

VERIFICATION OF COVERAGE FOR INDIVIDUAL POLICIES

Section One: (To be completed by the Viatical Settlement Provider or Viatical Settlement Broker)

Insurance Company: _____ Name of Policy Owner: _____

Policy Number: _____ Owner's Social Security Number: _____

Name of Insured: _____ Insured's date of birth: _____

Policy Owner's Address: _____
(Street) (City/State)

Please provide the information requested in Section Two (below) with regard to the policy identified above and in accordance with the attached authorization.

In addition, please provide the forms checked below which are available from your company to complete a viatical settlement transaction:

- ☐ Absolute Assignment/Change of Ownership/Viatical Assignment Form
- ☐ Change of Beneficiary
- ☐ Release of Irrevocable Beneficiary (if applicable)
- ☐ Waiver of Premium Claim Form
- ☐ Disability Waiver of Premium Approval Letter

Date

Signature of a representative of Viatical Settlement Broker or Provider

Full name and address of Viatical Settlement Broker or Provider

Section Two: (To be completed by the life insurance company)

1. Face amount of policy: \$ _____

2. Original date of issue: ____/____/____ (Month/Date/Year)

3. Was face amount increased after original issue date? ☐ no ☐ yes

If yes, when: ____/____/____ (Month/Date/Year)

4. Type of policy: _____ (Term/Whole Life/Universal Life/Variable Life)

5. Is policy participating? ☐ no ☐ yes

If yes, what is current dividend election? _____

6. Current net death benefit: _____ (Enter full amount payable, including any additional insurance, and/or dividends accumulated at interest, minus policy loans, outstanding interest on policy loans and/or accelerated death benefits paid)

7. a. Current cash value: \$ _____ (Enter full amount, including cash value of any additional insurance and/or dividends accumulated at interest, minus policy loans and outstanding interest on policy loans)
- b. Current surrender value: \$ _____
8. Terms of policy loans:
- a. Amount of policy loans: \$ _____
- b. Amount of outstanding interest on policy loan: \$ _____
- c. Current interest rate: _____
9. Has policy lapsed? ☐ no ☐ yes
- a. If yes, when did policy lapse? ____/____/____
- b. If yes, is coverage continued under non-forfeiture option? ☐ no ☐ yes
- c. If yes, indicate which option, amount of coverage, duration, etc.: _____
10. Is policy in force? ☐ no ☐ yes
- a. If yes, has the policy been reinstated within the last two years? ☐ no ☐ yes
- b. If yes, date of reinstatement: ____/____/____
11. Amount of contract/scheduled premiums: \$ _____
12. Current premium mode: _____ (Monthly, semi-annually, etc.)
- a. When is next premium due? ____/____/____ (Month/Day/Year)
13. Does the policy include a disability premium waiver provision/rider? ☐ no ☐ yes
- a. If yes, are premiums currently being waived? ☐ no ☐ yes
- b. If yes, since when? ____/____/____
- c. How often is continued eligibility reviewed? _____
- d. When is next review? ____/____/____
14. Can payment of all or part of the death benefit be accelerated under this policy? ☐ no ☐ yes
- a. If yes, by what method is the benefit calculated, the lien method or the discount method? _____
- b. If lien method, what is the interest rate? _____
- c. Can any remaining death benefit be assigned? ☐ no ☐ yes
15. Has a claim for accelerated death benefit been submitted? ☐ no ☐ yes
- a. If yes, was payment made under this provision? ☐ no ☐ yes

b. Amount paid: _____ Date paid: ____/____/____

16. Do current records show any assignments of record? ☐ no ☐ yes

17. Do current records show any outstanding liens or encumbrances of record? ☐ no ☐ yes

18. Please identify current primary beneficiaries: _____

a. Are they named irrevocably, or is owner otherwise limited in designation of new beneficiaries? ☐ no ☐ yes

19. Have any riders been added to this policy after issue? ☐ no ☐ yes

a. If yes, please identify: _____

20. If an ownership or beneficiary change or assignment were to be made on this policy, to whom would the completed forms be sent?

Name: _____ Title: _____

Company Name: _____ Department: _____

Address (No P.O. Box, please) _____

City: _____ State: _____ ZIP: _____

Telephone No: _____ Fax: _____

The answers provided reflect information contained in the company's records as of: ____/____/____

Signature: _____ Printed Name: _____

Title: _____

Company: _____

Direct Telephone No: (____) _____ Direct Fax No: (____) _____