

INFORMAL INQUIRY

Client's Name(s):	D.O.B.:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Sec. # :
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Resident Address:

Client's Name(s): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:
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Agent's Name	Agent's Phone	Fax	Agent's SS#/Iax I.D.	Agent's Email Address
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Plan of Insurance/ Amount Desired: \$	How much life insurance currently inforce?	Premium Tolerance
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Currently using a tobacco product, or ever use? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details, (type and how long) Details: / /	If discontinued date stopped: / /
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Has case been <i>submitted</i> to other companies in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list companies, file # s, dates submitted and offers made:
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List any Insurance applied for that was <i>rated or issued</i> other than applied for : Name of Company Amount Year Issued? Std. Premium Extra Premium Reason Rated or Declined
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<input type="checkbox"/>	*	What physician(s) have you consulted in the past 5 years?
Physician(s) name:		Physician(s) name:
Date:		Date:
Phone numbers:		Phone numbers:
Address:		Address:
Reason:		Reason:

<input type="checkbox"/>	*	In what hospitals, clinics, etc. have you ever been treated?
Physician (s) name:		Physician (s) name:
Hospital/clinic/ etc.:		Hospital/ clinic/ etc.:
Phone numbers:		Phone numbers:
Address:		Address:
Reason:	Date:	Reason:
		Date:

<input type="checkbox"/>	*	Please list all medications
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* Please provide additional details on a separate page.



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Client's Name(s)

Soc. Sec. #

<input type="checkbox"/>	CORONARY -Check here if this section is NOT applicable 1. Date of diagnosis of first chest pain: ___/___/___ 2. Number of diseased vessels: _____ 3. Dates/details of treatment/surgery (examples: Angioplasty, Bypass) _____ _____ _____ 4. Date of last stress EKG: ___/___/___ Results: _____ By whom: _____ 5. Any pain since treatment/surgery? _____ _____
<input type="checkbox"/>	CANCER -Check here if this section is NOT applicable 1. Exact name and location of cancer: _____ _____ 2. Stage and grade: _____ 3. Who would have the pathology report? : _____ 4. Dates/details of treatment/surgery: _____ _____ _____
<input type="checkbox"/>	DIABETES -Check here if this section is NOT applicable 1. Date of diagnosis: 2. Treatment: (check one) <input type="checkbox"/> Diet Only <input type="checkbox"/> Oral Medication <input type="checkbox"/> Insulin Details: _____ 3. Do you regularly test your blood glucose?: <input type="checkbox"/> Yes / <input type="checkbox"/> No Results: _____ Frequency: _____ 4. Latest result of glycohemoglobin (A1C) test: _____ mg% 5. Have you been diagnosed with having protein and/or microalbumin in your urine? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Have you ever had? a. Any eye trouble? <input type="checkbox"/> Yes / <input type="checkbox"/> No d. Kidney trouble? <input type="checkbox"/> Yes / <input type="checkbox"/> No b. Heart trouble? <input type="checkbox"/> Yes / <input type="checkbox"/> No e. Neuritis/neuralgia? <input type="checkbox"/> Yes / <input type="checkbox"/> No c. High blood pressure? <input type="checkbox"/> Yes / <input type="checkbox"/> No f. Insulin reactions? <input type="checkbox"/> Yes / <input type="checkbox"/> No
<input type="checkbox"/>	Have you ever sought treatment for Alcohol or Drug Abuse?-Check here if this section is NOT applicable <input type="checkbox"/> Yes/ <input type="checkbox"/> No (If yes, please request the appropriate questionnaire)
<input type="checkbox"/>	HAZARDOUS ACTIVITIES -Check here if this section is NOT applicable <input type="checkbox"/> Yes/ <input type="checkbox"/> No (If yes, please check the activity and request the questionnaire) <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Bungee Jumping <input type="checkbox"/> Ultralight Flying <input type="checkbox"/> Sky Diving <input type="checkbox"/> Mountain Climbing <input type="checkbox"/> Hang Gliding <input type="checkbox"/> Auto/Motorcycle Racing <input type="checkbox"/> Other

Tempewick Wealth Management

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973.285.1000/FAX 973.285.1600

AUTHORIZATION FOR DISCLOSURE - HIPAA Compliant

I hereby authorize each physician, doctor, physician practice group, nurse, pharmacy, hospital, clinic and/or any other health care provider ("Authorized Disclosure") to provide to Tempewick Wealth Management and/or its affiliates, directors, officers, employees, service providers or other representatives noted below ("Tempewick Wealth Management"), any and all information and/or records as to diagnosis, treatment and/or prognosis (including any and all dates thereof) concerning my past, present or future physical or mental history or condition. I also specifically authorize each Authorized Disclosure to release to Tempewick Wealth Management the results of any HIV or AIDS test as well as information relating to any sexually transmitted diseases, drug or alcohol abuse and psychiatric evaluations and/or information.

I understand that all medical information disclosed here under will be treated as confidential and will only be used by Tempewick Wealth Management in connection with the decision to purchase, finance, transact a life settlement and/or maintain one or more life insurance policies under which my life is insured. I further understand that I am not required to sign this Authorization in order to obtain healthcare benefits (treatment, payment or enrollment).

