



900 Veterans Memorial Blvd. Metairie, LA 70005
Phone: 800-436-0719
Fax 504-837-0090

LIFE INSURANCE SETTLEMENT APPLICATION CHECKLIST

Date: ____/____/____
Insured's Name: _____ Age ____ Years.

The information you provide on this application packet will allow Crescent Life Settlements, LLC to evaluate your request to sell your life insurance policy. Please answer the questions completely and to the best of your knowledge and ability. All of the information provided to Crescent Life Settlements, LLC will be held in strictest confidence. Please return the application and materials to Crescent Life Settlements using the return envelope provided.

PLEASE CHECK THE FOLLOWING

- _____ Completed "**Application**" and Signed "**Release of Information**" forms and "**Disclosure**".
- _____ Copies of Other Documents Required From Page 2 of the Application.
- _____ A Copy of your insurance policy(s).
- _____ Complete the **Confidential Medical Questionnaire** and include Copies of Medical Records from all physicians you have seen within the last 3 to 4 years. This includes office notes, labs, pathology reports, etc. Our staff can easily obtain your medical records electronically through Human API. If your physician uses a portal, we can send you a link that will allow us to retrieve the records quickly.

PLEASE USE THIS FORM AS A GUIDE FOR SUBMITTING ALL NECESSARY FORMS. IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CONTACT US AT: 1-800-436-0719 or 1-504-837-2300. E-Mail questions to: submit@crescentls.com



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APPLICATION FOR LIFE INSURANCE SETTLEMENT

Evaluation Request for Sale of Existing Life Insurance

The information provided below shall be used to evaluate, underwrite and generate conditional offers for the sale of your life insurance policy.

INSURED'S PERSONAL INFORMATION

INSURED NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
CURRENT HOME ADDRESS			
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER (DAY)	TELEPHONE NUMBER (EVENING)		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced
PLEASE CHECK MARITAL STATUS ABOVE			
INSURED'S DRIVERS LICENSE # & STATE	MALE / FEMALE	PLACE OF BIRTH	

INSURED'S MEDICAL INFORMATION

NAME OF PRIMARY ATTENDING PHYSICIAN	DATE LAST SEEN	TELEPHONE NUMBER
ADDRESS		
CITY	STATE	ZIP CODE
NAME, ADDRESS, TELEPHONE NUMBER, AND SPECIALTY OF OTHER PHYSICIAN SEEN IN LAST 24 MONTHS #1		
NAME, ADDRESS, TELEPHONE NUMBER, AND SPECIALTY OF OTHER PHYSICIAN SEEN IN LAST 24 MONTHS #2		
HOSPITAL (S) NAME, ADDRESS, TELEPHONE NUMBER THAT HAS TREATED YOU IN THE LAST 24 MONTHS FOR YOUR ILLNESS		
PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR MEDICAL HISTORY		
ADDITIONAL MEDICAL HISTORY		
ADDITIONAL MEDICAL HISTORY		

If you have any additional physicians or medical information to inform us about, please attach a separate sheet with complete details.

LIFE INSURANCE POLICY INFORMATION

INSURANCE COMPANY	POLICY NUMBER	ISSUE DATE
<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Joint Survivorship	<input type="checkbox"/> Other
TYPE OF POLICY (PLEASE CHECK ONE)		

IF POLICY IS A GROUP POLICY, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE CONTACT WITH THE ISSUING GROUP				
<input type="checkbox"/> Term	<input type="checkbox"/> Whole Life	<input type="checkbox"/> UL	<input type="checkbox"/> Group	<input type="checkbox"/> Other
CLASSIFICATION OF POLICY (PLEASE CHECK ONE)				

FACE AMOUNT	TOTAL POLICY LOAN AMOUNT	CASH SURRENDER VALUE
<input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	\$ _____
POLICY PREMIUM PAYMENT (PLEASE CHECK THE APPROPRIATE BOX)		PREMIUM AMOUNT

PLEASE PROVIDE THE NAMES AND RELATIONSHIP OF ALL BENEFICIARIES OF THE POLICY (IF IT IS A TRUST, PROVIDE NAME AND ADDRESS OF TRUSTEE)

ADDITIONAL BENEFICIARIES

WHAT IS THE SPECIFIC PURPOSE FOR THE SALE OF THE POLICY OR POLICIES?

