

**AUTHORIZATION OF POLICY OWNER AND INSURED FOR USE AND DISCLOSURE
OF NON-PUBLIC PERSONAL INFORMATION FOR REFERRAL FOR POTENTIAL
LIFE SETTLEMENT TRANSACTION**

In order to evaluate the potential referral by **PROSPERITY LIFE SETTLEMENTS** ("Company") of _____ ("Owner"), the owner of the life insurance policy, Policy Number _____ ("Policy") insuring the life or lives of _____ ("Insured") to one or more licensed life settlement brokers or licensed life settlement providers selected by the Company for the potential sale by the Owner of the Policy and as may be necessary to effect a life settlement of the Policy, each other undersigned Owner and Insured hereby irrevocably authorize the following:

1. The Company to (a) use and (b) deliver, disclose, provide, and release, any and all information, including, without limitation, all non-public personal financial, health, and medical information, about the Owner and Insured, and the identity of the Owner as the owner of, and the Insured as the insured under, the Policy (collectively, the "Personal Information") and to deliver, disclose, provide, and release all the Personal Information to any licensed life settlement broker and licensed life settlement provider selected by the Company and any of their respective agents, employees, representatives, successors, and assigns; and
2. Any such life settlement broker to (a) use and (b) deliver, disclose, provide, and release all the Personal Information to any licensed life settlement provider and any of its agents, employees, representatives, successors, and assigns; and
3. Any such life settlement provider to (a) use and (b) deliver, disclose, provide, and release all the Personal Information to any of its financing entities, investors, related provider trusts, special purpose entities, financing sources, and any subsequent purchaser of the Policy from such life settlement provider, including any such financing entity, investor, or purchaser that may be an affiliate of the Company.

Each of the undersigned hereby agrees and consents that this Authorization shall be effective from the date hereof, until the earlier of (a) the date that is two (2) years after the date of the Insured's death, or (b) such earlier date, if any, as may be required by the applicable law or regulation. Each of the undersigned agrees that any photocopy, facsimile, or other reproduction of this Authorization shall be as valid as the original hereof and may be relied upon by any person or entity.

Each of the undersigned hereby certifies that his or her execution and delivery of this Authorization is done freely, unilaterally, and with full knowledge and understanding of the Authorizations given above as of the date written below.

Each of the undersigned acknowledges and agrees that: (a) the Company is only providing referrals of the Owner and the Insured to licensed life settlement brokers and licensed life settlement providers selected by the Company, and is not engaged effectuating life settlements or soliciting the Owner or the Insured to enter into a life settlement contract or otherwise to sell the Policy; (b) the Company is not licensed, or acting or intending to act, as an insurance agency, agent, broker, or producer; an investment, estate planning, or tax advisor; a viatical or life settlement provider; a viatical or life settlement broker; a viatical or life settlement representative; and (c) the Company is not an agent, broker, fiduciary or representative of, and does not owe any duty to, and has not created any special relationship with, the Owner or the Insured by referring the Owner and the Insured to any licensed life settlement broker or licensed life settlement provider.

Life Insurance Carrier: _____

**PLEASE REMIT ALL CORRESPONDENCE TO:
PROSPERITY LIFE SETTLEMENTS
660 BEACHLAND BLVD, SUITE 308
VERO BEACH, FL 32963
FAX# (888) 881-1681**

Life Insurance Policy Number: _____

OWNER (Policy Owner):

AGREED and ACCEPTED this _____ day of _____, _____.

Seller: _____ Printed Name: _____
signature

INSURED (Policy Insured):

AGREED and ACCEPTED this _____ day of _____, _____.

Seller: _____ Printed Name: _____
signature