



SETTLEMENT APPLICATION PACKET

Este "Settlement Application" está para: **Pago Tipo Viáticos*** **Pago en Vida ****
(Seleccione por favor solamente uno)

El aceptar una liquidación pago tipo viáticos* o pago en vida podría afectar que usted pueda inscribirse en los programas de asistencia pública, tales como los de Asistencia Médica de Medicaid, Ayuda para Familias con Hijos Menores (AFDC), Ingreso Suplementario del Seguro Social (SSI) y otros programas de ayuda para la compra de medicamentos. Es posible que también tenga que pagar impuestos por el dinero que usted reciba por su seguro de vida. Antes de firmar cualquier acuerdo tipo viáticos o pago en vida lo exhortamos que consulte con un abogado, contador, planeador de patrimonios, consejero económico, su aseguradora o agente de seguros, consejero (perito) en materia de impuestos o con (y con) una agencia (las agencias) de servicios sociales para que se informe cómo el recibo de dichos pagos podría afectar su capacidad, la de su familia y la de su cónyuge para recibir asistencia pública.**

Para más información en general respecto a los acuerdos tipo viáticos o pago en vida llame al Departamento de Seguros de Texas al 1-800-252-3439.

***Pago Tipo Viáticos** – Una transacción en la cual por medio de un contrato por escrito a cumplir en este estado se solicita, negocia, ofrece, compromete, establece o expide, que bajo dicho contrato un proveedor de liquidación tipo viáticos adquiera, por medio de asignación, venta o transferencia, la póliza de seguro de vida de un individuo que padece de una enfermedad o padecimiento catastrófico o que amenaza la vida, al pagar al propietario o tenedor de la póliza una compensación o cualquier cosa de valor de menos cuantía que la suma neta del beneficio de muerte que estipula la póliza.

****Pago en Vida** – Una transacción en la cual por medio de un contrato por escrito a cumplir en este estado se solicita, negocia, ofrece, compromete, establece o expide, que bajo dicho contrato un proveedor de liquidación tipo pago en vida adquiera, por medio de asignación, venta o transferencia, la póliza de seguro de vida de un individuo que no padece de una enfermedad o padecimiento catastrófico o que amenaza la vida, al pagar al propietario o tenedor de la póliza una compensación o cualquier cosa de valor de menos cuantía que la suma neta del beneficio de muerte que estipula la póliza.

Please see the following page for an English-language version.



SETTLEMENT APPLICATION PACKET

This application is for: a viatical settlement* a life settlement**
(Please check only one)

Receipt of a viatical settlement or life settlement may affect your eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. The money you receive for your life insurance policy also may be taxable. Before completing a viatical settlement or life settlement contract, you are urged to consult with an attorney, accountant, estate planner, financial planning advisor, your insurer or insurance agent, tax advisor, or a social service agency concerning how receipt of a payment will affect you, your family, and your spouse's eligibility for public assistance.

For more information about viatical settlements or life settlements generally, contact the Texas Department of Insurance at 1-800-252-3439.

***Viatical settlement** – A transaction whereby a written agreement is solicited, negotiated, offered, entered into, delivered, or issued for delivery in this state, under which a viatical settlement provider acquires, through assignment, sale, or transfer of a policy insuring the life of an individual who has a catastrophic or life-threatening illness or condition, by paying the owner or certificate holder compensation or anything of value that is less than the net death benefit of the policy.

****Life settlement** – A transaction whereby a written agreement is solicited, negotiated, offered, entered into, delivered, or issued for delivery in this state, under which a life settlement provider acquires, through assignment, sale, or transfer of a policy insuring the life of an individual who does not have a catastrophic or life-threatening illness or condition, by paying the owner or certificate holder compensation or anything of value that is less than the net death benefit of the policy.

Habersham Funding, LLC

*A few simple forms help us gather the information
we need to assist you*

- **Document Checklist** – This helps ensure we have all the information we need to serve you to the best of our abilities. We will not be able to proceed with your file until we have all of the listed items in hand and thoroughly completed.
- **Application** – If you have more than one medical provider from whom we'll need to collect information, please provide complete information for each physician or other information source. *Please note that both the insured and the owner of the policy must complete separate sections of the application (unless the insured and the owner of the policy are the same person).*
- **Representations and acknowledgements** – Be sure to read thoroughly and sign the application, including this section.
- **Disclosure Notice** – Information that is important to know if you are considering a viatical or life settlement.
- **Authorization to Release Medical Information** – We need your “okay” to access your medical records and other pertinent information about your current and ongoing health status.
- **Authorization for Disclosure of Protected Health Information** – In keeping with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA Privacy Regulations”), we need your HIPAA-compliant approval on this additional form (also used to access your medical records and other pertinent information).
- **Authorization to Release Life Insurance Policy Information** – Again, your permission is required to gather information about your life insurance policy.
- **Separate Application for Each Policy** – Please note that if you wish to sell more than one policy, you must fill out a separate application for each policy

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DOCUMENT CHECKLIST

Please check off the documents requested as you gather them and sign below when you have assembled a complete package. Call us toll-free at 1-888-874-2402 if you have any questions.

- Application Questionnaire
(Please note that there are two questionnaires – one for insured and one for owner.)
- Representations and acknowledgements
_____ **signed by insured** _____ **signed by owner** (if different from insured)
- Disclosure Notice
_____ **signed by insured** _____ **signed by owner** (if different from insured)
- Medical Release
_____ **signed by insured** _____ **notarized**
- HIPAA Disclosure
_____ **signed by insured** _____ **notarized**
- Life Insurance Policy Information Releases
_____ **signed by owner** _____ **notarized**
- Photocopy of your Driver's License or other government-issued photo ID.
(For both INSURED and OWNER, if those are different individuals.)
- Photocopy of your Social Security card (or additional photo ID.)
(For both INSURED and OWNER, if those are different individuals.)
- Copy of your individual insurance policy (*including the policy **application***)
- Copy of your bankruptcy discharge papers
(if you have gone through a bankruptcy within the past 10 years)
- Copy of your divorce decree and any documentation of settlement and/or custody arrangements
(if you have ever gone through a divorce)

If you have Group Life Insurance through your Employer or Membership Association:

- A copy of your employee/member handbook/certificate explaining your group life benefits *
- A copy of your group life insurance employee/member enrollment application *
- A copy of your personal insurance certificate indicating the face amount of your coverage *
- If on Disability Waiver of Premium, a copy of approval letter from the insurance company *
- A copy of your latest pay statement indicating premiums withheld, if you pay premiums on your employer-sponsored insurance *

* If you do not have one or more of these items, please call us to discuss alternatives.

Initial _____ **Date** _____

Continued, please see next page.

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DOCUMENT CHECKLIST, Continued

If the owner or beneficiary is a trust, we need:

- Complete name and address of the trust
- A copy of the current trust document(s) and the Tax ID #.
The Tax ID # is _____ - _____
- All** the trustee(s) to sign the Life Insurance Policy Information Release form(s).
- Contact information (address and phone number) for each trustee.

If owner or beneficiary is a corporation, we need:

- Complete name and address of corporation.
- Corporate resolution authorizing the sale of the policy and designating authorized officers who can sign for the sale. (*We require that your resolution designate at least two (2) authorized officers.*)
- The corporate Tax ID #.
The Tax ID # is _____ - _____
- Two (2) appropriate corporate officers to sign the Life Insurance Policy Information Release form(s)
- Contact information (address and phone number) for each corporate officer who signs.

I certify that I have provided all of the above documents as indicated by my mark and that they are included within this packet I am returning to Habersham Funding, LLC.

Signed (Insured) _____ Date _____

(You may want to know that within the context of a viatical or life settlement, Texas insurance regulations refer to the insured as the viator or life settlor.)

Signed (Owner) _____ Date _____

Habersham Funding, LLC

APPLICATION QUESTIONNAIRE

Information about the INSURED. If you are the OWNER of the policy and are not also the INSURED, please see the OWNER's portion of this questionnaire (skip ahead three (3) pages). If the INSURED also is the OWNER of the policy, please check here:

The insured and the policy owner are the same person.

Full Legal Name: _____

Please list any aliases or nicknames: _____

DOB: _____ Male Female Height _____ Weight _____

Social Security # _____

Driver's License # & State: _____ Please provide photocopy of your license.

