

SERFF Tracking Number: CRSU-126841453 State: Arkansas  
Filing Company: Credit Suisse Life Settlements LLC State Tracking Number: 47006  
Company Tracking Number:  
TOI: VS01 Viatical Settlements Sub-TOI: VS01.000 Viatical Settlements  
Product Name: Revised Life Settlement Application Filing  
Project Name/Number: /

## Filing at a Glance

Company: Credit Suisse Life Settlements LLC

Product Name: Revised Life Settlement SERFF Tr Num: CRSU-126841453 State: Arkansas

Application Filing

TOI: VS01 Viatical Settlements SERFF Status: Closed-Approved- State Tr Num: 47006  
Closed

Sub-TOI: VS01.000 Viatical Settlements Co Tr Num: State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird

Author: Brian Platt Disposition Date: 10/11/2010  
Date Submitted: 10/07/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type:

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/11/2010

Explanation for Other Group Market Type:

State Status Changed: 10/11/2010

Deemer Date:

Created By: Brian Platt

Submitted By: Brian Platt

Corresponding Filing Tracking Number:

Filing Description:

Credit Suisse Life Settlements LLC would like to amend its previously approved life settlement application form.

## Company and Contact

### Filing Contact Information

Brian Platt,

brian.platt@credit-suisse.com

11 Madison Avenue

212-325-4576 [Phone]

9th Floor

SERFF Tracking Number: CRSU-126841453 State: Arkansas  
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Product Name: Revised Life Settlement Application Filing  
Project Name/Number: /  
New York, NY 10010

### Filing Company Information

Credit Suisse Life Settlements LLC  
11 Madison Avenue  
9th Floor  
New York, NY 10010  
(212) 325-4576 ext. [Phone]

CoCode:  
Group Code:  
Group Name:  
FEIN Number: 26-0344936

State of Domicile: Delaware  
Company Type:  
State ID Number:

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### Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Credit Suisse Life Settlements LLC	\$50.00	10/07/2010	40410327

SERFF Tracking Number: CRSU-126841453 State: Arkansas  
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TOI: VS01 Viatical Settlements Sub-TOI: VS01.000 Viatical Settlements  
Product Name: Revised Life Settlement Application Filing  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/11/2010	10/11/2010

*SERFF Tracking Number:*      *CRSU-126841453*                      *State:*                      *Arkansas*  
*Filing Company:*              *Credit Suisse Life Settlements LLC*              *State Tracking Number:*      *47006*  
*Company Tracking Number:*  
*TOI:*                      *VS01 Viatical Settlements*                      *Sub-TOI:*                      *VS01.000 Viatical Settlements*  
*Product Name:*              *Revised Life Settlement Application Filing*  
*Project Name/Number:*      /

## **Disposition**

Disposition Date: 10/11/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CRSU-126841453 State: Arkansas  
 Filing Company: Credit Suisse Life Settlements LLC State Tracking Number: 47006  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Consent to Release Medical Records	No	No
Supporting Document	Escrow Agreement	No	No
Supporting Document	Physician Statement	No	No
Supporting Document	Power of Attorney	No	No
Supporting Document	Blackline	Yes	Yes
Form	Life Settlement Application - Entity/Individual as Seller	Yes	Yes

SERFF Tracking Number: CRSU-126841453 State: Arkansas  
 Filing Company: Credit Suisse Life Settlements LLC State Tracking Number: 47006  
 Company Tracking Number:  
 TOI: VS01 Viatical Settlements Sub-TOI: VS01.000 Viatical Settlements  
 Product Name: Revised Life Settlement Application Filing  
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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AR01	Application/Life Settlement Enrollment Application - Form Entity/Individual as Seller	Initial			Arkansas 01 - LifeSettlementApplicationForm.pdf

**LIFE INSURANCE SETTLEMENT APPLICATION FORM**

**INSURED PERSONAL DATA**

**First Insured**

<b>[1<sup>st</sup> Ins Name]</b>	<b>[1<sup>st</sup> Ins DOB]</b>	<b>[1<sup>st</sup> Ins Sex]</b>	<b>[1<sup>st</sup> Ins SSN]</b>
NAME OF FIRST INSURED NUMBER	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER

DRIVER'S LICENSE/STATE ID NO.	COUNTRY OF CITIZENSHIP
-------------------------------	------------------------

<b>[1<sup>st</sup> Ins Address]</b>	
ADDRESS OF PRIMARY RESIDENCE	PHONE NUMBER

<b>[1<sup>st</sup> Ins City]</b>	<b>[1<sup>st</sup> Ins State]</b>	<b>[1<sup>st</sup> Ins ZIP]</b>
CITY	STATE	ZIP

REASON FOR SALE \_\_\_\_\_

IS THE FIRST INSURED CURRENTLY MARRIED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF NO,:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS THE FIRST INSURED EVER BEEN MARRIED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS THE FIRST INSURED EVER BEEN WIDOWED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS THE FIRST INSURED EVER BEEN LEGALLY SEPARATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS THE FIRST INSURED EVER BEEN DIVORCED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please provide the total amount of life insurance on the Insured that is currently in-force, pending or has been sold;

Insurance Company	Policy No.	Amount	Issue Date	Policy Type	Pending	In-Force	Sold
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*NOTE: IF DIVORCED, PLEASE PROVIDE A COPY OF DIVORCE DECREE.*



**LIFE INSURANCE POLICY INFORMATION**

<b>[Carrier Name]</b> <b>Amount]</b>	<b>[Policy Number]</b>	<b>[Policy</b>	<b>Face</b>
INSURANCE COMPANY	POLICY NUMBER	FACE AMOUNT	

**PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH POLICY BENEFICIARY:**

**[Policy Bene 1 Name]**

PRIMARY BENEFICIARY POLICYOWNER	RELATIONSHIP TO FIRST INSURED/SECOND INSURED	RELATIONSHIP	TO
ADDRESS		PHONE NUMBER	
<b>[Policy Bene 1 City]</b> <b>ZIP]</b>	<b>[Policy Bene 1 State]</b>	<b>[Policy Bene 1</b>	<b>1</b>
CITY	STATE	ZIP	

**[Policy Bene 2 Name]**

PRIMARY BENEFICIARY POLICYOWNER	RELATIONSHIP TO FIRST INSURED/SECOND INSURED	RELATIONSHIP	TO
ADDRESS		PHONE NUMBER	
<b>[Policy Bene 2 City]</b>	<b>[Policy Bene 2 State]</b>	<b>[Policy Bene 2 ZIP]</b>	
CITY	STATE	ZIP	

**[Policy Bene 3 Name]**

PRIMARY BENEFICIARY POLICYOWNER	RELATIONSHIP TO FIRST INSURED/SECOND INSURED	RELATIONSHIP	TO
ADDRESS		PHONE NUMBER	
<b>[Policy Bene 3 City]</b>	<b>[Policy Bene 3 State]</b>	<b>[Policy Bene 3 ZIP]</b>	
CITY	STATE	ZIP	

**NOTE:** IF ADDITIONAL BENEFICIARIES EXIST, PLEASE LIST ON A SEPARATE PAGE

**POLICY OWNER INFORMATION**

**(PLEASE ATTACH ADDITIONAL SHEETS FOR MULTIPLE OWNERS)**

**[PolicyOwner Name]**

NAME OF POLICYOWNER SOCIAL SECURITY OR TAX ID NUMBER

**[PolicyOwner Signatory Name]**

NAME OF AUTHORIZED OFFICER/MANAGER/MEMBER/PARTNER/TRUSTEE (IF POLICY IS NOT INDIVIDUALLY OWNED)

**[Policy Owner Address]**

ADDRESS OF PRIMARY RESIDENCE OR DOMICILE PHONE NUMBER

**[Policy Owner City]  
Owner ZIP]**

**[Policy Owner State]**

**[Policy**

CITY STATE ZIP

ADDRESS OF SECONDARY RESIDENCE OR DOMICILE (IF APPLICABLE)

CITY STATE ZIP

WHAT IS THE APPROXIMATE NET WORTH (EXCLUSIVE OF PRIMARY RESIDENCE) OF THE POLICYOWNER<sup>1</sup> (TOGETHER WITH SPOUSE IF APPLICABLE)? \_\_\_\_\_