POLICY OWNER INFORMATION

NAME OF POLICY OWNER	SOCIAL SECURITY OR TAX ID NUMBER
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NAME OF PRESIDENT / TRUSTEE (IF CORPORATE / TRUST OWNED POLICY)	DATE OF INCORPORATION / TRUST
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HAS POLICY OWNER EVER DECLARED BANKRUPTCY?	IF SO, HAS IT BEEN DISCHARGED?	WHEN?
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ADDRESS	TELEPHONE NUMBER
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CITY	STATE	ZIP CODE
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FINANCIAL PROFESSIONAL INFORMATION

NAME OF REFERRING FINANCIAL PROFESSIONAL	TELEPHONE NUMBER
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IF A FINANCIAL PROFESSIONAL DID NOT REFER YOU, HOW DID YOU FIND OUT ABOUT OUR COMPANY?

IMPORTANT: Please include the following documents with your application, if applicable. This will allow us to process your application much more efficiently.

1. PHOTOCOPY OF ANNUAL POLICY STATEMENT
2. PHOTOCOPY OF INSURANCE POLICY OR POLICIES
3. PHOTOCOPY OF TRUST OR CORPORATE PAPERS
4. PHOTOCOPY OF DIVORCE DECREE (Insured and Policy Owner)
5. PHOTOCOPY OF BANKRUPTCY DISCHARGE (Insured and Policy Owner)

If we do not receive this information, the processing of the application will be delayed.

PERSONAL ACKNOWLEDGEMENTS

I do 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 Crescent Life Settlements, LLC (CLS) of any changes in the information. I further give my consent to CLS and its agents to release this application and all information gathered while processing including, but not limited to all medical records, notes, and lab reports, pertaining to my illness for the purpose of soliciting the sale of my life insurance policy. I acknowledge that I am submitting this application for you to evaluate the purchase of my life insurance policy and that you are under no obligation to purchase my policy. **Please note:** "Any person who knowingly presents false information in an application for insurance or a viatical or life settlement contract is guilty of a crime and may be subject to fines and confinement in prison."

Signature of Patient / Insured

Printed Name

Date

Signature of Policy Owner (*if not Insured*)

Printed Name

Date

NOTICE OF DISCLOSURE

1. There may be alternatives to a viatical or senior settlement contract including, but not limited to, accelerated benefits 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 policy.
2. Some or all of the proceeds of your settlement may be taxable. CLS strongly urges you to consult your own attorney or tax advisor concerning this transaction. CLS makes no representation and gives no advice concerning the possible tax consequences or treatment of the proceeds of this transaction.
3. Some or all of the proceeds of your settlement may affect your eligibility for Medicaid or other government benefits and entitlements. Advice on such effects should be obtained from the appropriate agencies.
4. Along with this application and its disclosures, CLS has provided an additional informational/disclosure booklet for the Policy Owner. If you have not received this booklet, please call 1-800-436-0719 to have one delivered to you, otherwise you acknowledge receipt of this booklet.

This disclosure is being made to you in compliance with the State Insurance Codes, where applicable.

I, the applicant, do hereby acknowledge that I have read and understand the contents of this disclosure.

Please Sign Before A Witness

Signature of Policy Owner

Printed Name

Date

Signature of Witness

Printed Name

Date

Authorization for the Release of Information – HIPAA Compliant

I, _____ DOB _____ SS# _____ (Patient / Insured), hereby authorize any physician, doctor, nurse, physician practice group, medical practitioner, pharmacy, hospice, hospital, clinic or other medical or medically related facility or health care provider, identified below (as each, "Authorized Discloser", hereafter referred to as, "AD"), insurance support organization, governmental agency, insurance company, group policyholder, employer, benefit plan administrator, or any other institution or person to provide Crescent Life Settlement, LLC and/or its authorized representatives, affiliates, directors, officers, employees, agents, independent contractors, and service providers. (hereafter referred to as, "CLS"), any and all information as to diagnosis, treatment, and prognosis with respect to any physical or mental condition including psychiatric conditions, HIV and/or AIDS, or drug or alcohol abuse, of or relating to the insured.