Street Address: _____

City: _____ State: _____ Zip: _____

May we leave a message? (Please circle at least one): Hm: _____ (yes/no)

e-mail: _____ (yes/no) Wk: _____ (yes/no)

Other #/cell _____ (yes/no) Fax _____ (yes/no)

How did you find out about our services? _____

Have you ever been or are you now a party to a:

Bankruptcy? Yes ___ No ___ Civil suit? Yes ___ No ___ Divorce decree? Yes ___ No ___

Judgment? Yes ___ No ___ Tax lien? Yes ___ No ___ Creditor lien? Yes ___ No ___

EMPLOYMENT INFORMATION

Are you currently working? Yes ___ No ___ Are you retired? Yes ___ No ___

What is/was your occupation? _____

Are you receiving disability benefits? Yes ___ No ___ What kind? _____

Are you receiving (circle those which apply): SSI Medicaid Food Stamps None of these

INSURANCE INFORMATION (As required by the laws and regulations of Texas, please use a separate settlement application for each separate insurance policy for which you are considering a viatical or life settlement.)

About your Policy:

Insurance Company Name: _____

Policy #: _____ Face Amount: _____ Effective Date: _____

Beneficiary(ies): _____

Premiums: \$ _____ per _____ (month, quarter, year, etc.)

Policy Type (circle one): **Group** **Group Conversion** **Individual**

Habersham Funding, LLC

APPLICATION QUESTIONNAIRE, Continued

If your policy is a group policy, please complete the following:

Employer Name: _____

Address & Phone: _____

Benefits Manager (for your employer): _____

May we contact this person in order to gather information about your policy? Yes ___ No ___

Has an application for insurance on the insured's life/health ever been declined, rated or modified in any way (including this policy)? Yes ___ No ___ If yes, please describe the circumstances: _____

What is the total face value of life insurance on your life that is NOT being offered for sale here? _____

HEALTH INFORMATION

(please list additional physicians/medical providers on the following pages)

Please provide a brief description of your health condition *(even if you consider yourself well/healthy)*:

What is your primary medical condition? _____

When was your primary medical condition first diagnosed? _____

What are your secondary medical conditions or health concerns? _____

When were these diagnosed? _____

Current/Primary Physician: _____

Address & Phone: _____

Second Physician: _____

Address & Phone: _____

Third Physician: _____

Address & Phone: _____

Habersham Funding, LLC

APPLICATION QUESTIONNAIRE, Continued

Have you smoked cigarettes, cigars or pipes within the last year, or otherwise used tobacco? If so, please describe: _____

Has the insured used (now or ever before) alcoholic beverages? Yes ___ No ___ If yes, please answer:
Frequency: Daily ___ Weekly ___ Monthly ___ Occasionally ___

Average amount consumed each time insured drinks: 1-2 drinks 2-4 drinks 5 or more drinks

Has the insured ever undergone alcohol or other substance abuse treatment? If yes, please describe:

FAMILY HEALTH HISTORY

	Age if living?	Deceased?	If deceased, please list cause and age at time of death:
Father	_____	Yes ___ No ___	_____
Mother	_____	Yes ___ No ___	_____
Brother	_____	Yes ___ No ___	_____
Sister	_____	Yes ___ No ___	_____

Please use a separate sheet of paper to list additional siblings.

Please INITIAL all that apply:

- _____ I have never been married.
- _____ I am married. My spouse's name is _____.
- _____ I am divorced. Attached is a complete copy of the dissolution of marriage, including any or all property and/or settlement orders.
- _____ I am widowed.
- _____ I have no children.
- _____ I have minor children.
- _____ One or more of my minor children are my legal dependents.
- _____ I have no minor children. All of my children are of legal age.

Habersham Funding, LLC

APPLICATION QUESTIONNAIRE, Continued

Information about the Life Insurance Policy OWNER. Please see the first page of this questionnaire if you are the INSURED. Check here if the owner is not an individual person (i.e. – a trust, corporation, etc.):

The owner is an entity or organization, not an individual.

Full Legal Name of Owner: _____

For trusts or corporations, please list the names of trustee(s) or two (2) officers; please include their contact information below: _____

DOB: _____ Male Female

Social Security # (or Tax ID #, for trust/corporation): _____

Driver's License # & State (if individual) : _____ Please provide photocopy.

