

## WASHINGTON CHECKLIST Life Settlement Broker

Please use this checklist to insure you have enclosed all the documents necessary to process your application efficiently.

- \_\_\_\_\_ Completed *Personal and Insurance Information Form*
- \_\_\_\_\_ Completed, signed and witnessed *Authorization to Release Policy Information*
- \_\_\_\_\_ Signed *Authorization for Disclosure of Protected Health Information*
- \_\_\_\_\_ Photocopy of the *Life Insurance Policy*
- \_\_\_\_\_ Photocopy of the *Insured's Driver's License*
- \_\_\_\_\_ Read and sign the *Disclosure Statement*
- \_\_\_\_\_ Photocopy of *Medical Records* for past five years.\*
- \_\_\_\_\_ Photocopy of *Divorce Decree* (if applicable)\*
- \_\_\_\_\_ Photocopy of *Discharge from Bankruptcy* (if applicable).\*
- \_\_\_\_\_ *Statement* from Insurance Company reflecting the policy's cash value, loan value and premium payment structure.\*

FAX OR MAIL ALL COPIES AND DOCUMENTS TO:

Stephen M. Watson  
Viatical Settlement Professionals, Inc.  
2 West Runswick Drive  
Richmond, Virginia 23238

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Tel: 804-564-9469  
Fax: 804-482-2728  
Email: [admin@vspi.com](mailto:admin@vspi.com)

\*These items are optional at this time, but if included the response time will improve.

WARNING: Any person who knowingly presents false information in an application for a viatical settlement contract may be guilty of a crime and may be subject to fines and imprisonment.

## CONFIDENTIAL PERSONAL AND INSURANCE INFORMATION

After receiving the following pages of information, we will be able to evaluate the opportunity to present you with an offer to purchase your life insurance policy. Please complete the following forms and sign as indicated.

### 1. Personal Data:

Name of Insured: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Telephone Number(s): Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Sex: ( ) Male ( ) Female  
 Dependent Children: ( ) Yes ( ) No

### If policy owner is different than above:

Name of policy owner: \_\_\_\_\_  
 Tax Identification No./Social Security #: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone Number(s): Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

### 2. Life Insurance Policy Information:

Please enclose a copy of the policy or please complete the following:

Name of Insurance Company: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Date Policy was Issued: \_\_\_\_\_ Coverage/Face Amount: \$ \_\_\_\_\_  
 Amount of Premium: \$ \_\_\_\_\_ How frequently is premium paid? \_\_\_\_\_  
 Loans? \$ \_\_\_\_\_ Current Surrender Value: \$ \_\_\_\_\_  
 Type of Policy:  Term  Whole Life  Universal Life  Other \_\_\_\_\_  
 Is this a group or individual policy?  Individual  Group  Converted Group

**If group policy, please provide the following information:**

Name of Organization Providing Coverage: \_\_\_\_\_

Name of Benefits Manager or Third Party Administrator: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ May we contact the person named above? \_\_ Yes \_\_ No

### 3. Medical History

Please give a brief description of your medical condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Physician seen for this medical condition:**

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Who is your primary or family physician? (if different than above)**

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If there are any other physicians that have treated you in the last three years, you may attach an additional page including their full name, address, and telephone.**

## AUTHORIZATION TO RELEASE POLICY INFORMATION

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(Name of Policy Owner) (Name of Insurance Company)

the issuer of insurance policy number \_\_\_\_\_ insuring the life/lives of:  
(Policy Number)

\_\_\_\_\_ to release any and all  
(Name of Insured(s))

information directly to Viatical Settlement Professionals, Inc. (VSPI), and/or its successors, assigns, and authorized representatives. The information may include, but is not limited to, the following information and documents:

- Copy of the policy, including the application therefor.
- Any and all forms promulgated with respect to the Policy and rights of the insured and/or owner, including forms relating to the beneficiary, absolute or collateral assignment, change of ownership, premium payments, loans, withdrawals, payment provisions and/or conversion.
- In-force illustrations of the policy including projections of values into the future.
- All other requested information related to my life insurance Policy.

