

APPENDIX D

Submitted to: _____

(Name of Insurance Company)

NAIC #: _____

Policy Number: _____

Submitted From: _____

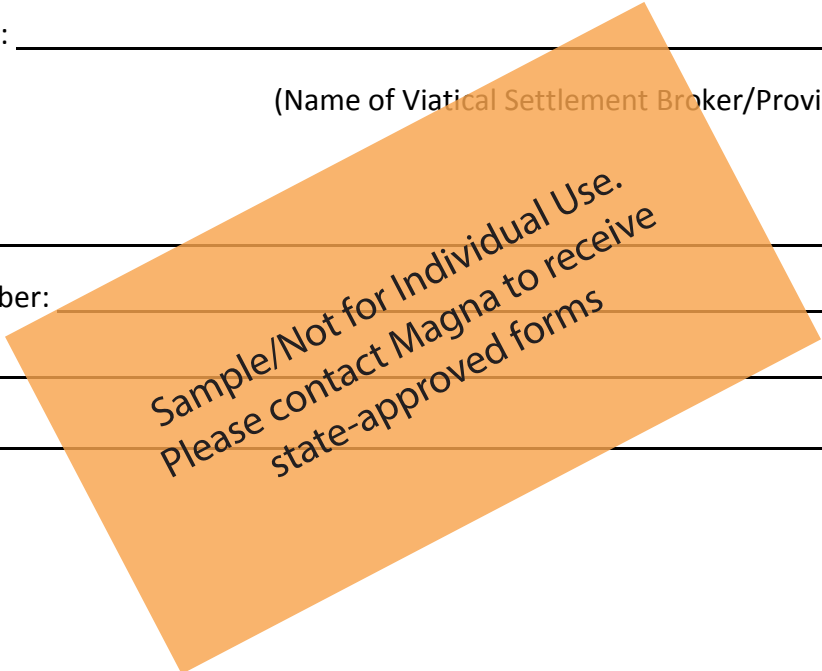
(Name of Viatical Settlement Broker/Provider)

Address: _____

Telephone Number: _____

Contact: _____

Title: _____



POLICY OWNER’S AND INSURED’S INFORMATION

IF INFORMATION IS CORRECT, INSURER REPRESENTATIVE MAY PLACE A CHECKMARK IN THE BOX. OTHERWISE PROVIDE CORRECTED INFORMATION THROUGHOUT THIS FORM. AN ASTERISK INDICATES INFORMATION THE VIATICAL SETTLEMENT PROVIDER/BROKER MUST PROVIDE.

	This column to be completed by Viatical Settlement Broker/Provider	This column to be used by Insurance Company
Owner’s Name	*	
Address	*	
City, State, ZIP Code	*	
Tax ID or Social Security Number	*	
Insured's Name	*	
Insured’s Date of Birth		
Second Insured's Name (if applicable)	*	
Second Insured's Date of Birth (if applicable)	*	

Sample/Not for Individual Use.
 Please contact Magna to receive state-approved forms

I hereby consent by my signature below to release of information requested by this form by the insurance company to the viatical settlement broker/provider.

Signature of policy owner

Date signed

Is the policy in force? Yes No

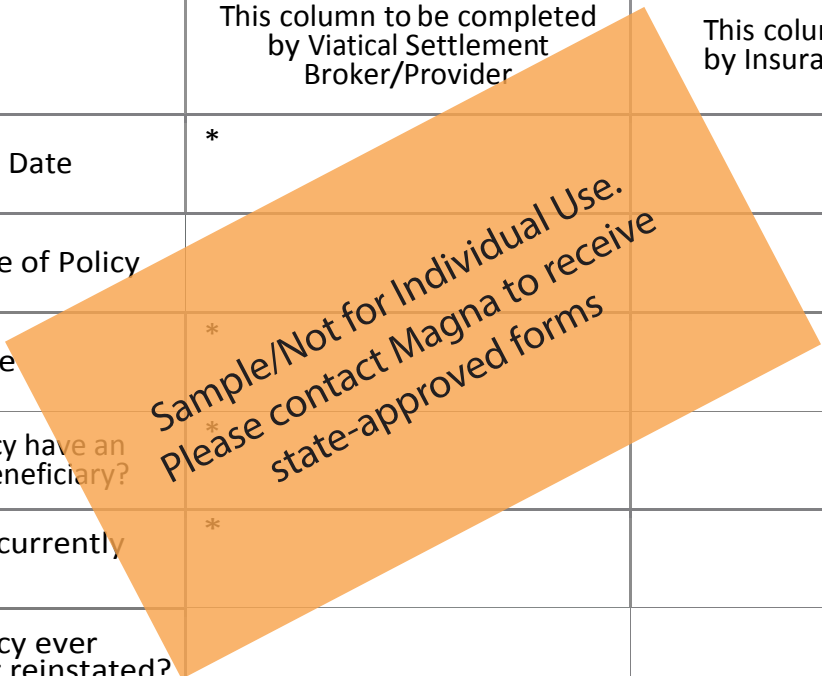
If no, sign and date on page X and then return to the viatical settlement broker or provider that submitted the verification of coverage.

