

**Life Settlement Provider/Broker Disclosures to Owner
FORM P-LSA: LIFE SETTLEMENT AFFILIATIONS**

BROKER INFORMATION			
Name of Life Settlement Broker ("Broker")		AZ Insurance License No.	
Business Address	City	State	ZIP Code
PROVIDER INFORMATION			
Name of Life Settlement Provider ("Provider")		AZ Insurance License No.	
Provider's Representative <i>(if the Provider is not an individual)</i>			
BROKER AND PROVIDER AFFILIATIONS OR CONTRACTUAL RELATIONS			
Description of affiliations or contractual relations between Broker and Provider			

PROVIDER AND ISSUER AFFILIATION	
Name of Life Insurer ("Issuer")	NAIC Number
Description of affiliation, if any, between Provider and Issuer	

► Provider/Broker Signature: _____ Date _____