A photographic copy or facsimile of this Authorization shall be valid as the original. This Authorization shall remain valid for the life time of the undersigned (or the last to survive of the undersigned if more than one signatory), absent any provision of any applicable state statute or regulation to the contrary, in which event it shall remain valid for the maximum period permitted thereunder.

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

**AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

The undersigned insured(s) (hereafter referred to as “I”, “me” or “my”), authorize the disclosure of my Protected Health Information (“PHI”) as defined under the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 as follows:

1. Classes of Persons Authorized to Disclose My Protected Health Information: I authorize each doctor, hospital, nurse, pharmacy, physician, physician practice group, and any other type of health care provider (each, an “HCP”) having any PHI about me to disclose any and all of my PHI as provided under this authorization. I authorize each Authorized HCP to rely upon a photostatic or facsimile copy or other reproduction of this authorization.

2. Classes of Persons Authorized to Receive My Protected Health Information: I authorize each Authorized HCP to disclose my PHI under this authorization to Viatical Settlement Professionals, Inc. (“VSPI”), American Viatical Services, Inc., 21<sup>st</sup> Holdings, LLC d/b/a 21<sup>st</sup> Services, Fasano Associates, Inc., and ParaMeds, Inc., including any of their funding sources, affiliates, agents, subsidiaries, corporate parents, independent contractors, authorized representatives, service providers and the officers, directors, and employees of each (each an “Authorized Recipient”). I understand that my PHI may be secured by a third-party provider and may be electronically transmitted to an Authorized Recipient, including transmission via web posting to a secure website.

3. Description of Protected Health Information Authorized for Disclosure and Purpose of Disclosure: This authorization shall apply to any and all of my health and medical data, information, and records, whether or not personally or individually identifiable or protected under any federal or state confidentiality or privacy laws or regulations. This authorization and all disclosures of my PHI made under this authorization are for the purposes of allowing the Authorized Recipient (1) to analyze, assess, evaluate or underwrite my health or medical condition, or life expectancy, in connection with the possible sale of any life insurance policy, or certificate of life insurance, under which my life is insured to the Authorized Recipient and (2) to monitor, track or verify my health or medical status and

condition in connection with any life insurance policy under which my life is insured.

4. Expiration of Authorization: This authorization shall remain valid until one (1) year after the date of my death.

5. Right to Revoke Authorization: I acknowledge and understand that I may revoke this authorization any time with respect to any Authorized HCP by notifying such Authorized HCP in writing of my revocation of this authorization and delivering my revocation by mail or personal delivery at such address designated to me by such Authorized HCP; provided, that, any revocation of this authorization shall not apply to the extent that the Authorized HCP has taken action in reliance upon this authorization prior to receiving written notice of my revocation.

6. Inability to Condition Treatment, Payment, Enrollment, or Eligibility for Benefits on Provision of Authorization: No HCP or other covered entity may condition my treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

7. Release of Policy Information: I hereby authorize my insurance company to furnish an Authorized Recipient with any information or forms in connection with any life insurance policy under which my life is insured (including any conversions or replacements thereof).

I specifically authorize and request my insurance company and each authorized HCP to rely upon a photostatic or facsimile copy or other reproduction of this authorization.

I understand that this authorization is not a consent or an authorization requested by a health care provider, health care clearinghouse or health plan covered by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Regulations"). I further understand that, as a result of this authorization, there is the potential for my PHI that is disclosed by any Authorized HCP to an Authorized Recipient to be subject to redisclosure by the Authorized Recipient and my PHI that is disclosed to such

Authorized Recipient may no longer be protected by the HIPAA Privacy Regulations.

