

[LIFE SETTLEMENT PROVIDER'S NAME]
[ADDRESS]
[ADDRESS]
[CITY, ST, ZIP CODE]
[TELEPHONE]

REQUIRED DISCLOSURES TO INSURED

IMPORTANT - READ THIS DISCLOSURE DOCUMENT BEFORE SIGNING IT.

You should carefully read the following information and seek financial, insurance or other advice where appropriate.

1. You, the insured, may be contacted by the life settlement provider or its authorized representative for the purpose of determining your health status or to verify your address. You may not be contacted more often than once every three months if you have a life expectancy of more than one year, and no more than once per month if you have a life expectancy of one year or less.
2. A change of ownership of the policy that is the subject of this life settlement contract could in the future limit your ability to purchase future insurance on your life because there is a limit to how much coverage insurers will issue on one life.
3. All medical, financial or personal information solicited or obtained by a life settlement provider or life settlement broker about you, the insured, including your identity or the identity of your family members, your spouse or significant other may be disclosed as necessary to effect the life settlement contract between the owner and provider. 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. *No medical, financial or other personal information may be disclosed without your written consent.*

ACKNOWLEDGMENT OF THIS DOCUMENT DOES NOT CONSTITUTE CONSENT TO DISCLOSURE OF YOUR MEDICAL, FINANCIAL OR OTHER PERSONAL INFORMATION.

INSURED'S ACKNOWLEDGMENT: I have read and received a copy of the Required Disclosures to Insured and acknowledge with my signature below.

Insured's Signature

Dated

Insured's Printed Name