



Veris Settlement Partners
 291 Main Street
 Northport, NY 11768
 Phone: 631-239-6655
 Fax: 631-239-6657
www.go2veris.com



Small Face Amount Simplified Form

Please **answer all questions** for policies from \$100,000 to \$500,000.

Insured Information

1. Name of Insured _____ Sex _____
2. Address _____
3. Phone Number _____
4. Date of Birth _____

Policyowner Information

5. Name of Policyowner _____
6. Address _____

Policy Information

7. Insurance Company _____
8. Face Amount of Policy _____
9. Policy Number _____
10. Type of Policy (only Universal Life, Convertible Term and Survivor Universal Life with one insured deceased)

11. Current Premium _____
12. Payment mode (such as Annual, Semiannual, Quaterly, Monthly) _____
13. Cash Surrender Value _____
14. Policy Issue Date (mm/dd/yyyy) _____
15. Underwriting Class (only Standard or Preferred accepted) _____

Authorization to Obtain Life Expectancy Report

I, _____, (name of insured) authorize LSL and its agents to contact me to conduct an interview in order to provide a Life Expectancy Report which will be used in connection with valuating my Life Insurance policy # _____ (policy number) issued by _____ (insurance company) for the purposes of a Life Settlement transaction.

Signature of insured _____

Phone Number: _____ Best time to call: _____



Referring Advisor _____ Phone Number _____

Signature _____ Date _____