This authorization may be executed in any number of counterparts, each of which shall be deemed to be an original and all of which counterparts, taken together, shall constitute but one and the same instrument. I certify that I am executing and delivering this authorization freely and unilaterally as of the date written below and that all information contained in this authorization is true and correct. I further certify that this authorization is written in plain language and that I have received and retained a copy of this signed authorization for future reference.

The Seller and Insured (“You”) acknowledge and understand that each Authorized Recipient is relying on the truth and accuracy of the information You have provided herein and You certify that the signatures affixed on the documents are genuine, original, and that neither the information nor the signatures have been altered, manipulated or tampered with in any fashion.

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Name of Insured	Signature	Date
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Name of Witness	Signature	Date
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Name of Second Insured (if applicable)	Signature	Date
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Name of Witness of Second Insured (if applicable)	Signature	Date
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## INFORMATIONAL AND DISCLOSURE STATEMENT

### Life Settlements Act: Section 11(1)

### WASHINGTON LIFE SETTLEMENT BROKER

#### SELLING YOUR LIFE INSURANCE POLICY

Today it is possible for you to sell your life insurance policy to someone else (a life settlement provider) for an immediate cash payment. This financial arrangement, known as a life settlement, is best suited for people who are living with an immediate life-threatening illness and facing tough financial choices or in other situations where a life settlement provider will pay compensation or value less than the expected death benefit of the insurance policy or certificate.

It may not always be in your best interest to sell your life insurance policy. Before you take action, you want to be sure you understand:

- a. What future benefits you may lose.
- b. What other options may be available.

Selling your life insurance policy is a complex financial arrangement. This guide will help you make an informed decision.

We recommend that you:

1. Evaluate your needs
2. Check all your options
3. Understand how the process works
4. Know your rights
5. Check with your state insurance department

#### STEP 1 EVALUATE YOUR NEEDS

Before you sell your policy and give up valuable insurance protection, think about whether your need for life insurance has changed since you bought the policy. If it hasn't, selling your policy may not be the right choice. If you sell your policy now, your beneficiaries will not be paid a benefit at your death.

If you sell your policy now, remember premiums go up a lot as you grow older. You may not want to pay the higher cost to replace your coverage later.

Form 1 - Life



## STEP 2 CHECK ALL YOUR OPTIONS

You may be able to get the cash you need now without selling your policy. Persons with catastrophic or life-threatening illnesses or conditions may have alternatives to life settlements, including accelerated benefits offered by the issuer of the policy, loans secured by the policy and surrender of the policy for cash value.

## POLICY CASH VALUES

Contact your current life insurance agent or company to see if you have any cash value in your policy. Ask if you can:

1. Borrow from the cash value and still keep the insurance in force.
2. Cancel the policy for its current cash value.
3. Use the cash value as collateral to get a loan from a financial institution.

Your insurance company must tell you about your options if you ask.

## ACCELERATED DEATH BENEFITS

Find out if your policy has an “accelerated death benefit.” It may be your best option.

Many life insurance policies do have an accelerated death benefit. With that benefit, policyholders who are terminally ill, affected with certain diseases or permanently confined in a nursing home can access fifty per cent or more of a policy’s death benefit while still living. An accelerated death benefit could pay you a large part of your policy’s death benefit and you could keep your policy.

A very important feature of the accelerated benefit is that when the policyholder dies, the beneficiaries get the remaining death benefit. This means that eventually one hundred per cent of the policy benefits will be paid out either to the insured or the beneficiary.

## OTHER CONSIDERATIONS

Think about what it will mean if you do sell your policy. Check out the tax implications. Not all proceeds from a life settlement are tax-free. An owner may incur tax consequences from entering into a life settlement. Persons interested in entering into a life settlement should consult their tax advisor. Find out if creditors could claim any of the money you would get from a life settlement. The proceeds of a life settlement payable to the owner may not be exempt from the owner’s creditors, personal representatives, trustees in bankruptcy and receivers in state or federal court. Persons interested in entering into a life settlement should consult an attorney or financial

advisor regarding these potential consequences. Find out if you will lose any public assistance benefits such as Medicaid or other government benefits if you accept a cash settlement for your life policy. A life settlement may affect an owner's ability to receive supplemental social security income, public assistance and public medical services. Persons interested in entering into a life settlement should consult an attorney, financial advisor or social services agency regarding these potential consequences.

