



**Baker
Associates**

7502 E. Pinnacle Peak Rd. Suite B116
Scottsdale, AZ 85255
888.899.6599 (O) 480.505.9907 (F)
www.bakco.com

Thank you for having confidence in Baker Associates regarding the sale of your life insurance policy. We are making every effort to make this process as expeditious and convenient as possible.

The first step in the process is to complete, sign and return the attached application. Please complete all parts of the application; much of the information is needed to generate closing documents. We will need to contact you to complete any missing information, which will hinder the process.

If the owner of the policy is a resident of any of the following states, please complete the "Life Settlement Application": AL, AZ, CA, DE, HI, ID, IL, MA, MI, MO, NH, NM, NY, OR, RI, SC, VT, WA, WI, WY.

Some states will allow the purchase of a policy as long as the owner meets the requirements of an "accredited investor" as defined in Regulation D and Section 501 of the Securities Act of 1933 (the "Act"). If the owner of the policy is a resident of any of the following states, please complete the "Life Settlement Application" and the "Accredited Investor Questionnaire"; AR, CO, GA, KS, KY, LA, NE, NJ, NC, OH, PA, UT, VA.

The following states are ineligible: AK, CT, FL, IN, IA, ME, MD, MN, MS, MT, NV, ND, OK, SD, TN, TX, WV.

We encourage you to seek the assistance of an attorney, tax advisor, and/or other professional advisor to ensure that you understand and agree to all aspects related to your life settlement. If you have any questions, or need additional information regarding this application, please call us at 888-899-6599. Thank you for the opportunity to work with you.

Sincerely,

Gary Baker
Baker Associates
President/CEO



Term Life Settlement Application

Insured Personal Information

Name of Insured _____

Social Security Number _____

Birth Date (mm/dd/yyyy) _____ Sex _____ Marital Status _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Have you declared bankruptcy? Yes No When _____

Current Spouse name and address _____

Life Insurance Policy Information

Name of Insurance Company _____

Policy Number _____ Issue Date _____

Type of Policy _____ (i.e. Term 10, 20, 30)

Individual/Group/Converted Group _____ Date Converted _____

Coverage/Face Amount _____ Premiums paid & up to date? Yes No

Have Premiums ever been financed as part of a loan, line of credit or credit facility? _____

Beneficiary (ies) _____

Reason for selling policy _____

Policy Owner Information

Name of Policy Owner _____

Address _____ County _____

City _____ State _____ Zip _____

Are you the original owner of this policy? Yes No

If No, explain how you acquired the policy, when and from whom:

Policy Owner is an

Individual

Trust, Corporation, Partnership, LLC or Other Legal Entity

IF policy Owner is an Individual:

Social Security # _____ Relationship to insured _____

Birth Date (mm/dd/yyyy) _____ Sex _____

State of Primary Residence _____ Citizenship (US? Other) _____

Drivers License number and state _____

Marital Status _____

Current Spouse name and address _____

Have you ever been divorced? Yes No Date(s) _____

Have you ever declared bankruptcy? Yes No Date(s) _____

Is there any agreement or court order requiring you to maintain the policy for the benefit of any child, spouse, former spouse, domestic partner, or any other person? No Yes

IF Yes attach copy and explain _____

IF Policy Owner is a Legal Entity:

Type _____ State of Formation _____

Tax ID# _____ Date of Formation _____

Name and Title of Primary Contact _____

Phone _____ Email _____

Name and titles of Trustees, Authorized officers, Partners, Managing Members, etc. _____

Names of Trust Beneficiaries _____

Insured's Medical Information

Provide a brief description of the insured's health condition

Has the Insured every been diagnosed by a physician or other health care professional as having any illness, disease, or condition which could be considered catastrophic, life threatening, or terminal? If yes, please describe:

Does the insured have any reason to believe that he/she may have any illness, disease, or condition which could be considered catastrophic, life threatening, or terminal? If yes, please describe:

Does the insured have or have any reason to believe they have any illness, disease, or medical condition that will reasonably be expected to result in a life expectancy of thirty-six (36) months or less? If yes, please describe:

Has the insured ever been diagnosed with metastasized cancers: renal failure, heart or lung disease but not a candidate for transplant: or Acquired immune Deficiency Syndrome? If yes, please describe:

Does the insured require substantial supervision due to concerns about his/her health and safety because of sever cognitive impairment? If yes, please explain:

Accredited Investor Questionnaire

The undersigned hereby certifies to Baker Associates that he or she is an “accredited investor” as defined in Regulation D and Section 501 of the Securities Act of 1933 (the “Act”). An accredited investor shall mean any person who is in any of the categories listed below, or whom the Company reasonably believes is in any of the following categories, based upon the information provided by the undersigned.

The following states require an accredited investor: AR, CO, GA, KS, KY, LA, NE, NJ, NC, OH, PA, UT, VA.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please Initial Applicable Line(s):

_____ I am a natural person whose individual net worth, or joint net worth with my spouse (including homes) currently exceeds \$1,000,000;

_____ I am a natural person who (i) had an individual income in excess of \$200,000 or had a joint income with my spouse in excess of \$300,000 in each of the two most recent years and (ii) I have a reasonable expectation of reaching the same income level in the current year;

I represent to the Company that the above information is true and correct. I understand that the Company is relying on the truth and accuracy of this information for regulatory purposes. Should any of the above information change or prove to be incorrect, I agree to immediately contact the Company to provide corrected or complete information.

Signature: _____

Date: _____