Street Address: _____

City: _____ State: _____ Zip: _____

May we leave a message? (Please circle at least one): Hm: _____ (yes/no)

e-mail: _____ (yes/no) Wk: _____ (yes/no)

Other #/cell _____ (yes/no) Fax: _____ (yes/no)

Have you ever been or are you now a party to a:

Bankruptcy? Yes ___ No ___ Civil suit? Yes ___ No ___ Divorce decree? Yes ___ No ___

Judgment? Yes ___ No ___ Tax lien? Yes ___ No ___ Creditor lien? Yes ___ No ___

EMPLOYMENT INFORMATION (if individual)

Are you currently working? Yes ___ No ___ Are you retired? Yes ___ No ___

What is/was your occupation? _____

Are you receiving disability benefits? Yes ___ No ___ What kind? _____

Are you receiving (circle those which apply): SSI Medicaid Food Stamps None of these

Please INITIAL all that apply (if individual):

_____ I have never been married.

_____ I am married. My spouse's name is _____.

_____ I am divorced. Attached is a complete copy of the dissolution of marriage, including any or all property and/or settlement orders.

_____ I am widowed.

_____ I have no children.

_____ I have minor children.

_____ One or more of my minor children are my legal dependents.

_____ I have no minor children. All of my children are of legal age.

Habersham Funding, LLC

REPRESENTATIONS AND ACKNOWLEDGEMENTS

Viator, life settlor and/or owner hereby represent, acknowledge and agree that: all the information contained herein or otherwise provided to Habersham Funding, LLC is true, correct, complete, not misleading and can be relied upon; viator, life settlor and/or owner will immediately notify Habersham Funding, LLC of changes in any of the information contained herein or provided elsewhere to Habersham Funding, LLC; Habersham Funding, LLC disclaims any duties, fiduciary or otherwise, to Applicant; no principal/agent relationship is created hereby.

Further, viator, life settlor and/or owner hereby represent, acknowledge and agree that: the subject life insurance policy was legally obtained, and to the best of viator's, life settlor's and/or owner's knowledge, all of the information contained in the insurance application(s) for the subject life insurance policy is true, correct, complete and not misleading; if viator, life settlor and/or owner knowingly presents false information in an insurance, viatical settlement or life settlement application, then the viator, life settlor and/or owner may be guilty of a crime and may be subject to fines and confinement in prison; viator, life settlor and/or owner understand that in some states, Habersham Funding, LLC is required by law to report suspected insurance, viatical settlement or life settlement fraud; viator, life settlor and/or owner understand, acknowledge and agree that, Habersham Funding, LLC will report all suspected insurance, viatical or life settlement fraud it discovers.

By the submission of this application to Habersham Funding, LLC, viator, life settlor and/or owner hereby knowingly waive any and all claims they may have against Habersham Funding, LLC arising from Habersham Funding, LLC or any person to whom Habersham Funding, LLC presents said application reporting insured and owner for suspected insurance, viatical or life settlement fraud and agree to hold Habersham Funding, LLC harmless for any such report to law enforcement, regulatory or insurance company officials for suspected insurance, viatical or life settlement fraud whether or not it is ultimately determined that any such fraud was committed.

As viator, life settlor and/or owner, I have signed the accompanying medical and policy information releases, and I will authorize those persons or entities specifically identified in the medical and policy information releases to release information or documents necessary to verify my submissions or complete a settlement transaction. Further, I am eighteen (18) Years of age or above and I am mentally competent.

Signature of **insured** (viator or life settlor)

Signature of policy **owner, if other than insured**

Printed name of insured

Printed name of owner

Date signed by insured

Date signed by owner

Must Be Notarized

Must Be Notarized

State of _____

State of _____

County of _____

County of _____

Subscribed, sworn to and acknowledged before me

Subscribed, sworn to and acknowledged before me

This ____ day of _____, _____.

This ____ day of _____, _____.

Signature of Notary Public

Signature of Notary Public

Printed name of Notary Public

Printed name of Notary Public

My Commission Expires

My Commission Expires

Habersham Funding, LLC

REPRESENTATIONS AND ACKNOWLEDGEMENTS

continued

Signature of **spouse of owner**, *if the owner or spouse resides in a community property state (AZ, CA, ID, LA, NM, NV, PR, TX, WA and WI)*

Printed name of spouse of owner

Must Be Notarized

State of _____

County of _____

Subscribed, sworn to and acknowledged before me

This ____ day of _____, _____.

Signature of Notary Public

Printed name of Notary Public

My Commission Expires

Habersham Funding, LLC

DISCLOSURE NOTICE: A NOTICE TO APPLICANTS

Important Information You Need to Know Before Entering Into a Viatical or Life Settlement

What are viatical settlements?

A viatical settlement is the sale of a life insurance policy or certificate (hereafter referred to as policy) issued on the life of a person, who has a catastrophic or life-threatening illness or condition that is likely to result in death within 24 months, for a dollar amount that is less than the policy's face value. The person with the catastrophic or life-threatening illness or condition who is insured under the policy is called a viator. This person may or may not be the owner of the policy. Only the owner of the policy has the right to sell the policy. If you do not own the policy, the owner cannot sell the policy without your consent. The entity that buys the policy is called a viatical settlement provider (hereafter referred to as provider) and must have a registration from the Texas Department of Insurance (hereafter referred to as TDI). Additionally, there are persons called brokers or provider representatives, who help with the sale of the policy. The provider representative or broker must also have a registration from TDI.

A viatical settlement offers you the opportunity to receive a portion of your policy's death benefit while you are still alive, giving you a chance to ease the financial stress that sometimes goes with an illness or condition.

What are life settlements?

A life settlement is the sale of a life insurance policy or certificate (hereafter referred to as policy) issued on the life of a person, who does not have a catastrophic or life-threatening illness or condition that is likely to result in death within 24 months, for a dollar amount that is less than the policy's face value. The person who is insured under the policy is called a life settlor. This person may or may not be the owner of the policy. Only the owner of the policy has the right to sell the policy. If you do not own the policy, the owner cannot sell the policy without your consent. The entity that buys the policy is called a life settlement provider (hereafter referred to as provider) and must have a registration from the Texas Department of Insurance (hereafter referred to as TDI). Additionally, there are persons called brokers or provider representatives, who help with the sale of the policy. The provider representative or broker must also have a registration from TDI.

A life settlement offers you the opportunity to receive a portion of your policy's death benefit while you are still alive.

How do viatical or life settlements work?

Most providers, provider representatives, or brokers will ask you to complete an application and medical release forms so that they can gather information from your life insurance company and your doctors. All information gathered must be kept confidential and cannot be given to anyone without your written approval. If you qualify, the provider will make you an offer for your policy. The amount offered for your policy will be based on facts such as how long you are expected to live, the amount you pay for premiums, the rating of your insurance company, and your policy's provisions (e.g., a waiver of premium). If you accept the offer, you will be asked to sign either a viatical or life settlement contract.

Do I have to sell all of my policy?

No. You can sell all of your policy or you can sell only a part of your policy. If you sell only a part, you will be required to assign or transfer only the part being sold. If you sell the entire policy, the provider will become the new owner of the policy.

Is there a difference between a broker and a provider representative?

Yes. Although both a broker and a provider representative will help you with the sale of your policy, there are important differences between them. A broker works for you. A broker will check with several providers to find the best offer for you. A provider representative works for a provider. A provider representative will only check with the provider he or she works with to get you their offer. If you use someone to help with the sale of your policy, you may want to ask whether they are a broker or a provider representative.

Habersham Funding, LLC

DISCLOSURE NOTICE: A NOTICE TO APPLICANTS

Continued

Is the provider, provider representative, or broker required to keep my information confidential?

Yes, any financial, medical, or personal information obtained by a provider, provider representative, or broker about you, including your family members, a spouse, or a significant other, may not be shared with anyone unless you have given written approval that the information may be shared. Any written approval for the sharing of this information must show who may get the information and why it will be released.

If I enter a viatical or life settlement contract, when will I get my money and from whom?

The answer to this question depends on how the provider runs its business. Some providers use an escrow agent or trustee to handle the money that will be paid to you. If an escrow agent or trustee is used, the escrow agent or trustee will send you the money within (3) three business days of the date the insurance company confirms to the provider that the transfer of ownership has been completed. If an escrow agent or trustee is not used, the provider will send you the money within three (3) business days from the date you signed both the contract and the papers needed to transfer or assign your policy to them.

What if I change my mind?

If you change your mind about selling your policy, you can cancel the viatical or life settlement contract at any time up to the 15th day after you receive the money from the provider. To cancel the viatical or life settlement contract, you will have to return any money the provider paid to you for the purchase of your policy along with any premiums the provider paid to keep the policy in force. If you change your mind, remember to arrange with the provider to have the insurance company transfer the ownership of the policy back to you.

What if I die shortly after selling my policy?

If you die at any time up to the 15th day after you receive the money from the provider, the viatical or life settlement contract will automatically cancel. The provider will pay the owner of your policy or beneficiaries designated by the owner in the viatical or life settlement contract any proceeds it receives from your policy, minus any money it already paid for the purchase of your policy and any premiums it paid to the insurance company to keep your policy current. The insurance company or the provider should refund any unearned premiums paid.

