

Life Settlement Pre-Qualification Form

Instructions:

1. Complete this pricing request form with the most current information available.
2. Submit an inforce maturity illustration with level premiums, a level net death benefit, and leaving approximately \$100 at the end of the illustrated run.
3. Click Submit and attach the illustration or e-mail pricing@welcomefunds.com.

Name of Submitting Producer/Broker		Producer/Broker Phone		Producer/Broker E-mail		Insured(s) Name (Not Required)	
Reason for Sale		Insured 1 Gender M F		Insured 1 D.O.B.		Insured 2 Gender M F	
Tobacco Use? M F Both		Have LE's been completed on the insured(s)? Y N If so, write in here:				Conversion Deadline or Lapse Date	
Owner State (Required)		Issue Rating		Insurance Carrier		Policy Issue Date	
Policy # (last 4 digits)		Policy Type		Face Value		Premiums to Maturity	
						Policy AV/CSV & As of Date	

**PLEASE CHECK 1
BOX PER INSURED**

INSURED'S HEALTH & LIFESTYLE DESCRIPTION

1 st Insured	2 nd Insured	(Please provide most accurate health depiction – <u>preferably based on insured's opinion</u>)
GOOD		<ul style="list-style-type: none"> Insured lives an active and independent lifestyle, may exercise regularly, travel, work, etc. Standard health or better.
FAIR		<ul style="list-style-type: none"> Insured lives an average lifestyle primarily independent but with some minor assistance. Likely rated at least a few tables.
POOR		<ul style="list-style-type: none"> Insured lives with independence but DOES require some assistance and supervision. Would be issued highly rated.
SERIOUS		<ul style="list-style-type: none"> Insured must be monitored regularly requiring daily or full time supervision. Would NOT qualify for insurance whatsoever.
TERMINAL		<ul style="list-style-type: none"> A terminal condition that may result in a life expectancy of 24 months or less.

Primary Diagnosis and Other Medical Conditions

1 2 Cancer (5+ yrs in Remission) Type _____ Cancer (current) Type _____ TIA, Multiple? Y__ N__ Stroke (CVA), Multiple? Y__ N__ Hepatitis C Cirrhosis, Stage _____ Organ Transplant _____ Morbid Obesity, BMI% _____ Severe Depression Sedentary	1 2 ADL Assistance with _____ Hypertension - Poor Control Diabetes (type II) - Controlled Diabetes (type II) - Poor Control Parkinson Disease Dementia Alzheimer's Disease COPD, Stage _____ Emphysema, Stage _____ Aneurysm CKD, Stage _____ Heart Attack, Multiple? Y__ N__	1 2 Peripheral Vascular Disease Valve Replacement/Repair Atrial Fibrillation Short-Term Memory Loss Cardiac Arrhythmia Congestive Heart Failure Coronary Artery Disease Coronary By-Pass Multiple Sclerosis Pacemaker Placement in _____ ALS - Diagnosed in _____ Other _____
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Additional Health Notes: