

LIVING BENEFITS
ASSET MANAGEMENT

AUTHORIZATION TO RELEASE & DISCLOSE POLICY INFORMATION

INSURANCE COMPANY

POLICY NUMBER

____/____/19

PRINTED: NAME OF INSURED

Insured Date of Birth

Address

City

State

Zip

____/____/19

PRINTED: NAME OF SECOND INSURED (If Joint policy)

Second Insured Date of Birth

Address

City

State

Zip

1. Release Authority: I specifically authorize and request my insurance company to rely upon an original or reproduction (photo-static, facsimile, e-mail attachment, or other reproduction) of this authorization. I understand this release may be transmitted by LIVING BENEFITS ASSET MANAGEMENT, L.L.C. to an Authorized Recipient or Designee via e-mail, computer disk, facsimile, photo-static reproduction, and shall also be considered the same as the original.

2. Policy Information: I understand my policy information may be conveyed to LIVING BENEFITS ASSET MANAGEMENT, L.L.C. or their Authorized Recipients or Designees via e-mail, computer disk, facsimile, photo-static reproduction, web posting to a secure website, or via FedEx, UPS, U.S. Postal Service, or any designated courier or delivery company.

3. Expiration of Authorization: This authorization shall remain valid for two (2) years from the date of my signature on this release.

4. Right to Revoke Authorization: I understand I may revoke this authorization at any time by providing written notification to LIVING BENEFITS ASSET MANAGEMENT, L.L.C.

5. Release of Policy Information: I hereby authorize my insurance company to furnish LIVING BENEFITS ASSET MANAGEMENT, L.L.C. or their representatives (as stated above) with any information in connection with any life insurance policy under which my life is insured (including any conversions thereof or replacements therefore). This includes, but, is not limited to:

- A complete copy of the life insurance policy, including the application for insurance;
- All requested forms, including change of ownership forms, change of beneficiary forms and collateral and absolute assignment forms;
- A fully completed Verification of Coverage form(s);
- Policy illustrations;
- A copy of the Annual Statements to include current account and cash values and
- Premium information.

I further instruct the life insurance company listed to not disclose my request for this information to any agent or other person or entity without my prior written approval.

Send Completed Form to:
10505 Wayzata Blvd, Suite 1000 • Minnetonka, MN 55305
Phone: 952-903-9800 x840 • Fax: 952-516-5600
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I certify that I am executing and delivering this authorization freely and unilaterally as of the date written below and that all information contained in this authorization is true and correct. I further certify that this authorization is written in plain language and that I have received and retained a copy of this signed authorization for future reference.

The Owner & Insured(s) (hereafter referred to as "I", "me" or "my"), authorize the disclosure of the insured(s) life insurance policy information to LIVING BENEFITS ASSET MANAGEMENT, L.L.C. and their authorized representatives, successors, designees and affiliated entities, agents, subsidiaries, independent contractors, service providers and the officers, directors, and employees of each (each an "Authorized Recipient"), including but not limited to, release(s) to Life or Viatical Settlement Companies designated by LIVING BENEFITS ASSET MANAGEMENT, L.L.C. and including but not limited to, the release(s) to any second opinion underwriting service designated by LIVING BENEFITS ASSET MANAGEMENT, L.L.C. including but not limited to: 21st Services, American Viatical Services, A.M. Scott, Examination Management Services, or Fasano Associates.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company or a life settlement company for the purpose of defrauding the company(ies). Penalties may include imprisonment, fines and civil damages. LIVING BENEFITS ASSET MANAGEMENT, L.L.C. will report cases of suspected fraud to the appropriate authorities.

_____	_____	____/____/20____
Owner's Signature (if other than Insured)	Owner's Printed Name	Date

_____	_____	____/____/20____
Owner's Witness Signature	Owner's Witness Printed Name	Date

_____	_____	____/____/20____
Insured's Signature	Insured's Printed Name	Date

_____	_____	____/____/20____
Insured's Witness Signature	Insured's Witness Printed Name	Date

_____	_____	____/____/20____
Second Insured's Signature	Second Insured's Printed Name	Date

_____	_____	____/____/20____
Second Insured's Witness Signature	Second Insured's Witness Printed Name	Date