

Life Settlement Pre-Qualification Form

Instructions:

- 1 Complete this pricing request form with the most current information available.
- 2 Submit an inforce maturity illustration with level premiums, a level net death benefit, and leaving approximately \$100 at the end of the illustrated run.
- 3 Click Submit and attach the illustration or email to: Susie@crescentls.com

Submit Via E-Mail

Name of Submitting Producer / Broker		Producer / Broker Phone		Producer / Broker Email		Insureds Name (not required)	
Reason for Sale		Insured #1 Gender F <input type="checkbox"/> M <input type="checkbox"/>	Insured #1 DOB	Insured #2 Gender F <input type="checkbox"/> M <input type="checkbox"/>	Insured #2 DOB	Resident State	
Tobacco Use?		Have Life Expectancy's (LE's) been completed on the insured? Y <input type="checkbox"/> N <input type="checkbox"/>					
Insured #1 Y <input type="checkbox"/> N <input type="checkbox"/>	Insured #2 Y <input type="checkbox"/> N <input type="checkbox"/>	If Yes, give date ordered & company ordered from?					
		Conversion Deadline or Lapse Date		Issue Rating			
Insurance Carrier		Policy Type	Face Value \$	Policy Issue Date	Loan Amount on Policy \$		
Policy #		Premiums to Maturity		Policy AV / CSV & As of Date \$			
Please check 1 Box per Insured		INSURED'S HEALTH & LIFESTYLE DESCRIPTION					
Insured #1 <input type="checkbox"/> GOOD <input type="checkbox"/>	Insured #2 <input type="checkbox"/> GOOD <input type="checkbox"/>	Please provide the most accurate health depiction - preferably based on insured's opinion.					
<input type="checkbox"/> FAIR <input type="checkbox"/>	<input type="checkbox"/> FAIR <input type="checkbox"/>	<ul style="list-style-type: none"> • Insured lives an active and independent lifestyle, may exercise regularly, travel, work, etc. • Standard health or better. 					
<input type="checkbox"/> POOR <input type="checkbox"/>	<input type="checkbox"/> POOR <input type="checkbox"/>	<ul style="list-style-type: none"> • Insured lives an average lifestyle primarily independent but with some minor assistance. • Likely rated at least a few tables. 					
<input type="checkbox"/> SERIOUS <input type="checkbox"/>	<input type="checkbox"/> SERIOUS <input type="checkbox"/>	<ul style="list-style-type: none"> • Insured lives with independence but DOES require some assistance and supervision. • Would be issued highly rated. 					
<input type="checkbox"/> TERMINAL <input type="checkbox"/>	<input type="checkbox"/> TERMINAL <input type="checkbox"/>	<ul style="list-style-type: none"> • Insured must be monitored regularly requiring daily or full-time supervision. • Would NOT qualify for insurance whatsoever. 					
<input type="checkbox"/> TERMINAL <input type="checkbox"/>	<input type="checkbox"/> TERMINAL <input type="checkbox"/>	<ul style="list-style-type: none"> • A terminal condition that may result in a life expectancy of 24 months or less. 					
PRIMARY DIAGNOSIS AND OTHER MEDICAL CONDITIONS							
The medical conditions listed are A-Z. The numbers 1 & 2 represent INSURED 1 and INSURED 2. If any or both have a condition, click the check box.							

<input type="checkbox"/>	<input type="checkbox"/>	ADL Assistance With	<input type="checkbox"/>	<input type="checkbox"/>	COPD; Stage	<input type="checkbox"/>	<input type="checkbox"/>	Organ Transplant
<input type="checkbox"/>	<input type="checkbox"/>	ALS; Diagnosed in?	<input type="checkbox"/>	<input type="checkbox"/>	Coronary Artery Disease	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>	Coronary By-Pass; Date	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker; Placement in?
<input type="checkbox"/>	<input type="checkbox"/>	Aneurysm	<input type="checkbox"/>	<input type="checkbox"/>	Dementia	<input type="checkbox"/>	<input type="checkbox"/>	Parkinson Disease; Stage
<input type="checkbox"/>	<input type="checkbox"/>	Atrial Fibrillation	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes (type 2) - Controlled	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral Vascular Disease
<input type="checkbox"/>	<input type="checkbox"/>	Cancer (5+ years in remission)	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes (type 2) - Poor Control	<input type="checkbox"/>	<input type="checkbox"/>	Sedentary
<input type="checkbox"/>	<input type="checkbox"/>	Cancer (current)	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema; Stage	<input type="checkbox"/>	<input type="checkbox"/>	Severe Depression
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack; Multiple?	<input type="checkbox"/>	<input type="checkbox"/>	Short-Term Memory Loss
<input type="checkbox"/>	<input type="checkbox"/>	Cirrhosis? Stage	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	Stroke (CVA), Multiple?
<input type="checkbox"/>	<input type="checkbox"/>	CKD; Stage	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension - Poor Control	<input type="checkbox"/>	<input type="checkbox"/>	TIA, Multiple?
<input type="checkbox"/>	<input type="checkbox"/>	Congestive Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	Morbid Obesity, BMI%	<input type="checkbox"/>	<input type="checkbox"/>	Valve Replacement / Repair
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Health Notes for Insured #1:

Additional Health Notes for Insured #2:



Name of Producer / Broker _____

Insured #1 DOB _____

Insured #2 DOB _____