

**POLICY INFORMATION RELEASE FORM**

**POLICY SERVICING**

Insurance Company:

Policy Number:

Policy Owner:

Insured:

I hereby authorize and request that the above-referenced Insurance Company or any other institution or person having custody or control of any insurance records or similar information relating to the above-referenced policy (the "Policy") to release any and all such insurance information concerning the Policy to NorthStar Life Services, LLC, in its capacity as servicer of the Policy, as promptly as possible upon request, including but not limited to the following:

- A fully completed Verification of Coverage Form (VOC)
- A complete copy of the Policy
- Policy Illustrations
- Premium and Annual Statement Information
- Chain of Title Information (Change of Owner & Beneficiary)
- General Policy Information

The purpose of this release is to facilitate the servicing of the Policy on behalf of (Policy Owner). For the avoidance of doubt, Life Settlement Connect inc. is not authorized to amend the terms of the Policy.

Please retain this form in the appropriate file as a record of this authorization and release. Copies of any correspondence should be sent to the following address:

To Servicer:

Life Settlement Connect inc.

242 S Washington Blvd.  
Suite 163  
Sarasota  
Florida 34236

I agree that this form represents my continuing authorization to the entity set forth above (unless such consent is subsequently withdrawn in writing), that a photocopy facsimile is as valid as the original, and that I may request a copy of this authorization.

\_\_\_\_\_  
(Policy Owner Name)

By:

\_\_\_\_\_  
Date