

**POLICY OWNER'S AND INSURED'S AUTHORIZATION FOR
DISCLOSURE OF LIFE INSURANCE POLICY INFORMATION**

The signatory life insurance policy owner referenced below (the "Owner"), who is the owner of the life insurance policy referenced below (the "Policy"), insuring the life of the signatory insured referenced below (the "Insured"), issued by the life insurance company referenced below (the "Insurer"), and (2) the Insured, each irrevocably authorizes the Insurer, its affiliates, their respective employees and agents, and their respective successors and assigns to deliver, disclose, give, provide, and release to **PROSPERITY LIFE SETTLEMENTS**, its affiliates, their respective agents, specifically NICHOLAS ANDREW, KELLI REGAN, and/or CANDACE DRABECK; its employees, representatives, independent contractors, service providers and their respective successors and assigns, any and all information about the Policy, Owner, and Insured, including, without limitation, all non-public personally identifiable financial, health, and medical information concerning the Policy, Owner, and the Insured, that Insurer, its affiliates, their respective employees, agents and representatives, and their respective successors and assigns have in their possession or control.

This authorization shall be effective from the date hereof, until the earlier of (a) the date that is two (2) years after the date hereof, or (b) such earlier date, if any, as may be required by applicable law or regulation. Owner and Insured agree that any photocopy, facsimile, or other reproduction of this authorization shall be as valid as the original hereof, and may be relied upon by the Insurer, its affiliates, their respective employees, agents, representatives, and their respective successors and assigns.

Life Insurance Carrier: _____

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

PLEASE REMIT ALL CORRESPONDENCE TO:

**PROSPERITY LIFE SETTLEMENTS
660 BEACHLAND BLVD, SUITE 308
VERO BEACH, FL 32963
FAX# (888) 881-1681**