

***Trade Partners, Receiver
Investor's Information Verification Form***

Contact Information

Name:
Street Address:
City:
State:
Zip Code:
Country:
Telephone Number:
Alternative Number:
Fax Number:
Email:

Please provide the following information for each policy held.

Individual Policy Information

Type of Investment:
Viatical _____ LLC _____ Real Estate _____ Other _____
Policy Number:
Date Designated:
Insurance Company:
Purchase Price:
Death Benefit Amount:
Percent of Interest in Policy:
Life Expectancy:
Original Policy Owner's Name:
Percentage/ Amount of Policy Financed by Trade Partners:
Reinvestment: _____ Yes _____ No