VICTORSON ASSOCIATES, INC.
the professional's choice

321 Middle Country Road
Smithtown, NY 11787
(631) 265-7456 or (877) 472-7456
FAX: (631) 265-7054 E-mail: info@victorson.com

Preliminary Request for Life Settlement

Insured Information

Name of Insured _____ Sex_____ SS#_____

Address _____

Phone Number _____ Best Time to Call_____

Date of Birth _____

Relationship status: ❑ Single ❑ Married/Cohabitating ❑ Widowed

Residential status: ❑ Lives alone ❑ Lives with spouse/partner ❑ Lives with children
❑ Lives in assisted accommodation

Most recent occupation of insured _____

_____

Type of renumeration when employed: ❑ Salaried ❑ Hourly ❑ Piece

Age at retirement (if applicable) _____

Reason for retirement: ❑ Corporate policy ❑ Ill health ❑ Early retirement
❑ Not retired

What clubs or volunteer organizations does the insured belong to? _____

_____

_____

Does the insured hold a full Driver's License? ❑ Yes ❑ No

Please check one of the following to describe the current health of the insured:

❑ Excellent ❑ Good ❑ Fair ❑ Poor (work-related) ❑ Poor (inherited) ❑ Poor (other)

Is the insured taking medications? If so, which ones? _____

_____

_____

Please tell us about any medical conditions that the insured has: _____

_____

_____

Let us know if the insured needs any assistance walking, driving or managing his/her affairs: _____

_____

_____

VICTORSON ASSOCIATES, INC.
the professional's choice

321 Middle Country Road
Smithtown, NY 11787
(631) 265-7456 or (877) 472-7456
FAX: (631) 265-7054 E-mail: info@victorson.com

Preliminary Request for Life Settlement

Primary Insured's Name	Date of Birth	Sex	Marital Status	Social Security #
Second Insured's Name	Date of Birth	Sex	Marital Status	Social Security #
Primary Address	City, State, Zip			
Daytime Phone Number	Evening Phone Number			

Do you have a residence in another state? ❑ Yes ❑ No If yes, please provide along with how many months of the year you live there:

Address	City, State, Zip	Months of year

Life Insurance Policy Information-Policy #1

Insurance Company	Policy Number	Date of Issue	Policy Date
Face Amount $	Existing Policy Loan $	Current Annual Premium $	
Current Cash Surrender Value $	Policy Type (circle one): Universal Life Whole Life Variable Life Term Survivor* Group Other-		
Policyowner	Policyowner's Social Security # or Tax ID #		Drivers Lic. # (State)
Policyowner's Address			
City, State	Zip	Phone	
Beneficiary Name and Address (1)			
(2)			
*If Survivor, are both insureds living? ❑ Yes ❑ No If no, name of insured who is deceased:			

For additional owners or beneficiaries, please attach additional sheet as necessary.
If policyowner is trust, please list trustee(s), addresses & phone numbers.

Trustee _____

Address _____
(Use additional sheet as necessary for additional trustees and please attach copy of trust document and, if necessary, any amendments hereto.)

VICTORSON ASSOCIATES, INC.
the professional's choice

321 Middle Country Road
Smithtown, NY 11787
(631) 265-7456 or (877) 472-7456
FAX: (631) 265-7054 E-mail: info@victorson.com

Preliminary Request for Life Settlement

Please let us know how much sport or exercise the insured takes each week:

❑ Less than 1 hour ❑ 1-2 hours ❑ 2-3 hours ❑ 3-4 hours ❑ 5 hours or more

Please describe the insured's smoking history: _____

_____

Height of insured _____ Weight _____

Describe any changes to weight of the insured in the past five years: _____

_____

Policyowner Information

Name of Policyowner _____

Address _____

Phone number _____

Policy Information

Insurance Company _____

Face Amount of Policy _____ Policy Number _____

Type of Policy (only Universal Life, Convertible Term and Survivor Universal Life with one insured deceased)

_____

Current Premium _____

Payment mode (such as Annual, Semiannual, Quarterly, Monthly) _____

Cash Surrender Value _____

Policy Issue Date (mm/dd/yyyy) _____

Underwriting Class (only Preferred or Standard policies accepted) _____

Life Expectancy Report Acknowledgement

I, _____, (name of broker or agent) have informed the policyowner that a telephone underwriter will contact them to conduct an interview in order to provide a Life Expectancy Report which will be used in connection with valuating my client's Life Insurance policy referenced above for the purposes of a Life Settlement transaction.

Signature of broker/agent _____ Print Name _____

Phone Number _____ E-mail _____

VICTORSON ASSOCIATES, INC.
the professional's choice

321 Middle Country Road
Smithtown, NY 11787
(631) 265-7456 or (877) 472-7456
FAX: (631) 265-7054 E-mail: info@victorson.com

Preliminary Request for Life Settlement

Primary Insured Medical Information

Height:_____ Weight: _____

Have you ever had any of the following?

❑ Chest Pain/Tightening	❑ Hypertension	❑ Shortness of Breath	❑ TB/Lung Disorder
❑ Heart Attack	❑ Stroke/TIA	❑ Skin Disorder	❑ Ulcers
❑ Headaches	❑ Glaucoma	❑ Hepatitis	❑ Cataracts
❑ Dementia	❑ Depression	❑ Digestive Problems	❑ Urinary Infections
❑ Blood in Stool	❑ Asthma	❑ Arthritis	❑ Difficulty Hearing
❑ Dizzy Spells	❑ Cancer	❑ Diabetes	❑ Memory Loss

Please provide any additional details on the above conditions: (Attach a separate sheet if more space is needed)

_____

_____

Current prescribed medications _____

_____

Do you exercise, and if so, how much? _____

Places travelled in past five years (both business and personal) _____

_____

Have you smoked cigarettes, cigars or pipes within the last year, or otherwise used tobacco, i.e. chewing tobacco?

If so, please describe: _____

Primary Insured Family History

Have family members had:	Father	Mother	Siblings		If Living Age	If Deceased Age and Cause of Death
Osteoporosis	❑	❑	❑			
Hypertension	❑	❑	❑	Father		
Epilepsy	❑	❑	❑			
Cancer	❑	❑	❑	Mother		
Heart Attack/Stroke	❑	❑	❑			
Diabetes	❑	❑	❑	Brother(s)		
Asthma/Allergies	❑	❑	❑			
Autoimmune Disease/Arthritis	❑	❑	❑	Sister(s)		

Important Notice: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and/or confinement in prison.

VICTORSON ASSOCIATES, INC.
the professional's choice

321 Middle Country Road
Smithtown, NY 11787
(631) 265-7456 or (877) 472-7456
FAX: (631) 265-7054 E-mail: info@victorson.com

Preliminary Request for Life Settlement

POLICY VALUES

	This column to be completed by Life Settlement Producer/Provider
Policy values as of (insert date)	
Current face amount of policy	*
Amount of accumulated dividends	
Current face amount of riders	
Amount of any outstanding loans	*
Amount of outstanding interest on policy loans	
Current net death benefit	*
Current account value	*
Current cash surrender value	*
Is policy participating?	*
If yes, what is the current dividend option?	

PREMIUM INFORMATION

	This column to be completed by Life Settlement Producer/Provider
Current payment mode	*
Current modal premium	*
Date last premium paid	*
Date next premium due	*
Current monthly cost of insurance as of (insert date)	
Date of last cost of insurance deduction	

Preliminary Request for Life Settlement Submitted by:

NAME _____

ADDRESS _____

PHONE _____ Email _____