

Life Settlement Pre-Screen Application



Personal Data First Insured

Name: _____ Date of Birth: ___/___/___ SSN: ___/___/___

Current Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number (Daytime): _____ Telephone Number (Evening): _____

Height _____ Weight _____ Gain Loss in past year? _____ lbs

Check conditions you have been treated for within the past 10 years and give details below

- | | | |
|-------------------------|--------------------|------------------------|
| Alcohol/Substance Abuse | Diabetes | Lupus |
| ALS | Heart Transplant | Lymphoma |
| Alzheimer's Disease | Heart Attack | Melanoma |
| Aneurysm | Hepatitis | MS |
| Atrial Fibrillation | Hodgkin's Lymphoma | Multiple Myeloma |
| Cancer | Hypertension | Non-Hodgkin's Lymphoma |
| Cardiac Arrhythmia | Kidney Failure | Parkinson's Disease |
| Cardiovascular Disease | Kidney Transplant | Pulmonary Disease |
| COPD/Emphysema | Leukemia | Renal Disease |
| Crohns/Colitis | Liver Disease | Stroke |
| CVA | Liver Failure | Tuberculosis |
| Dementia | Liver Transplant | |

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