What happens after I get my money?

After the provider has paid the owner for the sale of the policy, they may begin calling to check on the health status of the viator or life settlor.

What if I don't want to be contacted about my health status?

If you do not want to be contacted about your health status, you may appoint an adult person or persons to be contacted on your behalf. That person must be in regular contact with you and you must give the provider their name, address and phone number. Once you give the provider this information, they may not contact you unless they have tried and have not been able to reach the contact person for more than thirty (30) days. If you need to, you can change your contact person at any time by sending a written notice to the provider.

How will I know who will be calling me or my contact person about my health status and how often can they call?

The provider must give you the name, address, and phone number of the person who will be contacting you or your contact person(s) about your health status.

If your life is expected to end in one year or less, contacts to check on your health status are limited to once every thirty (30) days. If you are expected to live for more than one year, contact is limited to once every three (3) months.

Habersham Funding, LLC

DISCLOSURE NOTICE: A NOTICE TO APPLICANTS

continued

Will the provider be calling my doctor to check on my health status?

Some providers will use your signed medical release form to check with your doctor for updates on your health status. The medical release form tells your doctor that you want your doctor to give your medical information to the provider, their broker, or provider representative. If you decide you do not want the provider to contact your doctor, you have the right to withdraw your medical consent in accordance with law.

Does anyone make money or commissions from the sale of my policy?

You have the right to ask for and receive the names of all the people who have or will receive some type of payment from the sale of your policy, along with the amount and terms of the payment. You may ask for this information at any time.

How will I know if my policy includes extra coverages like accidental death, future increases in the death benefit, or covers other family members? Do these affect my settlement?

Some policies contain extra coverages. You may want to contact your insurance company or agent to see if your policy contains a provision or rider providing extra coverages.

If your policy includes a benefit for accidental death, the additional death benefit may not be included as part of your settlement. The additional death benefit will remain payable to your beneficiaries or your estate.

If your policy provides future increases in the death benefit, you may want to ask how much the provider is paying you for the purchase of this benefit.

If your policy is a joint policy, or provides coverage on the lives of other family members or anyone other than yourself, there may be a possible loss of coverage.

Are there other options available besides selling my policy?

Your insurance company may offer options, such as accelerated death benefits, loans, and surrender of the policy for its cash value. Before entering into a viatical or life settlement, you should contact your insurance company or agent to see what options are available.

What other things should I know about a viatical or life settlement contract?

Some things that may be affected if you enter a viatical or life settlement are:

- there may be a loss of life insurance coverage on your spouse or other family members, if the policy (or any riders attached to it) covers their lives;
- the amount of premiums you pay;
- policy cash values or dividends, if provided for in the policy;
- a loss of other rights or benefits, including conversion rights and waiver of premium benefits that may exist under the your policy;
- you may incur tax consequences;
- your ability to receive supplemental social security income, public assistance, and public medical services including Medicaid; and
- the money you receive for your viatical or life settlement could be taken away from you by creditors, personal representatives, trustees in bankruptcy, and receivers in state or federal court.

Because of the above, you should contact an attorney, accountant, estate planner, financial planning advisor, tax advisor, social services agency, your insurance company, or agent, as applicable, to find out what effect selling your policy will have on you.

Habersham Funding, LLC
DISCLOSURE NOTICE: A NOTICE TO APPLICANTS
continued

What if I have a complaint?

You may file a complaint with the Texas Department of Insurance, Consumer Protection, Mail Code 111-1A, P. O. Box 149091, Austin, Texas 78714-9091; or by calling the Consumer Help Line between 8 a.m. and 5 p.m., Central time, Monday-Friday at 1-800-252-3439; by faxing a complaint to TDI at 1-521-475-1771; by completing a complaint on-line at www.tdi.state.tx.us; or by e-mailing a complaint to consumer.protection@tdi.state.tx.us.

I/We acknowledge receipt of this Disclosure Notice. I/We acknowledge that I/we have read and understand the contents of this disclosure. I/We acknowledge that I/we have received and kept a copy of this disclosure and the settlement application packet cover page with general information regarding Viatical and Life Settlements that is provided in both Spanish and English.