Entering into a life settlement contract may cause other rights or benefits, including conversion rights and waiver of premium benefits that may exist under the policy or certificate, to be forfeited. Assistance should be sought from a financial adviser.

Where a policy that is the subject of a life settlement contains a provision for double or additional indemnity for accidental death, or contains riders or other provisions insuring the lives of spouses, family members or anyone else other than the person with the catastrophic or life-threatening illness, the life settlement contract will affect those provisions or riders and may cause spouses, family members or others to lose the additional benefits afforded by those provisions or riders.

## COMPARISON SHOP

To learn the market value of your policy, it is a good idea to contact three to five life settlement providers. Or you could use a life settlement broker who would contact several life settlement providers for you. Your financial advisor can help you decide whether to work with a life settlement provider or through a life settlement broker.

## SUMMARY

Everyone's financial situation is different. A life settlement may or may not be the best approach for you. Check it out for yourself. We recommend that you ask an advisor who is qualified to review your finances to help you review your options.

## STEP 3 HOW THE PROCESS WORKS

If you decide to sell your life insurance policy to a life settlement provider, you will enter into a life settlement agreement with the provider. You, the seller, agree to accept a cash payment for your policy. The amount will be less than the face amount the policy would pay upon your death. (For example, you might agree to accept a \$75,000 cash payment for a \$100,000 policy.)

The life settlement provider buying your policy:

1. Becomes the new owner of your policy;
2. Names the beneficiary;
3. Collects the full death benefit when you die;
4. Begins paying premiums on the policy; and
5. May sell your policy again.

There are four basic phases required to complete a life settlement transaction.

## PHASE 1 QUALIFYING TO SELL YOUR POLICY (UNDERWRITING)

The life settlement provider will need information about you before making an offer. Usually it will take some preliminary information about you before making an offer. Usually it will take some preliminary information from you over the phone and send you this paperwork to sign:

1. A medical release form so the life settlement provider can get and review your medical records.
2. An authorization form to contact your insurance company to confirm benefit, premium and ownership of your policy.

To avoid delays, it is important that you give complete and accurate information about your medical history. If you apply with more than one life settlement provider, each will contact your doctor for medical records and your insurance company for policy information.

## PHASE 2 CALCULATING THE OFFER

The life settlement provider uses the information it gets in the underwriting phase to make an offer. To develop an offer, a life settlement provider takes into account various factors including:

1. Estimated life expectancy and medical condition of the insured. Generally the shorter the life expectancy of the insured, the more the life settlement provider will offer for the policy.
2. The amount of life insurance coverage.
3. Loans or advances, if any, previously taken against the policy.
4. Amount of premiums necessary to keep the life insurance policy in force.
5. The rating of the issuing insurance company.
6. Prevailing interest rates.
7. State laws, if any, that require a minimum payment.

## PHASE 3 CLOSING THE AGREEMENT

If you accept the offer, a closing package is forwarded to you, the seller, for approval and signature. Closing documents typically include an offer letter, a life settlement contract, and the forms the insurance company needs to transfer ownership of the policy to the life settlement provider.

The closing documents are then returned to the life settlement provider for its signature. The life settlement provider will put the cash payment owed to you in escrow, if required, and send the signed insurance forms to the insurance company to record the change.

## PHASE 4 RECEIVING THE PAYMENT

Once the insurance company notifies the life settlement provider that the changes on the life insurance policy have been recorded, the payment is released to you, the seller, usually the next business day.