This authorization allows for the disclosure, inspection and copying of any and all records, reports, and/or documents, including any underlying data, regarding the care and treatment of the insured, and any other information in your possession concerning any treatment or hospitalization, including, but not limited to, all testing materials completed by or administered to the insured, along with any and all medical charts, clinical or doctors' notes, memoranda, medical reports, x-ray reports, index cards, history notes, pictures, records and medical bills in your possession and control.

I specifically authorize my insurance organizations or support organizations to release any life insurance policy or certificate information, including but not limited to, applications for insurance, forms, riders, illustrations, conversions, and amendments concerning the policy or certificate, and any other general information requested by CLS about my coverage.

I understand that the CLS will keep all information disclosed hereunder confidential and will only use the information for the purpose of obtaining a life insurance settlement. Furthermore, I understand that CLS will not release any information to any person or organization except as may be otherwise lawfully required or as I may further authorize; I also understand that this transaction requires CLS to re-disclose the information to these necessary parties in order to complete the transaction, which may render it no longer protected under HIPAA privacy laws; however CLS only works with companies that maintain the same HIPAA privacy standards. I acknowledge and understand that I may revoke this Authorization at any time with respect to any AD by notifying such AD of my revocation of this Authorization in writing and delivering my revocation by mail or personal delivery at such address designated by such AD, any revocation shall not apply to the extent that the AD has taken action in reliance upon this Authorization prior to receiving notice of my revocation.

I specifically authorize and request my insurance company and each AD to rely upon a photographic copy or facsimile copy or other reproduction of this Authorization. I certify that I am executing and delivering this Authorization freely and unilaterally as of the date written below, I further certify that I have a full understanding of the Authorization's contents and I will retain a completed copy for future reference. I agree that this Authorization shall remain valid until and will expire on the date of my death or until the case is declined by CLS, 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 thereunder.

List of Authorized Disclosers (AD) (Hospitals, Doctors, Etc.):

List of Authorized Disclosers (AD) (Hospitals, Doctors, Etc.):

Signature of Patient/Insured	Printed Name	Date
Signature of Witness	Printed Name	Date
Signature of Policy Owner (<i>if not Insured</i>)	Printed Name	Date
Signature of Witness	Printed Name	Date



NOTICE OF DISCLOSURE

1. CRESCENT LIFE SETTLEMENTS, LLC and your referring advisor/broker, if any, represents only you and shall act according to your instructions and in your best interest notwithstanding the manner in which CRESCENT LIFE SETTLEMENTS, LLC and your referring advisor/broker, if any, is compensated.
2. Some or all of the proceeds of your viatical/life settlement may be taxable under federal income tax and/or state franchise and income tax laws. CRESCENT LIFE SETTLEMENTS, LLC is not a tax advisor and recommends that you consult your own professional tax advisor regarding this transaction.
3. The sale of your insurance policy may affect your right to receive Medicaid or other government benefits or entitlements. Advice on such effects should be obtained from the appropriate government agencies.
4. Viatical/life settlement proceeds could be subject to the claims of creditors.
5. There may be possible alternatives to selling your life insurance. This may include the option of an accelerated death benefit or policy loans offered by your life insurance company. You are advised to consult a financial advisor, certified public accountant and/or an attorney regarding these potential alternatives.
6. Once you have received your proceeds from the sale of your life insurance policy, you will have fifteen (15) calendar days from receipt of the viatical/life settlement proceeds in which to rescind the transaction. If the insured dies during the rescission period, then the settlement contract shall be deemed rescinded, subject to repayment of all settlement proceeds and any premiums, loans and loan interest to the viatical/life settlement provider or purchaser.
7. Funds will be sent to you within three (3) business days after 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. CRESCENT LIFE SETTLEMENTS, LLC and your referring advisor/broker, if any, has no access to or control over viatical/life settlement provider funds that are set aside in escrow or trust.
8. Entering into a viatical/life settlement contract may 1) cause other rights or benefits, including conversion rights and waiver of premium benefits, which may exist under the policy or a certificate of a group life insurance policy to be forfeited; and 2) reduce the insured's ability to obtain additional life insurance coverage in the future.