I acknowledge and understand that I may revoke this Authorization at any time with respect to any Authorized Disclosure by notifying such Authorized Disclosure of my revocation of this authorization in writing and delivery of said revocation by mail or personal delivery at such address designated by Authorized Disclosure; provided that any revocation of this Authorization shall not apply to the extent that (i) the Authorized Disclosure has taken action in reliance upon this Authorization prior to receiving notice of my revocation or (ii), if this Authorization was obtained as a condition of obtaining insurance coverage, other law provides an insurer with the right to contest a claim under an insurance policy.

I understand that this Authorization is not a consent or an authorization requested by a health care provider, health care clearing house or health plan covered by privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Regulations"). I further understand that, as a result of this Authorization, any of my medical information disclosed by any Authorized Disclosure to Tempewick Wealth Management may be redisclosed by Tempewick Wealth Management and may no longer be protected by the HIPAA Privacy Regulations.

I certify that I am executing and delivering this Authorization freely and unilaterally as of the date written below and that all information contained herein is true, accurate and correct. I further certify that this Authorization is written in plain language and I fully understand its contents. I will retain a signed copy of this Authorization for future reference.

I specifically authorize and request my insurance company and each Authorized Disclosure to rely upon a photostatic or facsimile copy or other reproduction of this Authorization the same as the original.

This Authorization shall remain valid until, and shall expire on the date one year following the date of my death.

Accordia / AIG-American General / Abacus Settlements, LLC / Allianz / All Financial / Allstate Life of NY / American Mayflower / American National / American Equity / Americo / Ameritas Life / Annexus / Ashar Group / Applied Capital / Athene / AVS Underwriting / Aspida / Assurity Life / AXA / Banner Life / Bankers Life of NY / Berkshire Settlements / Berlin Atlantic Capital / Brighthouse / Capital Life / Cincinnati Life / Clearwater Settlements / Clear Spring / Columbus Life / Companion of NY / CoreBridge / Coventry First / Delaware Life / Disability Insurance Services / eNOAH / EMSI / Equitrust / Equitable / ExamOne / Exceptional Risk Advisors / Express Imaging Services, Inc. / Fair Market Life / Fasano / First Colony Life / Fidelity & Guarantee / Fidelity Security / First Symetra / Foresters Financial / Genworth Companies / Gerber Life / Great American / Guardian Life / First Equity Benefits / Great West / Growth, LLC / Greenwich Life Settlements / Habersham Funding / Hartford / JCS Services / Ibis / IBU Inc. Underwriting Services / Illinois Mutual / ING Companies / Indianapolis Life / Independent Funding Group, LLC / Insurative Premium Finance (Jersey) Limited / Integrity Settlement Providers / Jefferson Pilot / John Hancock / KBM Consulting / Lafayette Life / Legal & General America / Life Insurance Co. of the SW / LifeRoc Capital LLC / Lloyds of London / Legacy Benefits / Liberty Life / Life Equity, LLC / Life Exams / Life Settlement Providers, LLC / Life Settlement Solutions/ Life trust, LLC / Lincoln Bene fit / Lincoln Life / Living Bene fits / Madison Brokerage Corp / Magna Administrative Services / Maple Life Financial/Mass Mutual / Minnesota Life / MetLife/Milestone Managers and Providers/ Montage Financial Group/ National Western Life/Nationwide/Nassau re / National Guardian Life / National Life Ins. Co. / National Western Life / Neuma, Inc./New Life Capital Strategies / New York Life / North American / Oceanview Life & Annuity / Ohio State Life / OneAmerica / Oxford Life & Annuity / Pacific Guardian Life / Old Mutual Financial Network / Pacific Life / Peachtree Life Settlements / Penn Mutua l / Phoenix / Portsmouth Settlement / Presidential Life / Principal Financial / Paperless Solutions Group / Penn Insurance & Annuity Co. /

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TEMPEWICK
WEALTH MANAGEMENT

Protective Life / Progressive Capital Solutions, LLC / Proverian Capital, LLC / Prudential / Q Capital Strategies / RAJ Group / Reliastar Life Ins Co / Reliastar Life of NY / Reliance Standard / Royal Neighbors / Sagicor / ScriptCheck / Securian Life / Security Mutual Life Ins. Co. of NY / Sentinel Security / Signature Resources / Strategic Medical Consulting, Inc. / Tellus Life Brokerage / SBLI / Secondary Life Capital, LLC / Senior Settlements / Seven Hills Settlements / 21st Services / Security Life of Denver / Silver Point Capital / Standard Insurance Company / Strategic Medical Consulting Inc. / Sun Life / Sun Life of NY / Symetra Life / The Baltimore Life / The Standard / United Home Life / United States Life Ins. Co. of NY / Tempewick Wealth Management, LLC / The Ardan Group / The Guardian / Transamerica / United of Omaha / U.S. Financial / US Life / Vespers / ViaSource Funding Group, LLC / Voya / West Coast Life / William Penn / Wm. Page & Assoc (Lifeline)

Name of Insured _____ Signature _____

Date of Birth _____ Social Security Number _____ Date _____