### **DISCLOSURES REQUIRED BY WASHINGTON LAW:**

#### **Sec. 11(1): Disclosures to Owners.**

- 1) The provider or broker shall provide in writing, or require the broker to provide, in a separate document that is signed by the owner and provider or broker, the following information to the owner no later than the date of application for a life settlement contract:**
  - a) The fact that possible alternatives to life settlement contracts exist, including, but not limited to, accelerated benefits offered by the issuer of the life insurance policy;**
  - b) The fact that some or all of the proceeds of a life settlement contract may be taxable and that assistance should be sought from a professional tax advisor;**
  - c) The fact that the proceeds from a life settlement contract could be subject to the claims of creditors;**
  - d) The fact that receipt of proceeds from a life settlement contract may adversely affect the recipient's eligibility for public assistance or other government benefits or entitlements and that advice should be obtained from the appropriate agencies;**
  - e) The fact that the owner has a right to terminate a life settlement contract within fifteen days of the date it is executed by all parties and the owner has received the disclosures required by this section. Rescission, if exercised by the owner, is effective only if both notice of the rescission is given, and the owner repays all proceeds and any premiums, loans, and loan interest paid on account of the provider within the rescission period. If the insured dies during the rescission period, the contract shall be deemed to have been rescinded subject to repayment by the owner or the owner's estate of all proceeds and any premiums, loans, and loan interest to the provider;**

- f) **The fact that proceeds will be sent to the owner within three business days after the provider has received the insurer or group administrator’s acknowledgement that ownership of the policy or interest in the certificate has been transferred and the beneficiary has been designated in accordance with the terms of the life settlement contract;**
- g) **The fact that entering into a life settlement contract may cause other rights or benefits, including conversion rights and waiver of premium benefits that may exist under the policy to be forfeited by the owner and that assistance should be sought from a professional financial advisor;**
- h) **The date by which funds will be available to the owner and the transmitter of the funds;**
- i) **The fact that the commissioner may require delivery of a buyer’s guide or a similar consumer advisory package in the form prescribed by the commissioner to owners during the solicitation process;**
- j) **The disclosure document shall contain the following language: “All medical, financial, or personal information solicited or obtained by a provider or broker about an insured, including the insured’s identity or the identity of family members, a spouse or a significant other may be disclosed as necessary to effect the life settlement contract between the owner and provider. If you are asked to provide this information, you will be asked to consent to the disclosure. The information may be provided to someone who buys the policy or provides funds for the purchase. You may be asked to renew your permission to share information every two years”;**
- k) **A separate signed fraud warning as follows: “Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject fines and confinement in prison”;**
- l) **The fact that the insured may be contacted by either the provider or broker or its authorized representative for the purpose of determining the insured’s health status or to verify the insured’s address. This contact is limited to once every three months if the insured has a life expectancy of more than one year, and no more than once per month if the insured has a life expectancy of one year or less;**
- m) **The affiliation, if any, between the provider and the issuer of the insurance policy to be settled;**
- n) **That a broker represents exclusively the owner, and not the insurer or the provider or any other person, and owes a fiduciary duty to the owner, including a duty to act according to the owner’s instructions and in the best interest of the owner;**
- o) **The document shall include the name, address, and telephone number of the provider;**
- p) **The name, business address, and telephone number of the independent third-party escrow agent, and the fact that the owner may inspect or receive copies of the relevant escrow or trust agreements or documents; and**

- q) The fact that a change of ownership could in the future limit the insured's ability to purchase future insurance on the insured's life because there is a limit to how much coverage insurers will issue on one life.**

**INFORMATIONAL AND DISCLOSURE STATEMENT**  
**Life Settlements Act: Section 11(3)**  
**WASHINGTON LIFE SETTLEMENT BROKER**

