

**INSURED & POLICY OWNER
BROKER OF RECORD FORM**

TO WHOM IT MAY CONCERN

I/We the undersigned appoint _____ and
Agent/Broker Name

any of its/his/her 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 the Agent/Broker named above. 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.

INSURED

DATE: _____

X _____
Signature of the FIRST Insured

X _____
Signature of the SECOND Insured

Name of the FIRST Insured

Name of the SECOND Insured

Date of Birth

Date of Birth

Social Security Number

Social Security Number

Driver's License - State

Driver's License - State

Driver's License - Number

Driver's License - Number

POLICY OWNER – If other than Insured

DATE: _____

X _____
Authorized Signature of Policyowner *if other than Insured*

Name and Title/Relationship of Signatory *if other than Insured*

Driver's License - State

Driver's License - Number

X _____
Authorized Signature of Policyowner *if other than Insured*

Name and Title/Relationship of Signatory *if other than Insured*

Driver's License - State

Driver's License - Number

X _____
Authorized Signature of Policyowner *if other than Insured*

Name and Title/Relationship of Signatory *if other than Insured*

Driver's License - State

Driver's License - Number

Name of Policyowner – Entity/Corp/Trust *if other than Insured* with Tax ID Number

Insured Name(s): _____

Policy Number:

First Insured

Second Insured

Insurance Company:

