



3 Mark Financial - Texas, Inc.
1600 Highway 6 Suite 400
Sugar Land, TX 77478
Toll Free: 866.588.2927
Telephone: 281.269.2300
Fax: 281.269.2347

Life Insurance Information Release Form

Life insurance policy number _____ issued by _____
(Insurance Company), is owned by _____, and insured the life of
_____.

I authorize the release to 3 Mark Financial - Texas, Inc. (3 Mark) or its designee, any or all information concerning the above policy.

I authorize 3 Mark to share this information with life settlement providers, brokerage general agents, and other parties, as required. The purpose of this sharing of information is to obtain quotes for life settlements, and / or life and health insurance policies.

Policy Owner Signature

Date

Type or Print Name

Social Security Number



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DISCLOSURE

The owner of the life insurance policy to be viaticated, the viator, should be aware of the following:

1. That there are possible alternatives to a viatical settlements for persons with catastrophic or life-threatening illnesses, including, but not limited to, accelerated benefits offered by the issuer of the life insurance policy and loans secured by the life insurance policy.
2. That receipt of payment pursuant to a viatical settlement may affect eligibility for public assistance programs such as medical assistance (Medicaid), the family assistance program, supplemental social security income, and AIDS drug assistance programs and may be taxable. Prior to applying for a viatical settlement, policyowners should consult with the appropriate social services agency concerning how receipt will affect the eligibility of the recipient and the recipient's spouse or dependents, and with a qualified tax advisor.
3. That tax consequences may result from entering into a viatical settlement.
4. That the viator has the right to rescind a viatical settlement within fifteen days of the receipt of the viatical settlement proceeds.
5. That immediately upon receipt from the viator of documents to effect the transfer of the insurance policy, the viatical settlement company shall pay the proceeds of the settlement to an escrow or trust account managed by a trustee or escrow agent in an insured New York state bank of other bank approved by the superintendent, pending acknowledgment of the transfer by the issuer of the policy. The trustee or escrow agent shall transfer the proceeds due to the viator immediately upon receipt of acknowledgment of the transfer by the insurer.
6. That the viator has the right to know the identity of any person who will receive any fee or compensation from the viatical settlement company with respect to the viatical settlement and the amount and terms of such compensation.

I have received the most current form of information booklet describing how viatical settlements operate prepared by the National Association of Insurance Commissioners.

Signature of Insured Date

Signature of Policy Owner (Viator) Date

Printed Name Date

Printed Name Date

Signature of Witness Date

Signature of Witness Date

Printed Name Date

Printed Name Date

3 Mark Representative Date

Printed Name Date