AGENT
BROKER OF RECORD FORM

TO WHOM IT MAY CONCERN

I/We the undersigned appoint Oaktree Group and any of its successors and assigns and affiliate entities as the exclusive Broker of Record for the Policy(s) listed below for the purpose of negotiating the sale of the Policy(s) as a Life Settlement and the undersigned agrees not to appoint any other individual or entity as a broker of record with respect to the Policy(s) without first revoking this Broker of Record Form by written notice to Oaktree Group. All Broker of Record forms signed by me/us prior to the date of this Broker of Record form are null and void. I/We agree that a photographic copy or facsimile of this Broker of Record Form shall be valid as the original.

X_____
Authorized Signature of Agent/Broker

_____
Name of the Signatory

_____
Title of Signatory

_____
Business Name

_____
Social Security Number or Tax ID Number

_____
Date Signed

X_____
Authorized Signature of Agent/Broker

_____
Name of the Signatory

_____
Title of Signatory

_____
Business Name

_____
Social Security Number or Tax ID Number

_____
Date Signed

Insured Name(s):	**Policy Number:**	**Insurance Company:**