

State of California Department of Insurance
Life Settlement Provider Disclosure to Owner
(To be provided prior to the execution of the life settlement contract)

Important: Read This-Disclosure Form Before Signing Any Life Settlement Contract.

The Commissioner may consider any failure to provide the disclosures in this form as a basis for suspending or revoking a provider's license. You should carefully read all of the following points and seek financial, insurance, tax and other advice where appropriate.

1. The name, business address, and telephone number of the life settlement broker are as follows:

Broker's (printed) name: _____

Address: _____

Telephone: _____

2. Pursuant to California law, the policy owner is entitled to the disclosure of the gross purchase price the life settlement provider is paying for the policy, the amount of the purchase price to be paid to the owner's life settlement broker, and the net amount of the purchase price to be paid to the owner of the policy.

- a. The **gross purchase price** (the total amount or value paid by the provider for the purchase of the life insurance policy, including all commissions and fees) paid by the life settlement provider for the policy is \$_____.
- b. The amount of the purchase price to be paid to the owner's **life settlement broker** is:
\$_____.
- c. The net amount of the purchase price to be paid to the **owner** is:
\$_____.

LIFE INSURANCE POLICY OWNER'S ACKNOWLEDGMENT: I have read and fully understand this disclosure form and have received a copy to keep for my records.

LIFE INSURANCE POLICY OWNER

By: _____

Printed Name: _____

Date: _____

LIFE SETTLEMENT PROVIDER

By: _____

Printed Name: _____

Date: _____