

Pursuant to 28 TAC §3.1709, LHL364 Rev. 02/06 is promulgated by the Texas Department of Insurance, Viatical and Life Settlement Providers, Provider Representatives and Brokers are required to prominently display their Full Name, Home Office Address, and Telephone Number at the top or bottom of this first page.

## Acknowledgment Form for Viatical Settlements

THE STATE OF \_\_\_\_\_

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KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF \_\_\_\_\_

That \_\_\_\_\_ and  
(Name of Viator)

\_\_\_\_\_ does acknowledge that, to the best  
(Name of Policy Owner, if different from the Viator)

of his/her knowledge, the following are true representations:

- The viator has a catastrophic or life-threatening illness or condition that is likely to result in death within 24 months.
- A copy of the required written disclosures have been received and read by the viator and the policy owner.
- All of the documents (applications, medical release forms, etc.) used to effect the viatical settlement have been received and read by the viator and the policy owner.
- The viatical settlement contract is being entered into knowingly and voluntarily.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Viator's Signature

\_\_\_\_\_  
Policy Owner's Signature, if different from  
the Viator

\_\_\_\_\_  
Viator's Printed Name

\_\_\_\_\_  
Policy Owner's Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

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THE STATE OF \_\_\_\_\_

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COUNTY OF \_\_\_\_\_

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Before me, \_\_\_\_\_, on  
(Printed name of Notary)

this day personally appeared \_\_\_\_\_ and  
(Printed name of Viator)

\_\_\_\_\_, known to me to be the person(s)  
(Printed name of Policy Owner, if different from the Viator)

whose name(s) is subscribed to the foregoing instrument, and acknowledged to me that the named person(s) executed the same for the purposes and considerations therein expressed, in the capacities therein stated, and as the act and deed of said viator and policy owner.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
(Notary Public Signature)

Notary Public, State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_