

VIATICAL CHECKLIST OKLAHOMA

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 for the Release of Medical and/or Insurance Form*
- _____ Photocopy of the *Life Insurance Policy*
- _____ Photocopy of the *Insured's Driver's License*
- _____ Read and sign the *Information and Disclosure Statement for Viatical Settlement*
- _____ Photocopy of *Medical Records* for past five years.*
- _____ *Statement* from Insurance Company reflecting the policy's cash value, loan value and premium payment structure.*
- _____ Photocopy of *Divorce Decree* (if applicable).*
- _____ Photocopy of *Discharge from Bankruptcy* (if applicable).*

Fax or mail all copies and documents to:

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

Tel. 804-740-3900
Toll Free: 888-321-9057
Fax: 804-740-8880

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



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

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

Date: _____

Name of Insured _____

Social Security Number _____

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 Number # _____

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 _____
Telephone No. () _____. 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 from above)

Name of Physician: _____
Address: _____ Telephone: () _____
City: _____ State _____ Zip _____

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

Signature of Insured

Signature of Policy Owner

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR INSURANCE INFORMATION

I hereby authorize any physician, medical practitioner, hospice, hospital, clinic or other medical or medically related facility, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer, benefit plan administrator, or any other institution or person to provide Viatical Settlement Professionals, Inc. (VSPI) and/or its authorized representatives or designees, any and all information as to diagnosis, treatment and prognosis with respect to any physical or mental condition including psychiatric conditions, or drug or alcohol abuse, of or relating to the insured.

This authorization allows for the disclosure, inspection and copying of any and all records, reports, and/or documents, including any underlying data, regarding the care and treatment of the insured, and any other information in your possession concerning any treatment or hospitalization, including, but not limited to, all testing materials completed by or administered to the insured, along with any and all medical charts, clinical or doctors' notes, memoranda, medical reports, X-ray reports, index cards, history notes, pictures, records and medical bills in your possession and control.

I understand that the information authorized for release may also include insurance policy information, including but not limited to, forms, riders and amendments concerning the policy. I understand that funding sources will use information released or obtained pursuant to this Authorization for the purposes of pursuing and/or completing the sale of life insurance policy(ies) on which I am the owner or insured. I agree that a photographic copy or facsimile of this Authorization shall be valid as the original. I agree that this Authorization shall remain valid for twenty-four (24) months and may be revoked at any time by notice in writing to Viatical Settlement Professionals, Inc. at the address shown on this form.

_____ Signature of Insured	_____ Date	_____ Signature of Policy Owner	_____ Date
_____ Printed Name	_____ Date	_____ Printed Name	_____ Date
_____ Signature of Witness	_____ Date	_____ Signature of Witness	_____ Date
_____ Printed Name	_____ Date	_____ Printed Name	_____ Date

VIATICAL SETTLEMENT PROFESSIONALS, INC.

VSPI

OKLAHOMA

INFORMATIONAL AND DISCLOSURE STATEMENT VIATICAL SETTLEMENT

SELLING YOUR LIFE INSURANCE POLICY

Today it is possible for you to sell your life insurance policy to someone else (a viatical settlement provider) for an immediate cash payment. This financial arrangement, known as a viatical settlement, is best suited for people who are living with an immediate life-threatening illness and facing tough financial choices.

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.

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 viatical 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 viatical settlement are tax-free. A viator may incur tax consequences from entering into a viatical settlement. Persons interested in entering into a viatical settlement should consult their tax advisor. Find out if creditors could claim any of the money you would get from a viatical settlement. The proceeds of a viatical settlement payable to the viator may not be exempt from the viator’s creditors, personal representatives, trustees in bankruptcy and receivers in state or federal court. Persons interested in entering into a viatical 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 viatical settlement may affect a viator’s ability to receive supplemental social security income, public assistance and public medical services. Persons interested in entering into a viatical settlement should consult an attorney, financial advisor or social services agency regarding these potential consequences.

Entering into a viatical 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.

COMPARISON SHOP

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

SUMMARY

Everyone's financial situation is different. A viatical 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 viatical settlement provider, you will enter into a viatical 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 viatical 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 viatical transaction.

PHASE 1 QUALIFYING TO SELL YOUR POLICY (UNDERWRITING)

The viatical 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 viatical 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 viatical settlement provider, each will contact your doctor for medical records and your insurance company for policy information.

PHASE 2 CALCULATING THE OFFER

The viatical settlement provider uses the information it gets in the underwriting phase to make an offer. To develop an offer, a viatical 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 viatical 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 viatical settlement contract, and the forms the insurance company needs to transfer ownership of the policy to the viatical settlement provider.

The closing documents are then returned to the viatical settlement provider for its signature.

The viatical 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 viatical 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.

In many states, you may have the right to change your mind about the settlement after you receive the money, provided you return all the money. Typically the law allows 15 days to review your settlement arrangement. In some states the viatical settlement company has the option to deny rescission after 15 days from the date the proceeds are placed in escrow as provided by law.

STEP 4: KNOW YOUR RIGHTS

STATE LAWS

Many states have laws that provide important consumer protections. You will want to contact your state insurance department to see which of the following consumer protections your state requires. Determine if:

1. A viatical settlement broker or viatical settlement provider arranging viatical settlements must be licensed with your insurance department.
2. The viatical settlement provider buying your policy must keep your identity and medical history confidential unless you give written consent to tell others, unless it is necessary to effect the viatical settlement or pursuant to a subpoena from a legal authority. In some states, all medical, financial or personal information solicited or obtained by a viatical settlement company or broker about a viator, including the viator's identity or the identity of family members, a spouse or a significant other, is confidential and shall not be disclosed in any form to any person, unless disclosure is necessary to effect the viatical settlement between the viator and the viatical settlement company and the viator provides prior and knowing written consent to the disclosure. All persons to whom the confidential information is

disclosed pursuant to the viator's consent shall maintain the confidentiality of such information, and not disclose it to any other person in any form, without prior and knowing written consent of the viator. The viator and insured are advised that the information may be provided to financing entities including individual and institutional purchasers which are unknown to the viator, without the viator's consent. The viator may designate any adult individual in regular contact with the viator as the contact for all inquiries about the viator's health status, and, if such designation is made, a viatical settlement company cannot make such an inquiry to the viator, unless the company is unable, after diligent effort, to contact the designee for more than thirty days. The viator may change this designation at any time, upon written notice to the viatical settlement company.

3. To protect your proceeds, the viatical settlement provider buying your policy must put your money into an escrow account with an independent party during the transfer process. Some states require a provision that upon receipt from the viator of documents to effect the transfer of the policy, the viatical settlement company may at its option either;
 - (A) make unconditional payment to the viator immediately, either in a lump sum or in installment payments, or
 - (B) pay the proceeds of the settlement to an escrow or trust account managed by a trustee or escrow agent in a national or state bank that is a member of the Federal Deposit Insurance Corporation, where such proceeds shall remain until:
 - (i) the proceeds are disbursed to the viator upon acknowledgment of the transfer of the policy by the issuer of the policy, or the expiration of the rescission period without rescission by the viator, whichever occurs later;
 - (ii) the proceeds are transferred to purchase an annuity from an insurance company licensed by a state in the United States, or through an escrow or trust account which provides for installment refunds and which is established by a bank licensed by a state in the United States, or
 - (iii) the proceeds are returned to the viatical company upon notice of the viator's rescission within the rescission period.

Some states provide that if the proceeds are payable in installments, then all forms of contract, and/or informational material must specify that installments must be effected through an annuity purchased from an insurance company licensed by a state in the United States, or through an escrow or trust account which provides for installment refunds and which is established by a bank licensed by a state in the United States.

4. You have the right to change your mind about the settlement AFTER you receive the money, provided you return all the money. Some states provide that the rescission provision may require the viator to reimburse the viatical settlement company the amount of the viatical settlement, plus premiums or other contractual charges paid by the viatical settlement company to maintain the policy in force. If the viatical settlement contract provides interest on the viatical settlement amount while in the escrow account the rescission provision may require the viator to reimburse such interest in addition to the viatical settlement amount. The reimbursement may be required to be in the form a certified or bank cashier's check payable to the order of the viatical settlement company.
5. The new owners of your policy are limited in how often they may contact you about your health status.
6. Your right to know, upon request, the identity of any person who will receive a commission or other form of compensation from the viatical settlement company or broker with respect to the viatical settlement and the amount and terms of such compensation.
7. Some states provide that all forms of contract used to effect viatical settlements shall contain an acknowledgment page which a prospective viator must sign before a notary stating that the prospective viator acknowledges that he or she has a life-threatening illness, has received and read the written informational materials, has received and read all of the documents used to effect the viatical settlement, and is entering into the viatical settlement knowingly and voluntarily.

General Rules with respect to Oklahoma include the following:

1. With respect to policies containing a provision for double or additional indemnity for accidental death, the additional payment shall remain payable to the beneficiary last named by the viator prior to entering into the viatical settlement agreement, or to such other beneficiary, other than the viatical settlement provider, as the viator may thereafter designate, or in the absence of a designation, to the estate of the viator.
2. Payment of the proceeds of a viatical settlement pursuant to 36 O.S. Section 4049 (D) of the Oklahoma Viatical Settlement Act shall be by means of wire transfer to the account of the viator or by certified check.
3. Payment of the proceeds pursuant to a viatical settlement shall be made in a lump sum. Retention of a portion of the proceeds by the viatical settlement provider or escrow agent is not permissible.
4. Installment payments shall not be made unless the viatical settlement company has purchased an annuity or similar financial instrument issued by a licensed insurance company or bank. The amount used to purchase an annuity shall not be less than the viatical settlement proceeds paid in a lump sum.
5. A viatical settlement provider or broker shall not discriminate in the making of viatical settlements on the basis of race, age, sex, national origin, creed, religion, occupation, marital or family status or sexual orientation, or discriminate between viators with dependents and without.
6. A viatical settlement provider or broker shall not pay or offer to pay any finder's fee, commission or other compensation to any viator's physician, attorney, accountant or other person providing medical, legal or financial planning services to the viator, or to any other person acting as an agent of the viator with respect to the viatical settlement.
7. Contacts for the purpose of determining the health status of the viator by the viatical settlement provider or broker after the viatical settlement has occurred shall be limited to once every three (3) months for viators with a life expectancy of more than one year, and to no more than one per month for viators with a life expectancy of one year or less. The provider or broker shall provide a written explanation of the procedure for these contacts at the time the viatical settlement contract is entered into.
8. The policyholder has a right to rescind a viatical settlement contract within thirty (30) days after it is executed by all parties or within fifteen (15) days from the receipt of the viatical settlement proceeds by the viator, whichever is less.
9. All medical information solicited or obtained by any licensee shall be subject to the applicable provisions of state law relating to confidentiality of medical information.
10. Immediately upon receipt from the viator of documents to effect the transfer of the insurance policy, the viatical settlement provider shall pay the proceeds of the settlement to an escrow or trust account managed by a trustee or escrow agent in a bank approved by the Commissioner, pending acknowledgment of the transfer by the issuer of the policy. The trustee or escrow agent shall be required to transfer the proceeds due to the viator immediately upon receipt of acknowledgment of the transfer from the insurer.
11. Failure to tender the viatical settlement by the date disclosed to the viator renders the contract null and void.
12. A viatical settlement broker or provider shall not, without the written agreement of the viator obtained prior to performing any services in connection with a viatical settlement, seek or obtain any compensation from the viator.
13. In order to assure that viators receive reasonable return for viaticating an insurance policy, the following shall be minimum discounts:

Insured's Life Expectancy

Minimum Percentage of Face Value
Less Outstanding Loans Received by Viator

Less than six (6) months - - - - -	80%
At least six (6) but less than twelve (12) months - - - - -	70%
At least twelve (12) but less than eighteen (18) months - - - - -	65%
At least eighteen (18) but less than twenty-four (24) months - -	60%
Twenty-four (24) months or more - - - - -	50%

FEDERAL TAX LAWS

Two groups of people may receive benefits from a viatical 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 viatical 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 Viatical Settlements Model Act.

When interpreting tax laws it is best to check with your financial advisor. Viatical Settlement Professionals, Inc. T/A VSP, Inc. is not giving tax advice and recommends 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.

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

Signature

Date: _____

Signature of Witness

Date: _____

Viatical Settlement Professionals, Inc.
VSPI
2 West Runswick Drive
Richmond, VA 23238

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

I, the undersigned individual, 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 (“HIPAA”) 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 listed below (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”), its affiliates and any of their directors, officers, employees, agents, independent contractors, service providers or other representatives (each, an “Authorized Recipient”).

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 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 that is purchased.

4. Expiration of Authorization: This authorization shall remain valid until, and shall expire on, 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 your treatment, payment, enrollment or eligibility for benefits on whether you sign 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 HIPAA. 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 HIPAA privacy regulations.

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.

Signature of Individual

Signature of Personal Representative of Individual
(if necessary)

Print or Type Name of Individual

Description of Personal Representative's Authority
(Power of Attorney, Guardian *ad litem* or similar status)

Date: _____

Date: _____