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## BROKER REPRESENTATIONS

### Exhibit A

(If Broker is a company, all references to “you” or “Broker” include any of the company’s principals, officers, or directors)

Please initial in the space provided to indicate Broker’s agreement with each of the following acknowledgments, covenants, and representations:

\_\_\_\_ Broker represents that it will not print, publish, or otherwise distribute, any circular, advertisement, letterhead, or other material including the name of, or referring to, Magna Life Settlements, Inc., or any of its affiliates or assigns without prior written approval.

\_\_\_\_ Broker acknowledges that it is the fiduciary and agent of the Seller and it is not the agent or employee or Magna Life Settlements, Inc. Furthermore, Broker will act at times solely in the capacity of a broker on behalf of the Seller and not as the agent or employee of Magna Life Settlements, Inc. or any affiliate.

\_\_\_\_ Broker acknowledges that it maintains all valid appropriate state insurance or life settlements licenses, as required by the laws and regulations of the state in which the Broker resides and in which it conducts business. Broker acknowledges that it has provided copies of all such licenses to Magna Life Settlements, Inc.

\_\_\_\_ Broker represents that it has full power and authority to accept bids from Magna Life Settlements, Inc. on behalf of the Seller.

\_\_\_\_ Broker represents that it will disclose to the Seller applicable fees and/or other compensation payable to Broker in connection with each transaction, and will not accept excess fees as defined in the Life Settlement Case Submission Agreement.

\_\_\_\_ Broker represents that it will never be paid and has never received any fees or other form of compensation as incentive to conduct business with certain providers or in exchange for cooperation with certain providers, other than its commission fees earned directly in respect to the sale of a policy.

\_\_\_\_ Broker represents that it has never suppressed a higher bid from a competing purchaser in order for a provider to purchase a policy nor has Broker interfered in any way with any Seller’s or other person’s ability to obtain a higher bid for a policy in any transaction relating to any policy.

\_\_\_\_ Broker represents that it has not, and covenants that it will not directly or indirectly market, advertise, or solicit the purchase of a new policy for the purpose of, or with a significant emphasis on settling the policy.

\_\_\_\_ Broker represents that it does not have in force any agreement that offers a “right of last offer to any provider in any transaction related to any policy.

\_\_\_\_ Broker covenants that it will provide seller with the following disclosures on or prior to the date that any life settlement contract is signed: (i) a complete and accurate description of all offers, counteroffers, acceptances, and rejections relating to the proposed life settlement contract and (ii) the name of each broker involved in the life settlement contract who will receive compensation and the amount of such compensation.

\_\_\_\_ Broker covenants that it will disclose to the seller anything of value paid or given to the broker relating to the life settlement contract.

\_\_\_\_ Broker represents that it has anti-fraud initiatives in place to detect, prosecute, and prevent fraudulent life settlement acts.

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state-approved forms

## BROKER DUE DILIGENCE QUESTIONNAIRE

(If broker is a company, all references to “you” or “Broker” includes any of the company’s principals, officers, or directors)

Name of Broker: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Registered Agent’s Name: \_\_\_\_\_

Registered Agent’s Address: \_\_\_\_\_

Please provide the following items as attachments:

1. A list of all the officers and directors (if a corporation) or all partners (if a partnership) or all managing members (if an LLC) or other controlling individuals of the entity and provide their respective information:
  - a. Full name
  - b. Title
  - c. Address if different from above
2. Provide the full names and addresses of each stockholder or manager holding more than 10% of the ownership of record and the percentage owned by each. If owner is a business entity, please indicate the natural owner of that business entity
3. Attach a letter of good standing from the entity state of domicile.

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(Please provide copies of all current licenses)

Are there any complaints now pending under any of the above licenses or are you currently involved in any type of litigation, regulatory proceedings, mediation or arbitration arising out of business conducted under any license?

No  Yes (provide copies of complaints and explain below)

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Are you the subject of a petition in bankruptcy, or have you been the subject of bankruptcy in the last ten years?

No  Yes (provide copies of complaints and explain below)

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Have you ever done business under another name?

No  Yes (please list name of name below)

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Have you ever:

1. Been refused an occupational, professional or vocational license or permit by any regulatory authority, or any public, administrative, or governmental licensing agency?

No  Yes

2. Had any occupational, professional, or vocational license or permit subject to any judicial, administrative, regulatory, or disciplinary action?

No  Yes

3. Been placed on probation or had a fine levied against you or had any occupational, professional, or vocational license or permit in any judicial, administrative, regulatory or disciplinary investigation, proceeding or action?

No  Yes

4. Been charged with, or indicted for, any criminal offense (s)?

No  Yes

5. Pled guilty, no contest or been convicted of any criminal offense (s)?

No  Yes

6. Had adjudication of guilt withheld, had a sentence imposed then suspended, been pardoned, fined or placed on probation for any criminal offense?

No  Yes

7. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal or state law regulating the business of insurance, securities or banking or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

No  Yes

8. Had a finding made by any state or federal government official determining a violation of any provision of any laws or regulations related to insurance, life settlement securities or violation of any other law, rule or regulation lawfully made by any state or the federal government agency or body?

No  Yes

If you responded to any of the above eight (8) questions with a "yes," please explain and provide full details:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

