

**FORM P-LSBD: LIFE SETTLEMENT BROKER
DISCLOSURES TO OWNER AND PROVIDER**

| BROKER INFORMATION | | | |
|---|-------------|-----------|------------------|
| Name of Life Settlement Broker | | | Telephone Number |
| Business Address | City | State | ZIP code |
| LIFE INSURANCE POLICY OWNER/SELLER INFORMATION | | | |
| First Name | Middle Name | Last Name | Jr/Sr/III/etc. |
| PROVIDER INFORMATION | | | |
| Name of Life Settlement Provider | | | |
| Provider Representative <i>(if provider is not an individual)</i> | | | |

Pursuant to Arizona law, the broker of a Life Settlement Contract must provide to both the owner and provider certain disclosures in writing before all parties sign the life settlement contract. I, as the broker of the proposed life settlement contract, have attached the following required disclosures:

1. A full, complete and accurate description of all of the offers, counteroffers, acceptances and rejections relating to the proposed life settlement contract.
2. Any affiliations or contractual arrangements between me, as broker, and any person making an offer in connection with the proposed life settlement contract.
3. The name of each broker who will receive compensation and the amount of compensation received by that broker including anything of value paid or given to the broker in connection with the life settlement contract.
4. A complete reconciliation of the life settlement provider's gross offer or bid to the net amount of proceeds or value that you, the owner, will receive. For the purposes of this paragraph, "gross offer or bid" means the total amount or value offered by the provider for the purchase of one or more life insurance policies including commissions and fees.

SIGNATURES: By signing this form, you acknowledge that you have been provided all of the above-listed required disclosures.

► Owner Signature _____ Date _____

► Provider Signature _____ Date _____