- IS THE POLICY OWNER CURRENTLY MARRIED? YES  NO
- IF NO,; YES  NO
- HAS THE POLICY OWNER EVER BEEN MARRIED? YES  NO
- HAS THE POLICY OWNER EVER BEEN WIDOWED? YES  NO
- HAS THE POLICY OWNER EVER BEEN LEGALLY SEPARATED? YES  NO
- HAS THE POLICY OWNER EVER BEEN DIVORCED? YES  NO

**NOTE:** IF POLICY OWNER HAS BEEN THE SUBJECT OF ANY BANKRUPTCY PROCEEDING, PLEASE PROVIDE A COPY OF THE FINAL BANKRUPTCY DISCHARGE, RESOLUTION OR REORGANIZATION LETTER.

<sup>1</sup> If the Policyowner is an estate planning vehicle, please provide the approximate net worth (exclusive of primary residence) of the insured (together with spouse if applicable).

## MEDICAL INFORMATION

### FIRST INSURED:

<b>[1st Ins Phys Name]</b>	<b>[1st Ins Phys Phone #]</b>
NAME OF PRIMARY PHYSICIAN	PHONE NUMBER

<b>[1st Ins Phys Address]</b>
ADDRESS

<b>[1st Ins Phys City]</b>	<b>[1st Ins Phys State]</b>	<b>[1st Ins Phys ZIP]</b>
CITY	STATE	ZIP

NAME OF SPECIALIST PHYSICIAN	SPECIALTY	PHONE NUMBER
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ADDRESS
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CITY	STATE	ZIP
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**NOTE:** IF ADDITIONAL SPECIALIST PHYSICIANS EXIST, PLEASE PROVIDE DETAILS ON A SEPARATE PAGE.

### SECOND INSURED (IF APPLICABLE):

<b>[2nd Ins Phys Name]</b>	<b>[2nd Ins Phys Phone #]</b>
NAME OF PRIMARY PHYSICIAN	PHONE NUMBER

<b>[2nd Ins Phys Address]</b>
ADDRESS

<b>[2nd Ins Phys City]</b>	<b>[2nd Ins Phys State]</b>	<b>[2nd Ins Phys ZIP]</b>
CITY	STATE	ZIP

NAME OF SPECIALIST PHYSICIAN	SPECIALTY	PHONE NUMBER
------------------------------	-----------	--------------

ADDRESS
---------

CITY	STATE	ZIP
------	-------	-----

**NOTE:** IF ADDITIONAL SPECIALIST PHYSICIANS EXIST, PLEASE PROVIDE DETAILS ON A SEPARATE PAGE.

**POLICY ORIGINATION**

HAS ANY PERSON OTHER THAN THE FIRST INSURED / SECOND INSURED (THE "INSUREDS"), A FAMILY MEMBER OF THE INSUREDS, OR AN ESTATE PLANNING VEHICLE (OF WHICH ALL OF THE OWNERS AND/OR BENEFICIARIES THEREOF ARE FAMILY MEMBERS OF THE INSUREDS) EVER OWNED, DIRECTLY OR INDIRECTLY, THE POLICY OR ANY INTEREST THEREIN?

YES  NO

HAVE ANY PREMIUMS ON THE POLICY BEEN DIRECTLY OR INDIRECTLY FINANCED OR PAID BY A PERSON OR ENTITY OTHER THAN THE INSUREDS, A FAMILY MEMBER OF THE INSUREDS, OR AN ESTATE PLANNING VEHICLE (OF WHICH ALL OF THE OWNERS AND/OR BENEFICIARIES THEREOF ARE FAMILY MEMBERS OF THE INSUREDS)?

