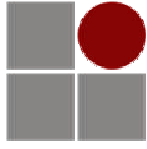


CONFIDENTIAL APPLICATION



Opening Doors for Planning Opportunities

14425 N. 7TH STREET, #105 PHOENIX, AZ 85022
(602) 439-9969 FAX 602-439-9972
WWW.UNIQUESETTLEMENTS.COM



UNIQUE SETTLEMENTS, LLC

14425 N. 7TH STREET, #105, PHOENIX, AZ 85022

(602) 439-9969 FAX (602) 439-9972

PRIMARY INSURED INFORMATION

Name: _____

Social Security #: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:() _____ Work Phone:() _____

Sex (circle one) Male Female Smoker? (circle one) Yes No

Marital Status: (circle one) single married widowed divorced

Brief description of your medical history:

PRIMARY PHYSICIAN

Name of Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

OTHER PHYSICIANS

Name of Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

Name of Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

SECOND INSURED INFORMATION (IF APPLICABLE)

Name: _____

Social Security #: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:() _____ Work Phone:() _____

Sex (circle one) Male Female Smoker? (circle one) Yes No

Marital Status: (circle one) single married widowed divorced

Brief description of your medical history:

PRIMARY PHYSICIAN

Name of Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

OTHER PHYSICIANS

Name of Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

Name of Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

POLICY INFORMATION

POLICY # 1

Insurance Company: _____ Policy Number: _____

Coverage/Face Amount: \$ _____ Surrender Value: \$ _____

Premium: \$ _____ (circle one) Annual Semi-Annual Quarterly Monthly

Type of Policy: (circle one) Term Whole Life Universal Life Other _____

Issue Date: _____ Risk Classification: _____

Assignments, Loans or Liens: \$ _____

Policy Owner: _____

SS#/Tax ID#: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

Beneficiary: _____

POLICY # 2

Insurance Company: _____ Policy Number: _____

Coverage/Face Amount: \$ _____ Surrender Value: \$ _____

Premium: \$ _____ (circle one) Annual Semi-Annual Quarterly Monthly

Type of Policy: (circle one) Term Whole Life Universal Life Other _____

Issue Date: _____ Risk Classification: _____

Assignments, Loans or Liens: \$ _____

Policy Owner: _____

SS#/Tax ID#: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

Beneficiary: _____

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 Unique Settlements, LLC of any changes in the information. I further give my consent to Unique Settlements, LLC 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 for Unique Settlements, LLC to act as a broker on my behalf. I acknowledge that Unique Settlements, LLC will submit my policy(ies) to various licensed providers to evaluate the purchase of my life insurance policy(ies), and that Unique Settlements, LLC is not liable for any representations, warranties, or misconduct on the part of any licensed provider. I acknowledge that I may be contacted by Unique Settlements, LLC, 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 Unique Settlements, LLC, 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.

INSURED

Date _____

X _____
Signature of Primary Insured

X _____
Signature of Second Insured

Printed Name of Primary Insured

Printed Name of Second Insured

Date of Birth

Date of Birth

Social Security No.

Social Security No.

Drivers License No. and State

Drivers License No. and State

OWNER (if other than insured)

Date _____

X _____
Signature of Owner

Name and Title/Relationship

Drivers License No. and State

X _____
Signature of Owner

Name and Title/Relationship

Drivers License No. and State

X _____
Signature of Owner

Name and Title/Relationship

Drivers License No. and State

REQUIRED NOTICE FOR CLIENT

Important Information You Need To Know Before Entering a Life Settlement

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 settler. 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"). Additionally, there are persons called brokers or provider representatives, who help with the sale of the policy.

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

How do 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 a 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 that 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.

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 identify who may get the information and why it will be released.

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

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 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 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 life settlement contract at any time up to the 15th day after you receive the money from the provider. To cancel the life settlement contract, you will have to retain 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 settlement contract will automatically cancel. The provider will pay the owner of your policy or beneficiaries designated by the owner in the 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 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 or persons must be in regular contact with you and you must give the provider their name(s), address(es) and phone number(s). Once you give the provider this information, they may not contact you unless they have tried and have not been able to reach your 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 months.

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 him/her 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.

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 life settlement, you should contact your insurance company or agent to see what options are available.

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

Some things that may be affected if you enter a 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 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 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.