

Initially, attach one affidavit per Individual listed in Question 21 (Designated/Responsible Persons) on Firm's application.
 Once firm is licensed, submit for each new designee within 30 days of being designated. Firm's CT Life Settlement Broker License #: _____

INDIVIDUAL LIFE SETTLEMENT BROKER AFFIDAVIT
 TO BE COMPLETED BY EACH INDIVIDUAL WHO WILL ACT
 AS A LIFE SETTLEMENT BROKER ON BEHALF OF FIRM

Name (Last, First, MI) _____ Title _____ SSN _____
 Residence Address _____ Phone _____
 Business Name _____
 Business Address _____ Phone _____

1. Have you ever been denied a Fidelity Bond, or had a Bond cancelled or revoked? IF YES, give details: _____	Yes ___ No ___
2. Have you ever been refused a license, or had a license with a Government or other Regulatory Agency revoked? IF YES, give details: _____	Yes ___ No ___
3. Have you ever had your name changed, or used another name? IF YES, give details: _____	Yes ___ No ___
4. Place of Birth: _____	
5. List your residences for the last ten (10) years, starting with your current address: _____ _____ _____	
6. Education level achieved: High School ___ College ___ Degree ___ (IF CHECKED, give type of Degree: _____)	
7. Professional Designations or Memberships: _____	
8. List any companies in which you control, directly or indirectly, or own, legally or beneficially, 10% or more of the outstanding stock (in voting power): _____ _____	
9. Have you ever been adjudged bankrupt? (IF YES, attach details)	Yes ___ No ___
10. Do you have a child-support obligation?	Yes ___ No ___
11. Have you ever been convicted of, or pled nolo contendere (no contest) to, a felony or a misdemeanor with a criminal fraud element or found guilty of fraudulent or dishonest practices, or pled guilty regardless of whether the court has entered a judgement or conviction, instead of being found guilty of any felony or misdemeanor involving fraud or moral turpitude? IF YES, attach a separate sheet of paper giving date, name and address of Court, charge and outcome. For criminal convictions, attach an explanation and copy of all charges and Final Disposition from the Court, along with evidence of the degree of rehabilitation.	Yes ___ No ___
12. List three references who can attest to your trustworthiness, competence, and business reputation:	
NAME	ADDRESS
PHONE	RELATIONSHIP
_____	_____
_____	_____
_____	_____

ATTESTATION

The undersigned duly authorized representative being first duly sworn deposes and says that (s)he has executed and read this AFFIDAVIT and that to the best of his/her knowledge and belief the statements made in this application, and in any attachment, are true and correct, and that (s)he has read and understands the insurance laws of the State of Connecticut. The undersigned further agrees that they will abide by the laws and regulations governing Life Settlements and will provide information to the policy owner including, but not limited to, alternative options and possible impact on Medicare and tax related issues.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____

 NOTARY PUBLIC

COMMISSION EXPIRES _____
 Month Day Year Original Signature of Affiant _____