YES  NO

IF YOU ANSWERED YES TO EITHER QUESTION, PLEASE EXPLAIN:

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

**POLICY OWNER COUNSEL**

[Counsel Name] [Counsel Firm] [Counsel  
Phone #]  
NAME OF LEGAL COUNSEL NAME OF FIRM PHONE NUMBER

[Counsel Address]  
ADDRESS

[Counsel City] [Counsel State]  
[Counsel ZIP]  
CITY STATE ZIP

**NOTICE TO POLICY OWNERS AND INSUREDS**

IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY PRESENT FALSE INFORMATION IN, OR CONCEAL INFORMATION RELATED TO, AN APPLICATION FOR INSURANCE OR AN APPLICATION FOR A LIFE SETTLEMENT CONTRACT. IT IS ALSO UNLAWFUL FOR ANY PERSON TO PROVIDE FALSE INFORMATION TO OR CONCEAL MATERIAL INFORMATION FROM A LIFE SETTLEMENT PROVIDER FOR THE PURPOSE OF MISLEADING OR WITH THE INTENT TO DEFRAUD A LIFE SETTLEMENT PROVIDER. CREDIT SUISSE LIFE SETTLEMENTS LLC WILL PURSUE ALL AVAILABLE REMEDIES FOR FRAUD, INCLUDING BUT NOT LIMITED TO RECOVERY OF MONETARY DAMAGES, AND WHICH MAY INCLUDE RESCISSION OF ANY CONTRACT ENTERED INTO AS THE RESULT OF OR AFFECTED BY SUCH FRAUD. CREDIT SUISSE LIFE SETTLEMENTS LLC WILL ALSO REPORT CASES OF SUSPECTED FRAUD TO THE APPROPRIATE LEGAL AND REGULATORY AUTHORITIES. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND/OR CIVIL DAMAGES.

## PRIVACY STATEMENT

This Privacy Statement, is provided by Credit Suisse Life Settlements LLC through its affiliates and applies only in connection with the proposed life settlement transaction (the "Settlement Transaction"). In this Privacy Statement, "Insured" means the person(s) who are named as the insured(s) on the life insurance policy(ies) that are the subject of the Settlement Transaction. Credit Suisse Life Settlements LLC and its affiliates, and any of their respective service providers may collect medical and health information (collectively, "Private Health Information") from the Insured(s) and their health care providers. Credit Suisse Life Settlements LLC may also collect other personally identifiable information ("Personal Information") about the Insured(s) from the following sources: (i) Personal Information Credit Suisse Life Settlements LLC receives from the Insured(s) or the policyowner on applications or other forms completed in connection with the Settlement Transaction, (ii) Personal Information from the policies that are subject to the Settlement Transaction, and (iii) Personal Information received from third parties, such as consumer reporting agencies.

Credit Suisse Life Settlements LLC may disclose the Private Health Information and other Personal Information to (i) its affiliates, successors, assigns and any of its and any of their respective trustees, directors, officers, employees, agents, independent contractors, service providers (including, but not limited to, the following life expectancy underwriters: AVS, 21<sup>st</sup> Services, Fasano, EMSI and Lewis & Ellis), (ii) its funding sources and their service providers, (iii) rating agencies and their service providers and (iv) prospective subsequent purchasers of the policy(ies) (the "Recipients"), and may also disclose Personal Information to government agencies, fraud prevention agencies, or as required or compelled under any judicial, legal or regulatory process.

Credit Suisse Life Settlements LLC maintains physical, electronic and procedural safeguards that comply with requirements federal and state standards to protect Private Health Information and Personal Information.

Credit Suisse Life Settlements LLC will not disclose the identity of the viator unless the disclosure (i) is necessary to effect a viatical settlement between the viator and provider and the viator and insured have provided prior written consent to the disclosure; (ii) is provided in response to an investigation or examination by the Arkansas Insurance Commissioner or any other governmental officer or agency; (iii) is a term of or condition to the transfer of a policy by one provider to another provider; (iv) is necessary to permit a financing entity, related provider trust, or special purpose entity to finance the purchase of policies by a provider and the viator and insured have provided prior written consent to the disclosure; (v) is necessary to allow the provider or broker or its authorized representatives to make contacts for the purpose of determining health status; (vi) is required to purchase stop-loss coverage; or (vii) as otherwise allowed or required by law.



## **Selling Your Life Insurance Policy Understanding *Viatical*/Settlements**

### **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.

### **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.

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.

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?

