## STATE OF MARYLAND

# REQUEST FOR VERIFICATION OF COVERAGE FOR LIFE INSURANCE POLICIES

SUBMITTED TO:		NAIC#	
	NAME OF INSURANCE COMPANY	<u> </u>	
POLICY NUMBER:			
SUBMITTED FROM: _	NAME OF VIATICAL SETTLEMENT BROKER.	/PROVIDER	
	NAME OF VIATICAL SETTLEMENT BROKEN	TROVIDER	
ADDRESS:			
TELEPHONE NUMBER	:		
CONTACT:	TITLE:		
THE BOX. OTHERWISE I	RRECT, INSURER REPRESENTATIVE PROVIDE CORRECTED INFORMATIO ES INFORMATION THE VIATICAL SE	N THROUGHOUT THIS FORM.	
POLICY	OWNER'S AND INSURED'S	INFORMATION	
	This column to be completed by Viatical Settlement Broker/Provider	This column to be used by the Insurance Company	
Owner's name:	*		
Address:	*		
City, state, ZIP code:	*		
Tax ID or Social Security number:	*		
Insured's name:	*		
Insured's date of birth:	*		
Second insured's name (if applicable):	*		
Second insured's date of birth (if applicable):	*		
I hereby consent by my sig	gnature below to release of information viatical settlement broker/provider.	requested by this form by the	
Signature of policy owner		Date signed	

IS THE POLICY IN	FORCE?		YES		NO
			ND RETURN TO THE VIATI RIFICATION OF COVERAC		MENT BROKER OR
*	POLIC	Y TY	PE, RIDERS AND OF	PTIONS	
TERM	TERM WHOLE LIFE		UNIVERSAL LIFE		VARIABLE LIFE
If a question is not app	plicable to the	type o	of policy, write N/A in the col	lumn.	
		This	column to be completed by Viatical Settlement Broker/provider		lumn to be used by rance Company
What is the original i	issue date?	*			
What is the maturity policy?	date of				
What is the State of i	ssue?	*			
Does the policy have irrevocable beneficia		*			
Is the policy currentl assigned?	у	*			
Was the policy ever or reinstated?	converted				
Is the policy in the contestability period	?	*			
Is the policy in the superiod?	icide	*			
Please list all riders a indicate if any are in contestable or suicide	the	*			

### **POLICY VALUES**

_		I OLIOT VALUEO			
	This column to be completed by Viatical Settlement Broker/provider	This column to be used by Insurance Company			
Policy values as of:					
Current face amount of policy	*				
Amount of accumulated dividends					
Current face amount of riders					
Amount of any outstanding loans	*				
Amount of outstanding interest on policy loans					
Current net death benefit	*				
Current account value	*				
Current cash surrender value	*				
Is the policy participating?	*				
If yes, what is the current dividend option?					

### PREMIUM INFORMATION

	This column to be completed by Viatical Settlement Broker/provider	This column to be used by Insurance Company
Current payment mode	*	
Current modal premium	*	
Date last premium paid	*	
Date next premium due	*	
Current monthly cost of insurance as of:		
Date of last cost insurance deduction		

### TO BE COMPLETED BY VIATICAL SETTLEMENT BROKER/PROVIDER

The information submitted for verification by the viati to the best of my knowledge and has been obtained thr	*
Signature	Printed Name

TO BE COMPLETED BY INSURANCE COMPANY			
The information provided by verification by the insurance community may knowledge as of(date).	ompany is correct and accurate to the best of		
Insurance company:	NAIC#		
Printed name:	Title:		
Telephone number:	Fax number:		
Signature:			
Please provide information about where the forms listed belo	ow should be submitted for processing.		
Name:	Title:		
Company Name:			
Mailing Address:			
City, State, ZIP:			
Overnight Address:			
City, State, ZIP:			
Telephone number:	Fax number:		
FORMS REQUEST			
Please provide the forms checked below:			
Absolute Assignment/Change of Ownership/Viatica Change of Beneficiary Release of Irrevocable Beneficiary (if applicable) Waiver of Premium Claim Form Disability Waiver of Premium Approval Letter Release of Assignment Change of Death Benefit Option Form (if UL) Allocation Change form (if Variable) Annual Report Current In Force Illustration	al Assignment		