Signature of **insured** (viator or life settlor)

Signature of policy **owner, if other than insured**

Printed name of insured

Printed name of owner

Must Be Notarized

Must Be Notarized

State of _____

State of _____

County of _____

County of _____

Subscribed, sworn to and acknowledged before me

Subscribed, sworn to and acknowledged before me

This ____ day of _____, _____.

This ____ day of _____, _____.

Signature of Notary Public

Signature of Notary Public

Printed name of Notary Public

Printed name of Notary Public

My Commission Expires

My Commission Expires

Habersham Funding, LLC

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, the undersigned, hereby authorize and request any physician, medical practitioner, medical facility, insurance company, medical information service, life expectancy estimating service or [list specific institutions or persons having any records, charts, X-rays, laboratory work or other medical information in their possession or control] to release such information to Habersham Funding, LLC. I understand that the purpose of this release is to gather information that is part of my application for a viatical or life settlement, and will be used to assess whether my Policy is an appropriate candidate for life settlement or viatication and to develop the terms and conditions of a Life Insurance Purchase and Sale Agreement, if Habersham Funding, LLC accepts my application.

This request and release expressly includes all medical information, even information of a sensitive and confidential nature and **specifically including, but not limited to, records that may indicate the presence of mental illness, and any communicable disease or venereal disease, including but not limited to, hepatitis, syphilis, gonorrhea, the human immunodeficiency virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS), and a certified copy of my death certificate upon my demise.**

Please treat any and all inquiries and requests made by Habersham Funding, LLC, **as if made by me directly**. I agree that this authorization is valid for twenty-four (24) months from the date hereof, and that a photocopy or facsimile is as valid as an original. I understand that this information may be used to track my on-going health status. I understand that have the right to withdraw my consent at any time.

Signature of **insured**

Printed name of insured

Date signed by insured

Must Be Notarized

State of _____

County of _____

Subscribed, sworn to and acknowledged before me

This ____ day of _____, _____.

Signature of Notary Public

Printed name of Notary Public

My Commission Expires

Habersham Funding, LLC

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION (HIPAA Compliant)

The undersigned insured (hereafter referred to as "I") authorize the disclosure of my protected health information (PHI) as follows:

1. Classes of persons authorized to disclose my protected health information: I authorize each physician, doctor, physician practice group, nurse, hospital, and any other health care provider (each, an "Authorized Discloser") to disclose any and all of my PHI as provided under this authorization. I authorize each Authorized Discloser to rely upon a photostatic or facsimile copy or other reproduction of this authorization. (Habersham Funding , LLC, as part of its work preparing for a viatical or life settlement, will contact any physician, doctor, physician practice group, nurse, hospital, or other health care provider whose contact information you have provided to us. This is done for the purpose of gathering PHI about you. Also, we may seek to gather such PHI from other physicians, doctors, physician practice groups, nurses, hospitals, or other health care providers (who have at one time provided health care to you) whose names are found in medical records provided to us in the initial gathering of PHI from Authorized Disclosers.)
2. Person authorized to receive my protected health information: I authorize my PHI to be disclosed by each Authorized Discloser under this authorization to Habersham Funding, LLC, American Viatical Services, Inc., 21st Services, Inc, EMSI, Inc., Fasano Associates and [INSERT FUNDING COMPANY'S NAME] (each an "Authorized Recipient").
3. Description of protected health information authorized for disclosure and the purpose for such disclosure: This authorization shall apply to any and all of my health and medical records information, whether or not personally identifiable or protected under any federal or state confidentiality or privacy laws or regulations. This authorization and all disclosures of my PHI made under this authorization are for the purposes of allowing the Authorized Recipient: (1) to evaluate or cause an evaluation to be prepared of my life expectancy based upon my health and medical status and condition in connection with the possible purchase by the Authorized Recipient of the life insurance policy under which my life is insured; and (2) to verify, track and monitor my health, medical status and condition in connection with the life insurance policy under which my life is insured that the Authorized Recipient purchases. (**Please note:** you will be asked to complete a separate copy of this Authorization for Disclosure for each life insurance policy you would like to be considered for sale.)

Initial _____ Date _____

Continued, please see next page.