### **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.

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Filing Company: Credit Suisse Life Settlements LLC State Tracking Number: 47006  
Company Tracking Number:  
TOI: VS01 Viatical Settlements Sub-TOI: VS01.000 Viatical Settlements  
Product Name: Revised Life Settlement Application Filing  
Project Name/Number: /

## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Blackline

**Comments:**

**Attachment:**

Arkansas 01 - LifeSettlementApplicationForm-Arkansas 01 - LifeSettlementApplicationForm.pdf

**LIFE INSURANCE SETTLEMENT APPLICATION FORM**

**INSURED PERSONAL DATA**

**First Insured**

<b>[1<sup>st</sup> Ins Name]</b>	<b>[1<sup>st</sup> Ins DOB]</b>	<b>[1<sup>st</sup> Ins Sex]</b>	<b>[1<sup>st</sup> Ins SSN]</b>
NAME OF FIRST INSURED NUMBER	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER

DRIVER'S LICENSE/STATE ID NO.	COUNTRY OF CITIZENSHIP
-------------------------------	------------------------

<b>[1<sup>st</sup> Ins Address]</b>	
ADDRESS OF PRIMARY RESIDENCE	PHONE NUMBER

<b>[1<sup>st</sup> Ins City]</b>	<b>[1<sup>st</sup> Ins State]</b>	<b>[1<sup>st</sup> Ins ZIP]</b>
CITY	STATE	ZIP

REASON FOR SALE

<b>IS THE FIRST INSURED CURRENTLY MARRIED?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>IF NO,:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>HAS THE FIRST INSURED EVER BEEN MARRIED?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>HAS THE FIRST INSURED EVER BEEN WIDOWED?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>HAS THE FIRST INSURED EVER BEEN LEGALLY SEPARATED?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>HAS THE FIRST INSURED EVER BEEN DIVORCED?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

[Please provide the total amount of life insurance on the Insured that is currently in-force, pending or has been sold;](#)

Insurance Company	Policy No.	Amount	Issue Date	Policy Type	Pending	In-Force	Sold
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*NOTE: IF DIVORCED, PLEASE PROVIDE A COPY OF DIVORCE DECREE.*

**Second Insured (If Applicable)**

<b>[2<sup>nd</sup> Ins Name]</b>	<b>[2<sup>nd</sup> Ins DOB]</b>	<b>[2<sup>nd</sup> Ins Sex]</b>	<b>[2<sup>nd</sup> Ins SSN]</b>
NAME OF SECOND INSURED NUMBER	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER

DRIVER'S LICENSE/STATE ID NO.	COUNTRY OF CITIZENSHIP
-------------------------------	------------------------

<b>[2<sup>nd</sup> Ins Address]</b>
ADDRESS OF PRIMARY RESIDENCE
PHONE NUMBER

<b>[2<sup>nd</sup> Ins City]</b>	<b>[2<sup>nd</sup> Ins State]</b>	<b>[2<sup>nd</sup> Ins ZIP]</b>
CITY	STATE	ZIP

REASON FOR SALE

**IS THE SECOND INSURED CURRENTLY MARRIED?** YES  NO

**IF NO,:** YES  NO

**HAS THE SECOND INSURED EVER BEEN MARRIED?** YES  NO

**HAS THE SECOND INSURED EVER BEEN WIDOWED?** YES  NO

**HAS THE SECOND INSURED EVER BEEN LEGALLY SEPARATED?** YES  NO

**HAS THE SECOND INSURED EVER BEEN DIVORCED?** YES  NO

[Please provide the total amount of life insurance on the Insured that is currently in-force, pending or has been sold;](#)

<u>Insurance Company</u>	<u>Policy No.</u>	<u>Amount</u>	<u>Issue Date</u>	<u>Policy Type</u>	<u>Pending</u>	<u>In-Force</u>	<u>Sold</u>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LIFE INSURANCE POLICY INFORMATION**

<b>[Carrier Name]</b> <b>Amount]</b>	<b>[Policy Number]</b>	<b>[Policy</b>	<b>Face</b>
INSURANCE COMPANY	POLICY NUMBER	FACE AMOUNT	

**PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH POLICY BENEFICIARY:**

**[Policy Bene 1 Name]**

PRIMARY BENEFICIARY POLICYOWNER	RELATIONSHIP TO FIRST INSURED/SECOND INSURED	RELATIONSHIP	TO
------------------------------------	--	--------------	----

ADDRESS	PHONE NUMBER
---------	--------------

<b>[Policy Bene 1 City]</b> <b>ZIP]</b>	<b>[Policy Bene 1 State]</b>	<b>[Policy Bene 1</b>
CITY	STATE	ZIP