9. Total compensation payable to your broker, as your referring advisor/broker, if any, shall collectively not exceed a maximum of 8% of the Net Death Benefit (NDB) of your policy. Proceeds of your settlement are represented by the Net Purchase Price (NPP) as follows: $NPP = \text{Gross Purchase Price (GPP)} - \text{total compensation as described above}$.
10. All medical, financial or personal information solicited or obtained by a viatical/life settlement provider or CRESCENT LIFE SETTLEMENTS, LLC about the insured, including the insured's identity or the identity of family members, a spouse or significant other may be disclosed as necessary to effect the viatical/life settlement between you and the viatical/life settlement provider. If you are asked to provide this information, you will be asked to consent to this disclosure. The information may be presented 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 (2) years. In addition, information regarding the policyowner's and insured's identity and insured's medical condition will 1) be shared with the insurer that issued the life insurance policy; and 2) shall be available to each subsequent owner of the life insurance policy.
11. The insured may be contacted by the viatical/life settlement provider or CRESCENT LIFE SETTLEMENTS, LLC 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 if the insured has a life expectancy of more than one (1) year, and no more than once per month if the insured has a life expectancy of one (1) year or less.
12. Any person who knowingly presents false information in an application for a viatical/life settlement contract is guilty of a crime and may be subject to penalty, including but not limited to fines and confinement in prison.
13. CRESCENT LIFE SETTLEMENTS, LLC and its brokers recommend that you read the viatical/life settlement contract and seek assistance from a professional financial advisor and/or consult with your legal advisor prior to signing it.
14. I/we confirm and acknowledge that CRESCENT LIFE SETTLEMENTS, LLC and its brokers have provided me/us with the most recent brochure developed and/or approved by the National Association of Insurance Commissioners (NAIC) describing the process of viatical/life settlements.

I/We acknowledge that I/we have read and understand the disclosures above (1-14).

Signature of Primary Insured	Printed Name	Date
Signature of Secondary Insured (if applicable)	Printed Name	Date
Signature of Policy Owner #1 (if not Insured)	Printed Name	Date
Signature of Policy Owner #1 (if not Insured)	Printed Name	Date



This information will help us evaluate and underwrite your Life Insurance Policy for a Life Settlement.

Send to: submit@crecentsls.com

Fax: 504.837.0090

800.436.0719

Confidential Medical Questionnaire for Life Settlement

Proposed Insured: (full name) _____ **Agent Name:** _____

Date of Birth: _____ **Height:** _____ **Weight:** _____ **Nicotine Use:** _____ **Type:** _____

Please give complete details of all YES answers to questions, including but not limited to all dates, diagnoses, duration, outcome, treatments and medications prescribed. If additional space is required, please use the back of this form.

Have you ever had, been told by a member of the medical profession that you have, or been diagnosed with or treated for:		Details:
1. High blood pressure, heart attack, heart murmur, palpitation, or anemia or any disease or abnormality of the heart, blood vessels or blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Asthma, chronic bronchitis, pneumonia, emphysema, tuberculosis or any disease or abnormality of the lungs, bronchial tubes or respiratory system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Diabetes or any disease or abnormality of the thyroid, adrenal, pituitary or other glands?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Cancer, tumor, polyp or cyst? (If yes, please provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Any physical deformity or amputation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Anxiety, depression, suicide attempt or any psychiatric, mental or emotional condition or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Any immune deficiency disorder, AIDS, AIDS related Complex (ARC), HIV, or tested positive on an AIDS/HIV-related test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Have you ever been treated or counseled or been advised to seek treatment or counseling for the use of alcohol, drugs, or other substance or joined an organization for alcohol or drug dependence or abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. A. Any moving violations? Any felony convictions? B. Driving under the influence or driving while intoxicated, etc. in the past 10 years? (If yes, please include dates and violations)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have your parents, brothers, or sisters ever had cancer, diabetes, heart disease, mental illness or attempted suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Has any application for life, health, disability, or long term care insurance been declined, withdrawn, postponed, rated, modified, issued with exclusion rider, cancelled or non-renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Are you currently taking any prescriptions, vitamins, supplements or over the counter medications? (If Yes, please list under details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Are you going to be traveling outside of the United States in the next 2 years, business or pleasure? (If yes, advise destination(s), duration of stay, and purpose of travel)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Do you participate in any extreme sports? Underwater diving, Aerial Sports, Motor Sports (If yes, please provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Are you a private pilot? (If yes, what type of plane, how many hours flown per year and total to date, what certifications do you hold)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Family History:

	Age if Living	Present Health	Age at Death	Cause of Death
Father				
Mother				
Brothers #				
Sisters #				

** Please attached list of all medications and dosage.



Selling Your Life Insurance Policy

Understanding Viatical Settlements

What is a Viatical Settlement?

A viatical settlement is the sale of a life insurance policy to a third party. The owner (*viator*) of the life insurance policy sells the policy for an immediate cash benefit.

The buyer (the viatical settlement provider) becomes the new owner of the life insurance policy, pays future premiums, and collects the death benefit when the insured dies.

At one time, most viatical settlements were from people with a life-threatening illness. Now, individuals who are not facing a health crisis may sell their life insurance policies to get cash.

Your state insurance department and the National Association of Insurance Commissioners want you to have the facts before you sell your life insurance policy. This brochure provides some of that information, but it is only a starting point. Consult your own professional financial advisor, attorney, or accountant to help you decide if this is the most suitable arrangement for you.

Consider Your Options

If you're selling your policy to get cash to pay expenses, check all of your options. You may find a way to get more cash from your life insurance policy.

1. Ask your insurance agent or company 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. You may also be able to use the cash value as security for a loan from a financial institution.
2. Find out if your life insurance policy has an *accelerated death benefit*. An accelerated death benefit typically pays some of the policy's death benefit before the insured dies. It may be a way for you to get cash from a policy without selling it to a third party.

Consumer tips

- Comparison shop. Get quotes from several companies to make sure you have a competitive offer.
- Find out the tax implications. Not all proceeds received from the sale of your life insurance policy are tax free.
- It's important to know that any of your creditors could claim your cash settlement.
- Find out if you will lose any public assistance benefits such as food stamps or Medicaid if you get a cash settlement.
- The buyer of your policy can periodically ask you about your health status. The buyer is required to give you a privacy notice outlining who will get this personal information. Be sure to read it.
- Check all application forms for accuracy, especially your medical history. All questions must be answered truthfully and completely.
- Make sure the viatical settlement provider agrees to put your settlement proceeds into an independent escrow account to protect your funds during the transfer.

Find out if you have the right to change your mind about the settlement AFTER you get the money. If so, how many days do you have to reconsider and return the money?

Questions to Ask

- Do I still need life insurance protection?
- If I sell my policy, how do they decide how much cash I get?
- Is this an employer or other group policy? If so, do I need permission to sell it?
- If I sell my policy, who will be the legal owner?
- Do I need the advice of a tax or estate planning advisor before I decide to sell my policy?
- Who will have specific information about me, my family or my health status?
- After I sell my policy, can it be resold by the buyer?

Your state insurance department may have a list of viatical settlement providers and brokers that are licensed to do business in the state. Contact them to make sure yours are on the list.

Always Check with Your State

- Contact your state insurance or securities departments to learn about the issues and risks of viatical settlements if:
- you're considering selling your life insurance policy;
- you're asked to sell your life insurance policy *and* your health hasn't changed since you bought the policy;
- you're asked to buy a new life insurance policy and immediately sell it for cash.

Buying a Life Insurance Policy?

If you're interested in buying a life insurance policy as an investment, contact your state insurance department before you make a decision.