AUTHORIZATION OF RELEASE OF PHI

Habersham Funding, LLC

continued

4. Expiration of authorization: This authorization shall remain valid until, and shall expire on, the date of my death. A photocopy or facsimile is as valid as an original. I understand that this information may be used to track my ongoing health status. I have the right to withdraw my consent at any time.
5. Right to revoke authorization: I acknowledge and understand that I may revoke this authorization at any time with respect to any Authorized Discloser by notifying such Authorized Discloser of my revocation of this authorization in writing and delivering my revocation by mail or personal delivery at such address designated by such Authorized Discloser*; provided, that any revocation of this authorization shall not apply to the extent that the Authorized Discloser has taken action in reliance upon this authorization prior to receiving notice of my revocation or if this authorization was obtained.

I understand that this authorization is not a consent or an authorization requested by a health care provider, health care clearinghouse or health plan covered by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Regulations"). I further understand that, as a result of this authorization, my PHI disclosed by any Authorized Discloser to the Authorized Recipient may be redisclosed by the Authorized Recipient, and my PHI that is disclosed to the Authorized Recipient may no longer be protected by the HIPAA Privacy Regulations. (The fact that redisclosed PHI may no longer be protected by the HIPAA is an integral and unchangeable aspect of HIPAA regulation and is not specific to Authorized Disclosers or Authorized Recipients involved in this specific process.)

I certify that I am executing and delivering this authorization freely and unilaterally as of the date written below. I further certify that this authorization is written in plain language and that I have retained a copy of this signed authorization for future reference.

I understand that any person who knowingly presents false information in a viatical or life settlement application, contract or agreement may be guilty of a crime, if so determined by a court of law, and may be subject to fines and confinement in prison.

Must Be Notarized

Signature of **insured**

Printed name of insured

State of _____

County of _____

Subscribed, sworn to and acknowledged before me

This ____ day of _____, _____.

Signature of Notary Public

Printed name of Notary Public

Habersham Funding, LLC

AUTHORIZATION TO RELEASE LIFE INSURANCE POLICY INFORMATION

I hereby authorize _____, the issuer of Policy Number _____
_____ and/or Certificate Number _____ owned by _____
and insuring the life of _____ to release to Habersham Funding, LLC a copy
of the application(s), policy, forms, riders or amendments of my policy. Further, I respectfully
request and authorize that you send Habersham Funding, LLC, any information they need
pertaining to my policy, employment or health, including information that you would normally
restrict to sending me, my physician, or the policy owner/insured.

Please treat any and all inquiries and requests made by Habersham Funding, LLC, **as if
made by me directly**. I agree that this authorization is valid for two (2) years or for the maximum
extent allowed by law from the date thereof, and that a photocopy or facsimile is as valid as an
original. This release will be used to gather policy information to complete the evaluation, transfer,
sale and/or resale of the policy. I have the right to withdraw this Authorization at any time.

Signature of policy **owner**

Printed name of owner

Date signed by owner

Must Be Notarized

State of _____

County of _____

Subscribed, sworn to and acknowledged before me

This ____ day of _____, _____.

Signature of Notary Public

Printed name of Notary Public

My Commission Expires

Habersham Funding, LLC

ACKNOWLEDGEMENT FORM FOR VIATICAL and LIFE SETTLEMENTS

That _____ (name of viator or life settlor) and
_____ (name of owner, if different from the viator or life settlor)
acknowledge that, to the best of his/her knowledge, the following are true representations:

Please check: (You must check one or the other choice, in order for us to proceed.)

_____ (For Viatical Settlements) The viator has a catastrophic or life-threatening illness or condition that is likely to result in death within 24 months; **OR**

_____ (For Life Settlements) The life settlor does *not have* a catastrophic or life-threatening illness or condition that is likely to result in death within 24 months.

AND, also please initial, (You must review, act accordingly and initial each of these three items before we can proceed.)

_____ A copy of the required written disclosures have been received and read by the viator or life settlor and the policy owner.

_____ All of the documents (applications, medical release forms, etc.) used to effect the viatical or life settlement have been received and read by the viator or life settlor and the policy owner.

_____ The viatical or life settlement contract is being entered into knowingly and voluntarily.

Signature of **insured** (viator or life settlor)

Signature of policy **owner, if other than insured**

Printed name of insured

Printed name of owner

insured's address

owner's address

insured's address

owner's address

Must Be Notarized

Must Be Notarized

State of _____

State of _____

County of _____

County of _____

Subscribed, sworn to and acknowledged before me

Subscribed, sworn to and acknowledged before me

This ____ day of _____, _____.

This ____ day of _____, _____.

Signature of Notary Public

Signature of Notary Public

Printed name of Notary Public

Printed name of Notary Public

My Commission Expires

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