

2. INSURED INFORMATION

Borrower Name:	_____		
DOB:	_____	SS#:	_____
Address:	_____	City:	_____ State: _____ Zip: _____
Second Residence:	_____	City:	_____ State: _____ Zip: _____
Spouses Name:	_____		Spouse DOB: _____
Child's Name:	_____	Address:	_____
Child's Name:	_____	Address:	_____
Child's Name:	_____	Address:	_____

3. BORROWER INFORMATION

Trust Name:	_____		EIN:	_____
Address:	_____	City:	_____ State: _____ Zip: _____	

4. TRUST INFORMATION

Trustee Name:	_____		
Title:	_____	SS#:	_____
Address:	_____	City:	_____ State: _____ Zip: _____
Phone:	_____	Fax:	_____
Successor Trustee:	_____	Trust Protector*:	_____

*cannot be the agent, attorney or beneficiary of the trust

5. CPA AND LEGAL COUNSEL

CPA Name:	_____	Company Name:	_____
Address:	_____	City:	_____ State: _____ Zip: _____
States Licensed	_____	License #:	_____
Phone:	_____	Fax:	_____ e-mail: _____
Attorney Name:	_____	Firm Name:	_____
Address:	_____	City:	_____ State: _____ Zip: _____
Phone:	_____	Fax:	_____ e-mail: _____

6. BENEFICIARY INFORMATION

Name:	_____	Relationship to insured:	_____
Name:	_____	Relationship to insured:	_____
Name:	_____	Relationship to insured:	_____

7. INSURED STATEMENT OF FINANCIAL CONDITION AS OF _____

ASSETS (Do not include Assets of doubtful value)	DOLLARS (Omit cents)	LIABILITIES	IN DOLLARS (Omit cents)
Cash on hand		Mortgages	
Marketable Securities		Notes Payable	
Primary Residence		Margin Debt	
Other Real Estate		Partnership Debt	
Investments in Partnerships		Taxes Payable	
Closely held Corporations		Credit Card Debt	
Cash Value Life Insurance		Automobiles	
Automobiles		Other	
Personal Property			
Retirement Accounts			
Accounts Receivable			
Other			
TOTAL ASSETS		TOTAL LIABILITIES	
		ESTIMATED NET WORTH	
Prepared by:			

MADISON BROKERAGE CORP.

65 MADISON AVE., STE 200, PO BOX 1940
 MORRISTOWN, NJ 07962-1940
 973.539.3232/888.539.3232/FAX 973.539.3737



8. WAIVER

Upon submission of this application, Madison Brokerage Corp., its affiliates or business partners are authorized to check my credit and employment history and to receive information about employers' and creditors' experiences with me.

Unless 30 days' prior notice is given by me, Madison Brokerage Corp., its affiliate or business partners are authorized to check my credit and employment history for each year that the loan is outstanding.

_____	_____	_____
Insured's Name	Insured's Signature	Date
_____	_____	_____
Insured's Spouse Name (if applicable)	Insured's Spouse Signature (if applicable)	Date
_____	_____	_____
Applicant's Name (if different from insured)	Applicant's Name Signature (if different from insured)	Date

9. DISCLAIMER/CONSUMER PRIVACY NOTICE

Disclosure

Madison Brokerage Corp. has always made it a priority to maintain the confidentiality of the information it receives from its clients. This Privacy Notice explains Madison Brokerage Corp's policy regarding non-public, personal information that is collected by Madison Brokerage Corp. in the course of negotiating insurance and insurance related transactions on behalf of its clients.

The firm's Privacy Policy is as follows:

- Madison Brokerage Corp. may disclose all or part of a client's personal financial information as permitted by law to non-affiliated third parties solely for purposes of servicing or processing an insurance product or service that such consumer requests or authorizes, or to solicit insurance quotations on behalf of a consumer.
- Madison Brokerage Corp. maintains physical, electronic, and procedural safeguards that comply with federal and state regulations to guard non-public, personal financial information.
- For its own internal use only, Madison Brokerage Corp. may obtain information concerning non-public, personal financial information, for example: name, address, assets, date of birth, driver license number and information concerning policy coverage(s) and premium(s).
- Madison Brokerage Corp. may disclose all or part of a client's personal financial information to other third party trusted advisors engaged to do business with the same client, such as CPAs, financial advisors, attorneys, wealth managers and carriers.
- Madison Brokerage Corp. reserves the right to amend, modify or supplement this Privacy Policy at any time in accordance with applicable laws and regulations. If changes are made to the Privacy Policy the firm will provide copies of such changes to clients as required by applicable laws.

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10. AUTHORIZATION FOR DISCLOSURE—HIPAA COMPLIANT

MADISON BROKERAGE CORPORATION

65 MADISON AVE., STE 200, PO BOX 1940
MORRISTOWN, NJ 07962-1940

Phone: 973.539.3232 Toll Free: 888.539.3232 FAX 973.539.3737

EMAIL: sales@madisonbrokerage.com

AUTHORIZATION FOR DISCLOSURE - HIPAA Compliant

I hereby authorize each physician, doctor, physician practice group, nurse, pharmacy, hospital, clinic and/or any other health care provider ("Authorized Disclosure") to provide to Madison Brokerage Corp and/or its affiliates, directors, officers, employees, service providers or other representatives noted below ("Madison Brokerage"), any and all information and/or records as to diagnosis, treatment and/or prognosis (including any and all dates thereof) concerning my past, present or future physical or mental history or condition. I also specifically authorize each Authorized Disclosure to release to Madison Brokerage the results of any HIV or AIDS test as well as information relating to any sexually transmitted diseases, drug or alcohol abuse and psychiatric evaluations and/or information.

I understand that all medical information disclosed here under will be treated as confidential and will only be used by Madison Brokerage in connection with the decision to purchase, finance, transact a life settlement and/or maintain one or more life insurance policies under which my life is insured. I further understand that I am not required to sign this Authorization in order to obtain healthcare benefits (treatment, payment or enrollment).

I acknowledge and understand that I may revoke this Authorization at any time with respect to any Authorized Disclosure by notifying such Authorized Disclosure of my revocation of this authorization in writing and delivery of said revocation by mail or personal delivery at such address designated by Authorized Disclosure; provided that any revocation of this Authorization shall not apply to the extent that (i) the Authorized Disclosure has taken action in reliance upon this Authorization prior to receiving notice of my revocation or (ii), if this Authorization was obtained as a condition of obtaining insurance coverage, other law provides an insurer with the right to contest a claim under an insurance policy.

I understand that this Authorization is not a consent or an authorization requested by a health care provider, health care clearing house or health plan covered by privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Regulations"). I further understand that, as a result of this Authorization, any of my medical information disclosed by any Authorized Disclosure to Madison Brokerage may be redisclosed by Madison Brokerage and may no longer be protected by the HIPAA Privacy Regulations.

I certify that I am executing and delivering this Authorization freely and unilaterally as of the date written below and that all information contained herein is true, accurate and correct. I further certify that this Authorization is written in plain language and I fully understand its contents. I will retain a signed copy of this Authorization for future reference.

I specifically authorize and request my insurance company and each Authorized Disclosure to rely upon a photostatic or facsimile copy or other reproduction of this Authorization the same as the original.

This Authorization shall remain valid until, and shall expire on the date one year following the date of my death.

AIG-American General / Abacus Settlements, LLC / Allianz / American Mayflower / American National / Applied Capital / AVS Underwriting / AXA / Banner Life / Berkshire Settlements/ Berlin Atlantic Capital / Clearwater Settlements / Columbus Life / Companion of NY/ Coventry First / EMSI / First Colony Life Genworth Companies / First Equity Benefits / Great West Growth, LLC/ Habersham Funding / Hartford / ING Companies / Indianapolis Life / Independent Funding Group, LLC / Insurative Premium Finance (Jersey) Limited / Integrity Settlement Providers / Jefferson Pilot / John Hancock / Legacy Benefits / Liberty Life / Life Equity, LLC / Life Settlement Providers, LLC / Life Settlement Solutions / Life trust, LLC / Lincoln Benefit / Lincoln Life / Living Benefits / Magna Administrative Services / Maple Life Financial / Met Life / Milestone Managers and Providers / Montage Financial Group / National Western Life / Neuma, Inc / New Life Capital Strategies / New York Life / North American / Old Mutual Financial Network / Pacific Life / Peachtree Life Settlements / Phoenix / Portsmouth Settlement / Presidential Life / Principal Financial / Progressive Capital Solutions, LLC / Proverian Capital, LLC / Prudential / Q Capital Strategies / RAI Group / Reliastar Life Ins Co / Reliastar Life of NY / SBLI / Secondary Life Capital, LLC / Senior Settlements / Seven Hills Settlements / 21st Services / Security Life of Denver / Silver Point Capital / Standard Insurance Company / Sun Life / Sun Life of NY / The Ardan Group / Transamerica / United of Omaha / U.S. Financial / US Life / Vespers / ViaSource Funding Group, LLC / West Coast Life / William Penn / Wm. Page & Assoc (Lifeline)

Name of Insured _____ Signature _____

Date of Birth _____ Social Security Number _____ Date _____