

This disclosure document is mandated by the State of Maine Office of Securities.

Viatical Disclosure Document II

Read Immediately Upon Receipt

You are purchasing a **viatical or life settlement contract**. A **viatical or life settlement contract** is an agreement for the purchase of the death benefit of a life insurance policy. The owner of the life insurance policy being sold is called the **owner**. The individual whose life is insured by the policy is called the **insured**.

Right to Rescind

1. By law, you have the right to rescind the purchase of this investment by giving written notice of your intention to rescind. To be effective, your written notice of rescission must be postmarked no later than 30 days following the later of:
 - a. the date on which you paid for your investment; or
 - b. the date on which you received this Disclosure Document II.

Your written notice of rescission must be mailed, postage prepaid, to:

Name:

Address:

What you are purchasing

2. You are investing \$ _____ and will receive \$ _____ upon the death of the **insured**.

The life expectancy of the **insured** in whose policy you are investing is _____.

3. You are purchasing (check one):

- ☐ _____ % (percent) ownership and death benefit of a life insurance policy with a \$ _____ death benefit.
- ☐ the entire ownership and death benefit of a life insurance policy with a \$ _____ death benefit.
- ☐ _____ % (percent) of the death benefit of a life insurance policy with a \$ _____ death benefit.
- ☐ the entire death benefit of a life insurance policy with a \$ _____ death benefit.

The insurance policy

4. The life insurance policy was issued by:

Company:

Address:

Telephone Number:

5. The policy number is:

6. The policy was issued on (date):

7. The policy is (check all that apply):

☐ A term policy

The term of the policy is: _____.

☐ A group policy

Name of the Group

Address

Telephone Number

☐ Contestable

The policy is contestable until (date)_____.

Ownership

8. After you make your purchase, you will be (check one):

☐ an owner and beneficiary of a life insurance policy.

Other owners of the policy will be:

(attach list of names and addresses of other investors)

☐ a beneficiary **only** of a life insurance policy.

The owner(s) of the policy will be:

(attach list of names, addresses, and telephone numbers)

Other beneficiaries of the policy will be:

(attach list of names and addresses of other investors)

Premiums

9. Premiums on the policy are (check one):

☐ Paid in full and no additional premium payments will ever be required.
(If checked, go directly to item 12)

☐ Required to be paid periodically.
Premiums are:

\$ _____ annually

Payments of \$ _____ are due to be paid:

- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-annually
- ☐ Annually

10. Term of premium payments (check one):

☐ If premium payments are made as required the policy will be fully paid up on
(date) _____.

☐ Premium payments must be made until the death of the insured.

11. Funding of premium payments (check all that apply):

☐ A portion of your investment has been set aside to pay premiums. This
amount will fund the payment of premiums until (date) _____.

☐ These funds have been placed in an escrow account.

Name of Escrow Agent:
Address:

Telephone Number:
Bank Name and Account Number:

☐ You will be obligated to pay additional money to fund premium payments after
(date) _____. Payments of \$ _____ will be due to be
paid:

- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-annually
- ☐ Annually

☐ Before these additional payments are due, you will be notified of when and to whom to make your premium payments.

☐ Other
(explain)_____.

Use of your investment funds

12. Of the amount you are investing:

\$ _____ will be used to purchase the policy from the owner.

\$ _____ will be set aside to pay premiums on the policy.

\$ _____ will be used to pay a commission to the person who sold you the policy.

\$ _____ will be used to pay administrative expenses and other transaction costs.

The Maine Office of Securities is the agency of state government responsible for the licensing of brokerage firms, investment advisers and their employees, the registration of investment products, and enforcement of the State's securities laws. Anyone with questions or concerns about viaticals or other investments may call the Maine Office of Securities toll-free at 1-877-624-8551. We may be reached by mail at Maine Office of Securities, 121 State House Station, Augusta, ME 04333-0121.

- This is (check one):
1. A New Notice; or
 2. An Amendment to a Notice (Maine File No. _____).

**STATE OF MAINE
OFFICE OF SECURITIES
121 State House Station
Augusta, Maine 04333-0121**

**Telephone: 207-624-8551
Facsimile: 207-624-8590
Website: MaineSecuritiesReg.Org**

**NOTICE OF EXEMPTION FOR OFFERS AND SALES OF VIATICAL OR LIFE
SETTLEMENT CONTRACTS UNDER 32 M.R.S.A. §16202(25)**

**Use this form to claim a securities registration exemption under 32 M.R.S.A. §16202(25).
File your completed form and fee with the Maine Securities Administrator before you
make any offers or sales in Maine.**

1. Issuer of the offering of viatical or life settlement contracts covered by this notice.

Note: 32 M.R.S.A. §16102(17)(D) defines the issuers of viatical or life settlement contracts as follows: the issuer of a fractional or pooled interest in a viatical or life settlement contract is the person who creates, for the purpose of sale, the fractional or pooled interest. The issuer of a viatical or life settlement contract that is not fractionalized or pooled is the person effecting the transaction with the investor in such a contract but does not include a broker-dealer or sales representative.

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

2. Correspondent: to whom notices and communications regarding this application may be sent

Name: _____

Firm: _____

Address: _____

Telephone Number: _____

Email Address: _____

3. Form of Organization (check one)

____ Corporation ____ Unincorporated Association
____ Limited Liability Company ____ Other (specify) _____
____ Limited Partnership

Issuer's state or jurisdiction of incorporation or organization: _____

Date of incorporation or organization: _____

4. This offering of viatical or life settlement contracts:

Description of contracts offered: _____

Number of contracts offered: _____

Price per contract: _____

Aggregate dollar amount of offering: _____

5. Provide the following information for each individual representing the issuer in making offers and sales of viatical settlements in Maine. Attach additional sheets, if necessary.

Name: _____

Employer: _____

Title/position: _____

Address: _____

Telephone number: _____

Will this individual be compensated, directly or indirectly, by the payment of commissions or other remuneration based on offers and sales of the viatical settlements the individual makes in Maine? Yes _____ No _____

If Yes, has this individual filed Uniform Form U-4 with the Office of Securities and paid the \$50 fee? Yes _____ No _____

6. Provide the following information for each broker-dealer that will solicit purchasers in Maine. Attach additional sheets, if necessary.

Name: _____

CRD#: _____

Business Address: _____

Telephone number: _____

Together with this form, include the offering materials prepared in compliance with section 4(2) of Rule chapter 539 of the Office of Securities Rules, a nonrefundable \$300 filing fee and a consent to service of process on Uniform Form U-2.

The issuer has read this notice and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. The authorized person who signs the Notice of Exemption states that:

- He/she is executing this Notice of Exemption for and on behalf of the issuer;
- He/she is authorized to execute and file this Notice of Exemption on behalf of the issuer;
- He/she is familiar with this Notice of Exemption;
- To the best of this person's knowledge, information, and belief, the statements made in this Notice of Exemption are true; and
- To the best of this person's knowledge, information, and belief, any documents submitted with this Notice of Exemption are true copies of the originals.

Signature: _____

Date: _____

Name of Issuer (Printed or Typed)

Name of Person Executing Notice (Printed or Typed)

Title (Printed or Typed)