individual Survivorship
Policy Type - Universal VUL Term Whole Life Group **Rate Class at Issue** _____
If term policy, can it be converted until what date? _____
Annual Premium _____ Paid A SA Q M
Next premium due date _____
Owner of Policy _____ Tax ID# _____
Is there a Power of Attorney _____ If Yes, list who and provide copy _____
Owner Address _____
Phone _____ Fax _____
Complete Trust or Corporation name, and names of Trustee(s) or 2 officers

Beneficiary (ies) _____
Primary Beneficiary Address _____

Reason for selling _____
Has an application for insurance on insured's life/health ever been declined, rated or modified in any way
(including this policy)? Yes No
If yes, give company and reason _____

Does the insured have plans to purchase new life insurance? _____
Total face value of life insurance NOT being offered for sale herewith _____

MEDICAL INFORMATION

Please list any specific health conditions:

Has insured smoked: Cigarettes Cigars Cigarillos Pipe in past 12 months? No
Does insured use or has ever used alcoholic beverages? Yes No If yes, answer the following:

- (A) Frequency of use Daily Weekly Monthly Occasionally
- (B) Amount consumed on each occasion _____
- (C) Any treatment for alcohol use (including AA treatment) _____

FAMILY HISTORY Current Age Deceased? If deceased, cause and age at time of death

- (A) Father _____ Yes No _____
- (B) Mother _____ Yes No _____
- (C) (Brother) (Sister) _____ Yes No _____
- (D) (Brother) (Sister) _____ Yes No _____

Please list insured's Primary Care Physician:

1) Name _____
Address _____
City, State, Zip _____
Phone # _____
Date last seen: _____

2) Name _____
Address _____
City, State, Zip _____
Phone # _____
Specialty: _____
Date last seen: _____

Please list Specialists that insured has seen:

1) Name _____
Address _____
City, State, Zip _____
Phone # _____
Specialty: _____
Date last seen: _____

3) Name _____
Address _____
City, State, Zip _____
Phone # _____
Specialty: _____
Date last seen: _____

Attach additional pages if needed.

FINANCIAL

Has insured applied for or received a pension or compensation because of illness or injury? Yes No
If yes, give details of illness or injury: _____

Has owner been a party to a: (check all that apply) Civil Suit Bankruptcy Judgments Creditor Liens Tax Liens
Explain any checked answers on a separate page and attach all discharge papers.

Does insured have a living will? Yes No

PERSONAL ACKNOWLEDGEMENT

I represent and warrant that the information contained in this application is correct and accurate and you may rely thereon and that I will immediately notify Insurance Marketing Services, Inc. dba " IMS Associates Financial & Insurance Services" of any changes in the information. I further give my consent to IMS Associates Financial & Insurance Services and its agents to release this application and all information gathered while processing it as necessary for the sole purpose of soliciting the purchase of my life insurance policy. I acknowledge that I am submitting this application IMS Associates Financial & Insurance Services to evaluate the purchase of my life insurance policy and that IMS Associates Financial & Insurance Services is under no obligation to purchase my policy. I acknowledge I may be contacted IMS Associates Financial & Insurance Services regarding the information contained in this application. I understand that some or all of the proceeds from a life settlement may be taxable and that I am encouraged to consult with an attorney or tax advisor concerning this transaction. I also acknowledge that neither IMS Associates Financial & Insurance Services nor any of its affiliates or representatives have made any representations or provided any advice concerning the possible tax consequences or treatment of the proceeds of this transaction.

Owner's signature _____
Typed or printed name _____ Date _____
Witness signature _____
Printed Name _____ Date _____

Insured's Name: _____ Social Security: _____ - _____ - _____

NOTICE OF DISCLOSURE

1. There may be alternatives to a life settlement contract including, but not limited to, accelerated benefits, loans secured by the policy, and surrender of the policy for cash value offered by the issuer of the policy for which you may be eligible. The terms and conditions of such benefits may vary with each individual insurance carrier and/or policy. We encourage you to contact the issuer of your policy to discuss these other benefits.
2. Some or all of the proceeds of your life settlement may be taxable under federal income tax and/or state franchise and income tax laws. Insurance Marketing Services, Inc. dba "IMS Associates Financial & Insurance Services" strongly urges you to consult your own attorney or tax advisor concerning this transaction. IMS Associates Financial & Insurance Services makes no representation and gives no advice concerning the possible tax consequences or treatment of the proceeds of any life settlement or viatical settlement transaction.
3. Some or all of your life settlement proceeds may adversely affect your eligibility for social security income, public assistance, public medical services including Medicaid or other government benefits or entitlements. Advice on such effects should be obtained from the appropriate government agencies.
4. Proceeds from a life settlement may not be exempt from claims of creditors, personal representatives, trustees in bankruptcy and receivers in state or federal court.
5. If your policy contains a provision for double or additional indemnity for accidental death, or contains riders or other provisions insuring the lives of a spouse, dependents or others, there may be a loss of coverage. We urge you to contact the issuer of your life insurance policy for information on these provisions.
6. Entering into a life settlement will have an effect on payment of premiums and disposition of proceeds, cash values and dividends 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.
7. All medical, financial or personal information solicited or obtained by IMS Associates Financial & Insurance Services about the insured & owner, including the insured's & owner's identity or the identity of family members, a spouse or significant other may be disclosed as necessary to effect the life settlement between you and IMS Associates Financial & Insurance Services. If the insured or owner is asked to provide this information, the insured & owner will be asked to consent to the disclosure. The information may be presented to someone who buys the policy or provides funds for the purchase. The insured may be asked to renew his or her permission to share information every two years.
8. The insured may be contacted by IMS Associates Financial & Insurance Services or its authorized representative for the purpose of determining the insured's health status. This contact will be limited to no more frequently than once every three (3) months.
9. Funds will be sent to you within the stated time in the closing documents once all parties have received the insurer's or group administrator's acknowledgement that ownership of the policy or interest in the certificate has been transferred and the beneficiary has been designated.
10. You are encouraged to contact an attorney, accountant, financial planning advisor, insurer, tax advisor or social services agency regarding potential consequences resulting from entering into a life settlement.

I acknowledge that I have read and understand the contents of this disclosure.

Owner's Signature _____ Date _____
Typed or Printed Name _____

Insured's Signature _____ Date _____
Typed or Printed Name _____

State of _____ County of _____

IMS Associates Financial & Insurance Services
2741 Walnut Avenue, Suite 100 • Tustin, CA 92780

HIPAA Underwriting Authorization

I hereby understand the necessity for personal medical information to be released to facilitate complete and thorough underwriting. Therefore, I authorize any health care provider, not limited to any one type or source, to release all personal medical records, including information related to the diagnosis or treatment of Human Immunodeficiency Virus, sexually transmitted diseases, suicidal or mental disorders, and all other information concerning my health to Insurance Marketing Services.

I authorize and instruct my insurance providers to release and disclose my entire medical record without delay or restriction.

This personal and protected health documentation is to be released and disclosed to Insurance Marketing Services, for the purpose of underwriting decision, to obtain insurance, and to authorize other legally permitted actions that relate to coverage for which I have applied with any of the insurance institutions named in this document

This document is valid for a period of no longer than 24 months following the date of my signature. If for any reason I wish to terminate this document I may do so in writing to:

Insurance Marketing Services, Inc.
dba
"IMS Associates Financial & Insurance Services"
2741 Walnut Avenue, Suite 100
Tustin, CA 92780

A revocation is not effective if any of my providers have relied on this information or to contest the policy itself. I also understand that information disclosed pursuant to this authorization may be disclosed and no longer covered by certain federal rules governing privacy.

The applicant agrees and understands that the applicant has filed an application with Insurance Market Services, Inc. for life insurance or to secure another financial product or service. During this application Insurance Marketing Services, Inc., has asked for underwriting information and medical necessities from the applicant. This information will be provided to and shared with potential underwriters, staff, and internal support for the sole purpose of underwriting. This information may be stored in an electronic database in which internal users may have access for review. This electronic storage of information allows underwriters and staff to review the stored information real-time for efficient decision making. Secure measures are always strictly enforced to protect unauthorized users from gaining access to this secure information. However, Insurance Marketing Services, its affiliate company, shareholder, staff, or any other associate member of Insurance Marketing Services Inc., is not liable or responsible if a security breach occurs due hackers or others who gain access.

The applicant will hold Insurance Marketing Services, Inc. harmless for any unauthorized access to or use of by any person or company any of the above information.

Privacy Policy - Due Diligence

Insurance Marketing Services, Inc., may collect public, non-public, and private personal health and financial information about you from any, or all, of the following sources:

1. Information received from your personal application, medical records, additional forms and questionnaires.
2. Personal business transactions with the aforementioned institutions and product sponsors.
3. Third-party, non-affiliate companies, such as credit reporting agencies.
4. Affiliated and unaffiliated product sponsors in which we have a solicitation agreement with and whose products you may

HIPAA Underwriting Authorization (Continued)

Disclosure of Information

Insurance Marketing Services, Inc., does not share non-public or private information about our past, present, or future clients with any third party except where permitted by law. Insurance Marketing Services, Inc., will not share any of this information for marketing purposes except where permitted by law.

Examples of third parties that we would likely share information with include, but are not limited to:

1. Insurance institutions, financial institutions, insurance support companies, life expectancy consultants, and other entities which directly affect and influence purchases and sales of insurance and the maintenance of your personal insurance coverage of accounts.
2. Securities clearing agencies.
3. Third-party investment advisory forms where we maintain relationships for the management of customer accounts.
4. Regulatory or federal, state, or municipal authorities.
5. Record keeping companies.

Protection of Information

Insurance Marketing Service, Inc., is determined to uphold and enforce the strictest security measures available today. It is our duty to update these systems periodically. Your information as mentioned above is only available to parties requiring access to process, underwrite, and service your account. These safeguards are constantly monitored to ensure protection within federal, state, and municipal regulations.

The insurance carriers and agencies represented below uphold the highest degree of security and confidentiality. The applicant has reviewed the companies listed below and understands that any or all of the institutions listed may be used to secure the best insurance or financial offer.

- | | | |
|----------------------|---------------------|-----------------------|
| • 21st Services | • IMS Associates | • Principal Financial |
| • American General | • Hartford | • Protective Life |
| • Allianz | • John Hancock | • Prudential |
| • American National | • Lincoln Benefit | • RBC/Liberty |
| • AVIVA | • Lincoln National | • SBLI |
| • AVS | • LSW | • Transamerica |
| • AXA | • Mass Mutual | • Union Central |
| • Banner | • MetLife Investors | • United of Omaha |
| • EMSI | • Minnesota Life | • West Coast Life |
| • Fasano | • Mutual of Omaha | • Western Reserve |
| • Fidelity Life | • NACOLAH | |
| • Genworth Financial | • Nationwide | |
| • ING | • New York Life | |

Signature Authorization

I have read and completely understand this document. I have the right to rescind my authorization as described above. I have received a copy of this document. I agree this document shall be valid for a period of twenty-four (24) months from the date below.

Signature of Proposed Insured/Parent or Guardian

Printed Name of Proposed Insured/Parent or Guardian

Date

City, State

Signature of Witness