Policy Type, Riders and Options:

Term Whole Life Universal Life Variable Life

If a question is not applicable to the type of policy, write N/A in the column.

	This column to be completed by Viatical Settlement Broker/Provider	This column to be used by Insurance Company
Original Issue Date	*	
Maturity Date of Policy		
State of Issue	*	
Does the policy have an irrevocable beneficiary?	*	
Is the policy currently assigned?	*	
Was the policy ever converted or reinstated?		
Is the policy in the suicide period?	*	
Please list all riders and indicate if any are in the contestable or suicide period.	*	
Current Beneficiary(ies)		



POLICY VALUES

	This column to be completed by Viatical Settlement Broker/Provider	This column to be used by Insurance Company
Policy Values as of (insert date)		
Current Face Amount of Policy	*	
Amount of Accumulated Dividends		
Current Face Amount of Riders		
Amount of Any Outstanding Loans	*	
Amount of Outstanding Interest on Policy Loans		
Current Net Death Benefit		
Current Account Value	*	
Current Cash Surrender Value	*	
Is policy participating?	*	
If yes, what is the current dividend option?		

Sample/Not for Individual Use.
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PREMIUM INFORMATION

	This column to be completed by Viatical Settlement Broker/Provider	This column to be used by Insurance Company
Current Payment Mode	*	
Current Modal Premium	*	
Date Last Premium Paid	*	
Current monthly cost of insurance as of (insert date)	*	
Date of last cost of insurance deduction		

Sample/Not for Individual Use.
Please contact Magna to receive state-approved forms

TO BE COMPLETED BY VIACIAL SETTLEMENT BROKER/PROVIDER

The information submitted for verification by the viatical settlement broker/provider is correct and accurate to the best of my knowledge and has been obtained through the policy owner and/or insured.

Signature

Printed Name

TO BE COMPLETED BY INSURANCE COMPANY

The information provided by verification by the insurance company is correct and accurate to the best of my knowledge as of: _____
Date

Insurance Company: _____ NAIC #: _____

Printed Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____

Signature: _____

Please provide information about where the forms listed below should be submitted for processing.

Name: _____

Title: _____

Company Name: _____

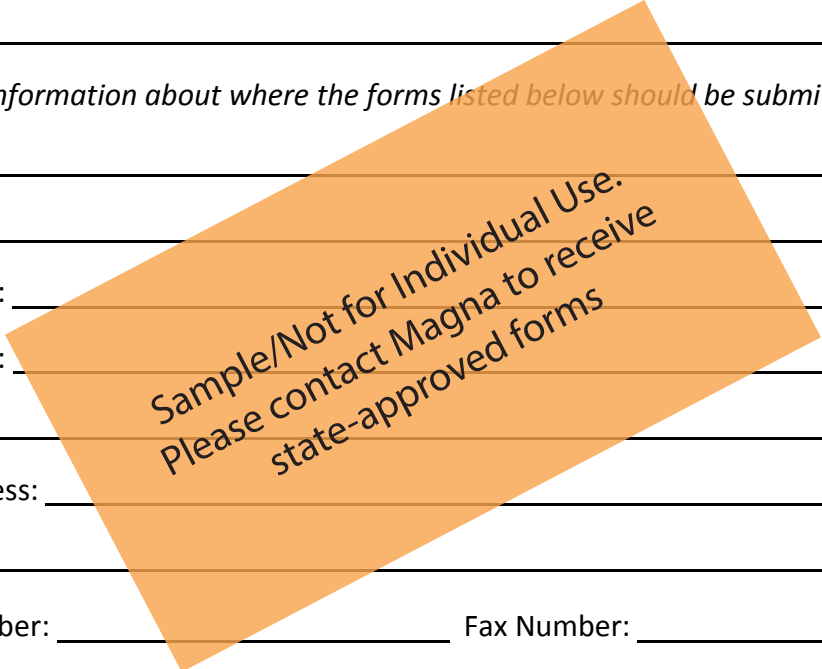
Mailing Address: _____

City, State, ZIP: _____

Overnight Address: _____

City, State, ZIP: _____

Telephone Number: _____ Fax Number: _____



FORMS REQUEST

Please provide the forms below:

- Absolute Assignment/Change of Ownership/Viatical Assignment
- Change of Beneficiary
- Release of Irrevocable Beneficiary
- Waiver of Premium Claim Form
- Disability Waiver of Premium Approval Letter
- Release of Assignment
- Change of Death Benefit Option Form (if UL)
- Allocation Change Form (if Variable)
- Annual Report
- Current In-Force Illustration

Sample/Not for Individual Use.
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