**[Policy Bene 2 Name]**

PRIMARY BENEFICIARY POLICYOWNER	RELATIONSHIP TO FIRST INSURED/SECOND INSURED	RELATIONSHIP	TO
------------------------------------	--	--------------	----

ADDRESS	PHONE NUMBER
---------	--------------

<b>[Policy Bene 2 City]</b>	<b>[Policy Bene 2 State]</b>	<b>[Policy Bene 2 ZIP]</b>
CITY	STATE	ZIP

**[Policy Bene 3 Name]**

PRIMARY BENEFICIARY POLICYOWNER	RELATIONSHIP TO FIRST INSURED/SECOND INSURED	RELATIONSHIP	TO
------------------------------------	--	--------------	----

ADDRESS	PHONE NUMBER
---------	--------------

<b>[Policy Bene 3 City]</b>	<b>[Policy Bene 3 State]</b>	<b>[Policy Bene 3 ZIP]</b>
CITY	STATE	ZIP

**NOTE:** IF ADDITIONAL BENEFICIARIES EXIST, PLEASE LIST ON A SEPARATE PAGE



**MEDICAL INFORMATION**

**FIRST INSURED:**

**[1st Ins Phys Name]** **[1st Ins Phys Phone #]**

NAME OF PRIMARY PHYSICIAN PHONE NUMBER

**[1st Ins Phys Address]**

ADDRESS

**[1st Ins Phys City]** **[1st Ins Phys State]** **[1st Ins**

**Phys ZIP]**

CITY STATE ZIP

NAME OF SPECIALIST PHYSICIAN SPECIALTY PHONE NUMBER

ADDRESS

CITY STATE ZIP

**NOTE:** IF ADDITIONAL SPECIALIST PHYSICIANS EXIST, PLEASE PROVIDE DETAILS ON A SEPARATE PAGE.

**SECOND INSURED (IF APPLICABLE):**

**[2nd Ins Phys Name]** **[2nd Ins Phys**

**Phone #]**

NAME OF PRIMARY PHYSICIAN PHONE NUMBER

**[2nd Ins Phys Address]**

ADDRESS

**[2nd Ins Phys City]** **[2nd Ins Phys State]** **[2nd Ins**

**Phys ZIP]**

CITY STATE ZIP

NAME OF SPECIALIST PHYSICIAN SPECIALTY PHONE NUMBER

ADDRESS

CITY STATE ZIP

**NOTE:** IF ADDITIONAL SPECIALIST PHYSICIANS EXIST, PLEASE PROVIDE DETAILS ON A SEPARATE PAGE.

## POLICY ORIGATION

HAS ANY PERSON OTHER THAN THE FIRST INSURED / SECOND INSURED (THE "INSUREDS"), A FAMILY MEMBER OF THE INSUREDS, OR AN ESTATE PLANNING VEHICLE (OF WHICH ALL OF THE OWNERS AND/OR BENEFICIARIES THEREOF ARE FAMILY MEMBERS OF THE INSUREDS) EVER OWNED, DIRECTLY OR INDIRECTLY, THE POLICY OR ANY INTEREST THEREIN?

YES  NO

HAVE ANY PREMIUMS ON THE POLICY BEEN DIRECTLY OR INDIRECTLY FINANCED OR PAID BY A PERSON OR ENTITY OTHER THAN THE INSUREDS, A FAMILY MEMBER OF THE INSUREDS, OR AN ESTATE PLANNING VEHICLE (OF WHICH ALL OF THE OWNERS AND/OR BENEFICIARIES THEREOF ARE FAMILY MEMBERS OF THE INSUREDS)?

YES  NO

IF YOU ANSWERED YES TO EITHER QUESTION, PLEASE EXPLAIN:

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## POLICY OWNER COUNSEL

[Counsel Name] [Counsel Firm] [Counsel  
Phone #]

NAME OF LEGAL COUNSEL

NAME OF FIRM

PHONE NUMBER

[Counsel Address]

ADDRESS

[Counsel City]

[Counsel State]

[Counsel ZIP]

CITY

STATE

ZIP

## NOTICE TO POLICY OWNERS AND INSUREDS

IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY PRESENT FALSE INFORMATION IN, OR CONCEAL INFORMATION RELATED TO, AN APPLICATION FOR INSURANCE OR AN APPLICATION FOR A LIFE SETTLEMENT CONTRACT. IT IS ALSO UNLAWFUL FOR ANY PERSON TO PROVIDE FALSE INFORMATION TO OR CONCEAL MATERIAL INFORMATION FROM A LIFE SETTLEMENT PROVIDER FOR THE PURPOSE OF MISLEADING OR WITH THE INTENT TO DEFRAUD A LIFE SETTLEMENT PROVIDER. **CREDIT SUISSE LIFE SETTLEMENTS LLC** WILL PURSUE ALL AVAILABLE REMEDIES FOR FRAUD, INCLUDING BUT NOT LIMITED TO RECOVERY OF MONETARY DAMAGES, AND WHICH MAY INCLUDE RESCISSION OF ANY CONTRACT ENTERED INTO AS THE RESULT OF OR AFFECTED BY SUCH FRAUD. **CREDIT SUISSE LIFE SETTLEMENTS LLC** WILL ALSO REPORT CASES OF SUSPECTED FRAUD TO THE APPROPRIATE LEGAL AND REGULATORY AUTHORITIES. **PENALTIES** MAY INCLUDE IMPRISONMENT, FINES AND/OR CIVIL DAMAGES.

## PRIVACY STATEMENT

This Privacy Statement, is provided by Credit Suisse Life Settlements LLC through its affiliates and applies only in connection with the proposed life settlement transaction (the "Settlement Transaction"). In this Privacy Statement, "Insured" means the person(s) who are named as the insured(s) on the life insurance policy(ies) that are the subject of the Settlement Transaction. Credit Suisse Life Settlements LLC and its affiliates, and any of their respective service providers may collect medical and health information (collectively, "Private Health Information") from the Insured(s) and their health care providers. Credit Suisse Life Settlements LLC may also collect other personally identifiable information ("Personal Information") about the Insured(s) from the following sources: (i) Personal Information Credit Suisse Life Settlements LLC receives from the Insured(s) or the policyowner on applications or other forms completed in connection with the Settlement Transaction, (ii) Personal Information from the policies that are subject to the Settlement Transaction, and (iii) Personal Information received from third parties, such as consumer reporting agencies.

Credit Suisse Life Settlements LLC may disclose the Private Health Information and other Personal Information to (i) its affiliates, successors, assigns and any of its and any of their respective trustees, directors, officers, employees, agents, independent contractors, service providers (including, but not limited to, the following life expectancy underwriters: AVS, 21<sup>st</sup> Services, Fasano, EMSI and Lewis & Ellis), (ii) its funding sources and their service providers, (iii) rating agencies and their service providers and (iv) prospective subsequent purchasers of the policy(ies) (the "Recipients"), and may also disclose Personal Information to government agencies, fraud prevention agencies, or as required or compelled under any judicial, legal or regulatory process.

Credit Suisse Life Settlements LLC maintains physical, electronic and procedural safeguards that comply with requirements federal and state standards to protect Private Health Information and Personal Information.

Credit Suisse Life Settlements LLC will not disclose the identity of the viator unless the disclosure (i) is necessary to effect a viatical settlement between the viator and provider and the viator and insured have provided prior written consent to the disclosure; (ii) is provided in response to an investigation or examination by the Arkansas Insurance Commissioner or any other governmental officer or agency; (iii) is a term of or condition to the transfer of a policy by one provider to another provider; (iv) is necessary to permit a financing entity, related provider trust, or special purpose entity to finance the purchase of policies by a provider and the viator and insured have provided prior written consent to the disclosure; (v) is necessary to allow the provider or broker or its authorized representatives to make contacts for the purpose of determining health status; (vi) is required to purchase stop-loss coverage; or (vii) as otherwise allowed or required by law.



## **Selling Your Life Insurance Policy**

### **Understanding *Viatical* Settlements**

#### **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.

#### **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.

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.

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?

#### **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.

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Description	Arkansas 01 - LifeSettlementApplicationForm
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Moved to	0
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Format changed	0
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