**DISCLOSURES REQUIRED BY WASHINGTON LAW:**

**Sec. 11(3): Disclosures to Owners.**

**3) A broker shall provide the owner and the provider with at least the following disclosures no later than the date the life settlement contract is signed by all parties. The disclosures shall be conspicuously displayed in the life settlement contract or in a separate document signed by the owner and provide the following information:**

- a) **The name, business address, and telephone number of the broker;**
  - i) **The name of the broker is** \_\_\_\_\_
  - ii) **The business address of the broker is** \_\_\_\_\_  
\_\_\_\_\_
  - iii) **The telephone number of the broker is** \_\_\_\_\_
  
- b) **A full, complete, and accurate description of all the offers, counter-offers, acceptances, and rejections relating to the proposed life settlement contract;**
  - i) **Offers presented were:** \_\_\_\_\_
  - ii) **Counter-Offers presented were:** \_\_\_\_\_
  - iii) **Acceptances received were:** \_\_\_\_\_
  - iv) **Rejections made were:** \_\_\_\_\_
  
- c) **A written disclosure of any affiliations or contractual arrangements between the broker and any person making an offer in connection with the proposed life settlement contracts;**
  - i) **Affiliations or contractual arrangements between the broker and any person making an offer were as follows:** \_\_\_\_\_

- d) **The name of each broker who receives compensation and the amount of compensation received by that broker, which compensation includes anything of value paid or given to the broker in connection with the life settlement contract;**
- i) **Name of broker receiving compensation:** \_\_\_\_\_  
**Amount of compensation:** \_\_\_\_\_
  - ii) **Name of broker receiving compensation:** \_\_\_\_\_  
**Amount of compensation:** \_\_\_\_\_
- e) **A complete reconciliation of the gross offer or bid by the provider to the net amount of proceeds or value to be received by the owner. For the purpose of this section, gross offer or bid means the total amount or value offered by the provider for the purchase of one or more life insurance policies, inclusive of commissions and fees; and**
- i) **Gross offer or bid by the provider:** \_\_\_\_\_
  - ii) **Net amount of proceeds received by owner:** \_\_\_\_\_
- f) **The failure to provide the disclosure or rights described in this section is an unfair trade practice pursuant to section 21 of this act.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Viatical Settlement Professionals, Inc.  
Licensed Life Settlement Broker  
2 West Runswick Drive  
Richmond, VA 23238



## FEDERAL TAX LAWS

Two groups of people may receive benefits from a life settlement without owing federal income tax:

1. persons who have been diagnosed with a terminal illness and with a life expectancy of 24 months or less, and
2. certain chronically ill individuals.

If you qualify for this federal tax-free treatment, you also must use a life settlement provider that is licensed in the state where you live, or, in states where licensing is not required, that complies with the standards of the National Association of Insurance Commissioner's Settlements Model Act.

When interpreting tax laws it is best to check with your financial advisor. Viatical Settlement Professionals, Inc. does not give tax advice. It is recommended that a tax advisor be consulted on such issues. The undersigned understands that the function of the broker is solely to secure a buyer for the life insurance policy and there are no representations or warranties about the financial status of the buyer, the legal status of the buyer or any subsequent purchaser, or of any tax consequences of the transaction. The undersigned releases and holds harmless the broker in this transaction of any claims resulting from this transaction other than intentional fraud.

It is understood that the Broker herein has a duty to find the best offer available for the insurance policy(ies) herein. Therefore, it is hereby granted to the Broker herein the exclusive right to Broker the policy(ies) herein which right may only be terminated upon sixty (60) days prior written notice.

I have read the above informational and disclosure statement and enter into a viatical settlement knowingly and voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Viatical Settlement Professionals, Inc.  
Licensed Life Settlement Broker  
2 West Runswick Drive  
Richmond, VA 23238

## Questions to Ask

- Do I still need life insurance protection?
- If I sell my policy, how do they decide how much cash I get?
- Is this an employer or other group policy? If so, do I need permission to sell it?
- If I sell my policy, who will be the legal owner?
- Do I need the advice of a tax or estate planning advisor before I decide to sell my policy?
- Who will have specific information about me, my family or my health status?
- After I sell my policy, can it be resold by the buyer?

