

CHECKLIST FOR APPLICATION PACKAGE

This checklist was designed to help you ascertain if you have completed all pertinent items in order to expedite processing of the life settlement.

The following items must be received by P&T Financial Co. in order for the policy to be processed:

- Application must be filled out completely, signed and witnessed. Anything that is not applicable, mark "N/A". Separate application is needed for each policy.
- The release forms for Medical and Policy Information must be signed, witnessed and dated by appropriate parties as indicated.
- The Notice of Disclosure must be signed and dated
- 2 to 5 years of medical records for attending physicians, current within 30 days of application.
- Agent of Record Letter signed, dated and witnessed.
- Insured's Photo ID - Accepted forms of identification are photocopies of a driver's license or passport. Identification must be current not expired.
- Complete copy of the insurance policy. If this is not available immediately, please make a note for us on the application and forward as soon as possible.
- Current in-force illustration from the insurance company with application showing the following:
 - Universal Life – minimum premium payment to maturity.
 - Term – proposed conversion illustration to Universal showing a minimum payment to maturity.
 - Whole Life – run illustration to maturity using dividends to pay premiums, surrendering all paid-up-additions and taking the maximum loans available.
- Owner and Beneficiary(ies) of the policy.

If owner/beneficiary is a trust, we need:

- Copy of trust and Tax ID #.
- Trustee (s) must sign the policy information release form.

If owner/beneficiary is a corporation, we need:

- Complete name and address of corporation.
- Corporate resolution showing current authorized officers.
- Two officers must sign the policy information release form.

In addition, please send the "Letter to Physician" directly to the physicians/specialists listed on the application.

FOR AGENTS ONLY:

Broker _____

Representing Agent _____

Address _____

Phone _____ Fax _____

Is the representing agent the agent of record on the policy? _____

Agent Signature

Date