



Life Settlement Institute
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 Email: Info@LifeSettlementInstitute.org

Life Settlement Pre-Qualification Form

Instructions:

1. Complete this pricing request form with the most current information available.
2. Submit an inforce maturity illustration with level premiums, a level net death benefit, and leaving approximately \$100 at the end of the illustrated run.
3. Email the form and illustration to Info@LifeSettlementInstitute.org - or fax to 949-429-2461.

Name of Submitting Producer/Broker		Producer/Broker Phone	Producer/Broker E-mail	Insured(s) Name (Not Required)	
Reason for Sale		Insured 1 Gender <input type="checkbox"/> M <input type="checkbox"/> F	Insured 1 D.O.B.	Insured 2 Gender <input type="checkbox"/> M <input type="checkbox"/> F	Insured 2 D.O.B.
Tobacco Use? <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Both	Have LE's been completed on the insured(s)? If so, write in here: <input type="checkbox"/> Y <input type="checkbox"/> N		Conversion Deadline or Lapse Date		
Owner State (Required)	Issue Rating	Insurance Carrier	Policy Issue Date	Loan Amount on Policy	
Policy # (last 4 digits)	Policy Type	Face Value	Premiums to Maturity	Policy AV/CSV & As of Date	

PLEASE CHECK 1 BOX PER INSURED	INSURED'S HEALTH & LIFESTYLE DESCRIPTION
1 st Insured	2 nd Insured
(Please provide most accurate health depiction - preferably based on insured's opinion)	
GOOD <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> Insured lives an active and independent lifestyle, may exercise regularly, travel, work, etc. Standard health or better.
FAIR <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> Insured lives an average lifestyle primarily independent but with some minor assistance. Likely rated at least a few tables.
POOR <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> Insured lives with independence but DOES require some assistance and supervision. Would be issued highly rated.
SERIOUS <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> Insured must be monitored regularly requiring daily or full time supervision. Would NOT qualify for insurance whatsoever.
TERMINAL <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> A terminal condition that may result in a life expectancy of 24 months or less.

Primary Diagnosis and Other Medical Conditions					
1	2	1	2	1	2
<input type="checkbox"/>	<input type="checkbox"/> Cancer (5+ yrs in Remission)	<input type="checkbox"/>	<input type="checkbox"/> ADL Assistance with _____	<input type="checkbox"/>	<input type="checkbox"/> Peripheral Vascular Disease
<input type="checkbox"/>	<input type="checkbox"/> Type _____	<input type="checkbox"/>	<input type="checkbox"/> Hypertension - Poor Control	<input type="checkbox"/>	<input type="checkbox"/> Valve Replacement/Repair
<input type="checkbox"/>	<input type="checkbox"/> Cancer (current)	<input type="checkbox"/>	<input type="checkbox"/> Diabetes (type II) - Controlled	<input type="checkbox"/>	<input type="checkbox"/> Atrial Fibrillation
<input type="checkbox"/>	<input type="checkbox"/> Type _____	<input type="checkbox"/>	<input type="checkbox"/> Diabetes (type II) - Poor Control	<input type="checkbox"/>	<input type="checkbox"/> Short-Term Memory Loss
<input type="checkbox"/>	<input type="checkbox"/> TIA, Multiple? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/> Parkinson Disease	<input type="checkbox"/>	<input type="checkbox"/> Cardiac Arrhythmia
<input type="checkbox"/>	<input type="checkbox"/> Stroke (CVA), Multiple? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/> Dementia	<input type="checkbox"/>	<input type="checkbox"/> Congestive Heart Failure
<input type="checkbox"/>	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/> Coronary Artery Disease
<input type="checkbox"/>	<input type="checkbox"/> Cirrhosis, Stage _____	<input type="checkbox"/>	<input type="checkbox"/> COPD, Stage _____	<input type="checkbox"/>	<input type="checkbox"/> Coronary By-Pass
<input type="checkbox"/>	<input type="checkbox"/> Organ Transplant _____	<input type="checkbox"/>	<input type="checkbox"/> Emphysema, Stage _____	<input type="checkbox"/>	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/>	<input type="checkbox"/> Morbid Obesity, BMI% _____	<input type="checkbox"/>	<input type="checkbox"/> Aneurysm	<input type="checkbox"/>	<input type="checkbox"/> Pacemaker Placement in _____
<input type="checkbox"/>	<input type="checkbox"/> Severe Depression	<input type="checkbox"/>	<input type="checkbox"/> CKD, Stage _____	<input type="checkbox"/>	<input type="checkbox"/> ALS - Diagnosed in _____
<input type="checkbox"/>	<input type="checkbox"/> Sedentary	<input type="checkbox"/>	<input type="checkbox"/> Heart Attack, Multiple? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/> Other _____

Additional Health Notes: