

Pre-Qualification Worksheet

Lead Date _____

Life Settlement Broker Name _____

CLIENT PRE-QUALIFICATION WORKSHEET

Is the age of the insured 65 or over (62 if poor health)?	Yes	No
Was the policy issued more than 24 months ago?	Yes	No
Is the policy a term, universal life or whole life?	Yes	No
Is the policy subject to a premium finance arrangement?	Yes	No
If Yes, is the financing non-recourse?	Yes	No

Agents & Advisors

We use Life Settlement Administrators (LSA) as our contracted case processor for life settlements. Please fax this completed form to Case Submissions at 949.476.3779 or email to customerservice@lifesettlementadmin.com. Once the initial review has been completed, we will contact you. Call LSA Customer Service at 800.492.5186 with any questions. Please be sure to sign the form before submitting.

GENERAL INFORMATION

Insured's Name	Date of Birth	Age	Sex: Male Female
Insured's Street Address			Phone Number
City	State	Zip Code	Email Address
Very Brief Personal Medical History Overview			

Insurance Company		Policy Number	Issue Date	
Face Amount \$	Policy Type UL VUL WL Term Other		Premium Payments & Frequency	
Policy Owner (Individual, Corporation, or Trust)		Phone Number	Email Address	
Name of President (if Corporate Owned)		Name of Trustee(s) (if Trust Owned)		
Owner's Permanent Street Address		City	State	Zip Code
Name of Referring Agent		Phone Number	Email Address	
Street Address		City	State	Zip Code

I authorize LSA to contact the Insured and Policy Owner named above and agree that I have notified the Insured and Policy Owner that LSA may be contacting them regarding this information and the potential sale of this policy.

Agent (or Broker) Signature