

Life Settlement Compensation Disclosure Form

Name of broker or agent: _____

1. What is your commission schedule?

_____ % of death benefit

_____ % of gross purchase price

_____ % of difference between gross purchase price and cash value

Other (please describe):

2. Will you receive any payments from life settlement providers or other parties that are related to this transaction?

No

Yes Please describe:

3. Do you owe a fiduciary duty to the policyowner?

Yes

No

Signature: _____

Date: _____