

Application for Viatical Settlement Broker License

(Please Print or Type – Note that each individual selling viatical settlement contracts needs to be licensed as a broker.)

① Soc. Security Number (individual, not legal entity)		② Are you affiliated with a viatical settlement provider? Yes <input type="checkbox"/> Name of Provider: _____ No <input type="checkbox"/>			
③ Last Name JR./SR. etc		④ First Name	⑤ Middle Name	⑥ Date of Birth (month) ___ (day) ___ (year)___	
⑦ Residence/Home Address (Physical Street)		⑧ P.O. Box	⑨ City	⑩ State	⑪ Zip or Foreign Country
⑫ Home Phone Number () -	⑬ Gender (Circle One) Male Female	⑭ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)			
⑮ Business Name					
⑯ Business Address (Physical Street)		⑰ P.O. Box	⑱ City	⑲ State	⑳ Zip or Foreign Country
㉑ Business Phone Number () -	㉒ Business Fax Number () -	㉓ Business E-Mail Address		㉔ Business Web Site Address	
㉕ Applicant's Mailing Address		㉖ P.O. Box	㉗ City	㉘ State	㉙ Zip or Foreign Country
㉚ Assumed Business Name/Trade Name					

Employment History

㉛ Account for all time for the past five years. Give all employment experience starting with your previous employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City State					
Name State					
Name State					
Name State					
Name State					
Name State					
Name State					

Viatical Settlement Experience

㉜ Please detail any experience that would qualify the Applicant to enter the viatical settlement business:

a. Prior Business Experience - Please list the state(s) in which the applicant has brokered viatical settlement contract(s) and the number of such transactions completed.

b. Educational or Training Courses Completed (List date, Course Title, and Educational Provider's Name)

Background Information

33 The Applicant must read the following very carefully and answer every question:

1. Have you ever been licensed as an insurance producer in the state of Iowa? Yes ___ No ___

If you answer yes, what insurance lines are/were you qualified to write? _____

2. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

4. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

5. Has any demand been made or judgment rendered against you for overdue monies by a viatical settlement provider, viator or viatical settlement broker, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

6. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

7. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

Certification and Attestation

34 The Applicant must read the following very carefully:

- 1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- 2. I hereby designate the Commissioner of Insurance to be my agent for service of process regarding all viatical settlement matters in the state of Iowa and agree that service upon the Commissioner is of the same legal force and validity as personal service upon myself.
- 3. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or viatical settlement provider.
- 4. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 5. I acknowledge that I am familiar with the viatical settlement laws and regulations of the state of Iowa.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)