

**LIFE SETTLEMENT PROVIDER
APPLICATION FOR CERTIFICATE OF AUTHORITY**

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|--|---|--|----------|
| Applicant Name | | Federal Employer Identification Number (FEIN) | |
| Alternative (Assumed) Name / DBA | | | |
| Home Office Street Address | City | State | Zip Code |
| Mailing Address | City | State | Zip Code |
| Toll-Free Phone | Main Phone | FAX Number | |
| Type of Entity (select only One) | | | |
| <input type="checkbox"/> Stock Corporation | <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Other (Describe) _____ | | |
| Date Incorporated / Formed | State Where Incorporated / Formed | Fiscal Year Ends on | |
| | | <input type="checkbox"/> December 31 | |
| | | <input type="checkbox"/> Other (mm/dd) ____ / ____ | |

CONTACT PERSON

| | | | |
|-----------------|----------------|------------|----------|
| Name | E-mail Address | | |
| Street Address | City | State | Zip Code |
| Toll-Free Phone | Main Phone | FAX Number | |

Note: Within Arizona, a life settlement provider must only use life settlement contracts and disclosure statements that have been approved by the Department of Insurance and Financial Institutions Product Filing and Compliance Division. See the Department of Insurance and Financial Institutions "Life Settlements" web page (<https://insurance.az.gov/insurers/life-health-forms-rates-compliance/life-settlement-provider>) for details.

ATTESTATION AND CERTIFICATION

(Must be signed by an officer, director, member or partner of the applicant)

By signing this form, the signatory attests and certifies to all the following:

- All information contained in the application and any attachments, enclosures and supplements thereto, are true, complete and accurate, to the best of the signatory's knowledge and belief.
- The applicant, and each of the applicant's officers, directors, members, partners and designated employees who shall have authority to act under a resultant certificate of authority issued to the applicant understand they must comply with ARS §§ 20-3201 et seq. and other Arizona laws pertinent to acting as a life settlement provider including but not limited to the following provisions:
 - Privacy requirements set forth in ARS §§ 20-3205, 20-3211(H), 20-2101 et seq. and applicable federal laws;
 - Annual statement requirements set forth in ARS § 20-3210;
 - Requirements for viatical or life settlement contracts set forth in ARS § 44-1841 et seq. (esp. ARS § 44-1850);
 - Requirements to only use licensed life settlement brokers to perform life settlement broker activities. ARS § 20-3202(l).

Signature

Date

Printed Name

Title