

**PROSPERITY**  
LIFE SETTLEMENTS

**CLIENT APPLICATION**

**Life Insurance Information**

**Insurance Carrier**

**Policy Number**

**Policy Face Amount**

**Date of Issue**

**State of Issue**

**Policy Type**

**Name of Current Policy Owner**

**Name of Policy Beneficiary**

**If Other:** \_\_\_\_\_

**Has the policy beneficiary changed since the policy was issued?**

Yes

No

*If yes, please explain:*

**Has the insured or policy owner ever assigned the policy or policy benefits to any other person or entity?**

Yes

No

*If yes, please explain:*

**Insured's Personal Information**

**Name of Insured**

**Date of Birth**

**Social Security Number**

**Name of Second Insured (if applicable)**

**Date of Birth**

**Social Security Number**

**Insured's Address**

**City**

**State**

**Zip Code**

**Home Phone Number**

**Cell Phone Number**

**Email Address**

**Personal Information of Owner (If Different from Insured)**

*If same as Insured, please check here:*

**Name of Owner**

**Date of Birth**

**Social Security Number / Tax ID#**

**Owner's Address**

**City**

**State**

**Zip Code**

**Home Phone Number**

**Cell Phone Number**

**Email Address**

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PROSPERITY**  
LIFE SETTLEMENTS

APPLICANT'S LIST OF PHYSICIANS

1 **Physician's Name**

**Address**

**Phone Number**

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2 **Physician's Name**

**Address**

**Phone Number**

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3 **Physician's Name**

**Address**

**Phone Number**

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4 **Physician's Name**

**Address**

**Phone Number**

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5 **Physician's Name**

**Address**

**Phone Number**