FAIRMARKET
LIFE SETTLEMENTS

600 S Highway 169, Suite 690
St Louis Park, MN 55426
Phone: 833-630-LIFE (5433)
Fax: 630-566-7475
submissions@fairmarketlife.com

Instructions: In order to determine if you qualify for one of our life settlement options, FairMarket Life Settlements, Corp will need to obtain some basic information on the insured, policy and policy owner. We will also request policy information like future premium requirements from the life insurance company.

The following documents will give us authorization to go request this information

Document 1 ***Pre-Qualification Questionnaire***

Please complete the 2 page questionnaire to the best of your ability. Leave blank anything you do not know or are uncomfortable providing.

Document 2: ***Life Insurance Information Release***

This form will be used to send to your life insurance company. This form will allow your insurance company to provide us with information about your policy including future premiums, loans, issue date, etc. Please be sure that only the policy owner signs this document. The policy owner is not always the same as the insured such as when a policy is trust owned in which case the trustee is the policy owner. Please return these completed documents either by fax (630) 566-7475 or by email Submissions@FairmarketLife.com if possible. If you need to use regular mail, please call us to assist you with a fed ex pickup service. Please call us with any questions or concerns. If we determine, at our sole discretion, that the information provided in this questionnaire is sufficient for you and your policy to qualify for a potential life settlement, we will advise you accordingly and provide you with a formal application.

FAIRMARKET
LIFE SETTLEMENTS

600 S Highway 169, Suite 690
St Louis Park, MN 55426
Phone: 833-630-LIFE (5433)
Fax: 630-566-7475
submissions@fairmarketlife.com

Life Settlement Pre-Qualification Questionnaire

Life Insurance Policy Information

Insurer: _____ PolicyNumber:_____ Issue Date:_____

Face Amount: _____ Total Policy Loan:_____ Cash Surrender Value: _____

Annual Premium: _____ Policy Type: (Please Check One):☐ UL ☐ VUL ☐ Whole Life ☐ Term

Last Premium Paid Date: _____ Amount Paid: _____ Next Premium Due Date: _____

Policy Owner ☐(Individual, ☐ Corporation or ☐ Trust): _____

Name of President or Trustee (Corporate or Trust): _____

Owner's Permanent Address: _____ City:_____ State: _____ Zip:_____

Phone: _____ Email: _____ Date of Trust: _____

Beneficiary:_____ Agent: _____

Has Policy Owner ever declared bankruptcy: ☐ No ☐ Yes If yes, discharge date:_____

Was this policy premium financed: ☐No ☐ Yes If yes, name of financing entity:_____

Personal Information

Insured's Name: _____ DOB : _____

2nd Insured (if applicable): _____ DOB: _____

Insured's Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email:_____

FAIRMARKET LIFE SETTLEMENTS
600 S Highway 169, Suite 690
St Louis Park, MN 55426
Phone: 833-630-LIFE (5433)
Fax: 630-566-7475
submissions@fairmarketlife.com

Medical Questionnaire

PERSONAL DATA: (PLEASE COMPLETE FOR EACH INSURED)

1. Height: _____ ft _____ in Weight: _____ lbs
2. Are you currently employed? If so, what do you do? _____
3. Are you currently married? _____
4. Have you previously been married? _____ Are you a widow? _____
5. Have you had any major life changes in the last 24 months? _____
6. Have you been hospitalized in the last 12 months? _____

_____

_____

7. Please describe your current living situation: ☐ With Spouse ☐ With Family ☐ Alone ☐ Assisted Living ☐ Hospice ☐ Other:

LIFESTYLE:

1. Do you currently, or have you ever smoked cigarettes? If Yes, how much? _____
   When did you last smoke? _____
2. Do you currently drink Alcohol? If so, What kind and how much? _____
3. How often do you exercise? ☐ Never ☐ Once a week ☐ 2-4 days per week ☐ More than 4 days a week
4. Do you participate in social activities outside the home? If yes, what do you? ☐ Church ☐ Volunteer ☐ Travel ☐ Social Events ☐ Gardening ☐ Golf ☐ Reading

MEDICAL:

1. Have you ever consulted a doctor, been treated for and/or been diagnosed with any of the following conditions?
   (Please check all that apply)

☐ Arthritis
☐ Alcohol/Substance Abuse
☐ ALS
☐ Alzheimer's Disease
☐ Anemia
☐ Atrial Fibrillation
☐ Cancer
☐ Coronary Artery Disease
☐ Cardiac Arrhythmia
☐ Cardiovascular Disease
☐ Chron's Disease
☐ Dementia
☐ Diabetes
☐ Hepatitis
☐ HIV/AIDS
☐ Hypertension
☐ Hyperlipidemia
☐ Kidney Disease
☐ Liver Disease
☐ Lupus
☐ Neurological Problems
☐ Parkinson's Disease
☐ Pulmonary Disease
☐ Sleep Apnea
☐ Stroke/TIA

Please provide details on the above checked conditions: _____

_____

_____

Please list your current medications/dosages as they pertain to the conditions above: _____

_____

_____

Family History:	Mother	Father	Sibling	Sibling
Age at Death:	_____	_____	_____	_____
Cause of Death:	_____	_____	_____	_____

FAIRMARKET
LIFE SETTLEMENTS

600 S Highway 169, Suite 690
St Louis Park, MN 55426
Phone: 833-630-LIFE (5433)
Fax: 630-566-7475
submissions@fairmarketlife.com

LIFE INSURANCE INFORMATION RELEASE FORM

I hereby authorize the issuer of life insurance policy number _____,
owned by _____,
and insuring the life of _____, to release to FairMarket Life Settlements Corp, and or its agents, successors, assignees and affiliates, and their authorized representatives, any and all information concerning the above policy (including any conversions thereof or replacements therefore)This includes, but is not limited to, a complete copy of all policies and policy forms, master policies and certificates for any group policies, all applications, policy illustrations, verification of coverage forms, annual or periodic statements, premium information, change of ownership forms, change of beneficiary forms, and collateral and or absolute assignment forms, as well as all other information reflecting ownership of and benefits payable under the policy, liens and assignments, premium waivers, and all provisions of the policy related to the foregoing This release shall be effective for 12 months. However, if any governing law or regulation limits this authorization to a shorter period of time, then this release shall remain in force for the maximum period of time allowed by law. I understand and agree that I may be asked to renew this authorization as necessary by FairMarket Life Settlements Corp, and or its agents, successors, assignees and affiliates, and their authorized representatives. I agree that any copy or facsimile of this release shall be as valid as the original. This release may be signed in counterparts if required to complete execution. This release is effective as to each Insured and each Policy Owner immediately upon witnessing of such individual's signature, and is not conditioned upon signature by other insureds or policy owners. It shall be sufficient that the signature on behalf of each party appear on one or more such counterparts. However, witnesses must sign the same sheet at the same time as signature of the person whose signature is being witnessed.

X_____ _____
Policy Owner Signature or Trustee Date

_____ _____
Type or Print Name of Signatory SSN or EIN

_____
Type or Print Name of Owner