*Your state insurance department may have a list of viatical settlement providers and brokers that are licensed to do business in the state. Contact them to make sure yours are on the list.*

## Always Check with Your State

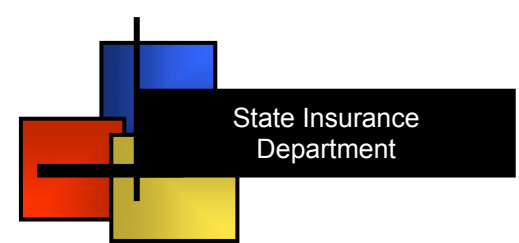
Contact your state insurance or securities departments to learn about the issues and risks of viatical settlements *if*:

- you're considering selling your life insurance policy;
- you're asked to sell your life insurance policy *and* your health hasn't changed since you bought the policy;
- you're asked to buy a new life insurance policy *and* immediately sell it for cash.

## Buying a Life Insurance Policy?

If you're interested in buying a life insurance policy as an investment, contact your state insurance department *before* you make a decision.

**STATE INSURANCE  
DEPARTMENT**



# Selling Your Life Insurance Policy

## *Understanding Viatical Settlements*

Viatical Settlement Professionals, Inc.  
2 W. Runswick Dr.  
Richmond, Virginia 23238  
Phone: 888-321-9057 Fax: 804-740-8880  
Email: [info@vspi.com](mailto:info@vspi.com)  
Website: [www.vspi.com](http://www.vspi.com)

## What is a Viatical Settlement?

A viatical settlement is the sale of a life insurance policy to a third party. The owner (*viator*) of the life insurance policy sells the policy for an immediate cash benefit.

The buyer (the viatical settlement provider) becomes the new owner of the life insurance policy, pays future premiums, and collects the death benefit when the insured dies.

At one time, most viatical settlements were from people with a life-threatening illness. Now, individuals who are not facing a health crisis may sell their life insurance policies to get cash.

*Your state insurance department and the National Association of Insurance Commissioners want you to have the facts before you sell your life insurance policy. This brochure provides some of that information, but it is only a starting point. Consult your own professional financial advisor, attorney, or accountant to help you decide if this is the most suitable arrangement for you.*



Viatical Settlement Professionals, Inc.

## Consider Your Options

If you're selling your policy to get cash to pay expenses, check all of your options. You may find a way to get more cash from your life insurance policy.

1. Ask your insurance agent or company if you have any cash value in your life insurance policy. You may be able to use some of the cash value to meet your immediate needs and keep your policy in force for your beneficiaries. You may also be able to use the cash value as security for a loan from a financial institution.
2. Find out if your life insurance policy has an *accelerated death benefit*. An accelerated death benefit typically pays some of the policy's death benefit before the insured dies. It may be a way for you to get cash from a policy without selling it to a third party.

## Consumer tips

- Comparison shop. Get quotes from several companies to make sure you have a competitive offer.
- Find out the tax implications. Not all proceeds received from the sale of your life insurance policy are tax free.
- It's important to know that any of your creditors could claim your cash settlement.
- Find out if you will lose any public assistance benefits such as food stamps or Medicaid if you get a cash settlement.
- The buyer of your policy can periodically ask you about your health status. The buyer is required to give you a privacy notice outlining who will get this personal information. Be sure to read it.
- Check all application forms for accuracy, especially your medical history. All questions must be answered truthfully and completely.
- Make sure the viatical settlement provider agrees to put your settlement proceeds into an independent escrow account to protect your funds during the transfer.
- Find out if you have the right to change your mind about the settlement AFTER you get the money. If so, how many days do you have to reconsider and return the money?