

Pursuant to 28 TAC §3.1709, LHL365 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 Life Settlements

THE STATE OF _____

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KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF _____

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That _____ and
(Name of Life Settlor)

_____ does acknowledge that, to the
(Name of Policy Owner, if different from the Life Settlor)

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

- The life settlor does not have 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 life settlor and the policy owner.
- All of the documents (applications, medical release forms, etc.) used to effect the life settlement have been received and read by the life settlor and the policy owner.
- The life settlement contract is being entered into knowingly and voluntarily.

Witness my hand this _____ day of _____, _____.

Life Settlor's Signature

Policy Owner's Signature, if different from
the Life Settlor

Life Settlor's Printed Name

Policy Owner's Printed Name

Address

Address

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THE STATE OF _____ §

COUNTY OF _____ §

Before me, _____, on
(Printed name of Notary)

this day personally appeared _____ and
(Printed name of Life Settlor)

_____, known to me to be the person(s)
(Printed name of policy owner, if different than the Life Settlor)

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 life settlor 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: _____