

FORM P-VOC: VERIFICATION OF COVERAGE FOR LIFE INSURANCE POLICIES

Submitted to (name of insurer)			NAIC #
Policy number			
Submitted from (name of life settlement provider/broker)			
Street address			
City	State	ZIP code	Telephone number
Provider/broker contact person		Title	

INFORMATION CONCERNING THE POLICY OWNER AND INSURED

INSTRUCTIONS TO INSURER: For each item, if the information is correct, enter a check mark in the "Insurance Company" column; otherwise, enter correct information in the "Insurance Company" column. An asterisk indicates information the life settlement provider/broker must provide.

	Life Settlement Broker/Provider	Insurance Company
Owner's name*		
Address*		
City*		
State*		
ZIP code*		
Tax ID or Social Security Number*		
Insured's name*		
Insured's date of birth*		
Second insured's name (if applicable)*		
Second insured's date of birth (if applicable)*		

By my signature below, I hereby consent to the insurance company releasing information requested by this form to the life settlement broker/provider.

► **Policy Owner Signature** _____ **Date** _____

POLICY STATUS, TYPE, RIDERS & OPTIONS

An asterisk indicates information the life settlement provider/broker must provide. If a question is not applicable to the policy, enter "N/A"

	Life Settlement Broker/Provider	Insurance Company
Is the policy in force?		<input type="checkbox"/> Yes <input type="checkbox"/> No - If "No," skip all remaining questions, sign and date on Page 4, and return to the life settlement provider/broker.
Policy type*	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Variable Life	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Variable Life
Original issue date**		
Maturity date of policy		
State of issue*		
Does the policy have an irrevocable beneficiary?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the policy currently assigned?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the policy ever converted or reinstated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the policy in the contestability period?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the policy in the suicide period?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Below, list all riders and, for each, indicate whether it is in a contestability or suicide period.		
	<input type="checkbox"/> Contestability <input type="checkbox"/> Suicide	<input type="checkbox"/> Contestability <input type="checkbox"/> Suicide
	<input type="checkbox"/> Contestability <input type="checkbox"/> Suicide	<input type="checkbox"/> Contestability <input type="checkbox"/> Suicide
	<input type="checkbox"/> Contestability <input type="checkbox"/> Suicide	<input type="checkbox"/> Contestability <input type="checkbox"/> Suicide
	<input type="checkbox"/> Contestability <input type="checkbox"/> Suicide	<input type="checkbox"/> Contestability <input type="checkbox"/> Suicide
	<input type="checkbox"/> Contestability <input type="checkbox"/> Suicide	<input type="checkbox"/> Contestability <input type="checkbox"/> Suicide

POLICY VALUES

An asterisk indicates information the life settlement provider/broker must provide. If a question is not applicable to the policy, enter "N/A"

	Life Settlement Broker/Provider	Insurance Company
Policy value as of _____ (date)		
Current face amount of policy		
Amount of accumulated dividends		
Current face amount of riders		
Amount of any outstanding loans		
Amount of outstanding interest on policy loans		
Current net death benefit		
Current account value		
Current cash surrender value		
Is policy participating? If yes, what is the current dividend option?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREMIUM INFORMATION

	Life Settlement Broker/Provider	Insurance Company
Current payment mode*		
Current modal premium*		
Date last premium paid*		
Date next premium due*		
Currently monthly cost of insurance as of _____ (date)		
Date of last cost of insurance deduction		

LIFE SETTLEMENT BROKER/PROVIDER CERTIFICATION: The information submitted for verification is correct and accurate to the best of my knowledge and has been obtained through the policy owner and/or insured.

► **Provider/Broker Signature** _____ **Date** _____

FORMS REQUEST

1. Please provide the forms checked below

- Absolute Assignment / Change of Ownership / Viatical Assignment
- Change of Beneficiary
- Release of Irrevocable Beneficiary (if applicable)
- Waiver of Premium Approval Letter
- Disability Waiver of Premium Approval Letter
- Release of Assignment
- Change of Death Benefit Option Form (if universal life)
- Allocation Change Form (if variable life)
- Annual Report
- Current In-force Illustration

2. Where should completed forms be submitted for processing (enter below)?

Contact Person Name	Title		
Company Name			
Mailing Address	City	State	ZIP Code
Overnight Address	City	State	ZIP Code
Telephone Number	Fax Number		

INSURER CERTIFICATION

(to be completed by insurance company representative)

The information provided by this insurance company verification is correct and accurate to the best of my knowledge as of this date.

Name of Insurance Company		NAIC #
Contact Person Name	Title	
Telephone Number	Fax Number	
Signature		Date