

INFORMAL INQUIRY

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

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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 / Applied Capital / Athene / AVS Underwriting / AXA / Banner Life / Bankers Life of NY / Berkshire Settlements / Berlin Atlantic Capital / Brighthouse / Clearwater Settlements / Columbus Life / Companion of NY / Coventry First / EMSI / ExamOne / Exceptional Risk Advisors / Fair Market Life / Fasano / First Colony Life / Genworth Companies / First Equity Benefits / Great West / Growth, LLC / Greenwich Life Settlements / Habersham Funding / Hartford / JCS Services / ING Companies / Indianapolis Life / Independent Funding Group, LLC / Insurative Premium Finance (Jersey) Limited / Integrity Settlement Providers / Jefferson Pilot / John Hancock / 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 / MetLife / Milestone Managers and Providers / M Jack Cotlas, M.D. / Montage Financial Group / National Western Life / Nationwide / Neuma, Inc / New Life Capital Strategies / New York Life / North American / Old Mutual Financial Network / Pacific Life / Peachtree Life Settlements / Penn Mutua I / Phoenix / Portsmouth Settlement / Presidential Life / Principal Financial / Progressive Capital Solutions, LLC / Proverian Capital, LLC / Prudential / Q Capital Strategies / RAJ Group / Reliastar Life Ins Co / Reliastar Life of NY / 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 / 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 _____