

**PREMIUM FINANCING SUPPLEMENT**

Proposed Insured \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

1. Please provide the name, address, contact person and telephone number for the lender (or other person or entity who is providing the funds to pay for this new life insurance policy):

\_\_\_\_\_

	Proposed Insured	Owner
2. Do you expect to keep this new life insurance policy for at least five (5) years? <i>(If "No," please explain below why you do not expect to keep the policy as part of a permanent life insurance program.)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Is the life insurance policy the only collateral for the loan? <i>(If "No," please describe the additional collateral below.)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Were you given a copy of the loan term sheet that shows the loan interest rate, loan origination fees, maturity date, and prepayment penalties or fees?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Are any additional funds being loaned to the proposed insured or owner beyond the amount required to pay the premiums for the policy? <i>(If "Yes," please provide details below.)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6. If this policy is issued, have you (or a family member or other party of your choice) been offered any cash payment, free trip, or any other thing of value? <i>(If "Yes," please provide details below.)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Do the premium financing terms include an assignment of the death benefit to the lender that exceeds the amount funded to pay the premiums for the policy? <i>(If "Yes," please provide details below.)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Have you discussed, or been assured in writing, or otherwise, that regardless of the loan balance or cash surrender value of the policy, you can fully satisfy the outstanding loan by simply transferring all or a portion of your rights in the life insurance policy to the lender or another party without liability? <i>(If "Yes," please provide details below.)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

The Company is concerned that persons or entities are recommending the purchase of life insurance by representing that, within the next two to three years, the fair market value of the policy in the life settlement or other secondary market will equal or exceed the total premiums paid. I understand that estimated values of policies in the life settlement or other secondary marketplace are not guaranteed, and that I may not be able to sell my policy for any amount in excess of the cash surrender value of the policy.

I have read or have had read to me the completed Premium Financing Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true. I agree that this Premium Financing Supplement constitutes a part of my application for insurance. I understand that any false statements or material misrepresentations may result in the loss of coverage under the policy.

Signed in \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ (state) (month) (year)

\_\_\_\_\_  
 Signature of Proposed Insured

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Signature of Applicant/Owner/Trustee (If other than Proposed Insured)  
 (Provide Officer's Title if policy is owned by a Corporation)