

NOTIFICATION OF LICENSED LIFE INSURANCE PRODUCER TO ACT AS VIATICAL SETTLEMENT BROKER

| (Name of Montana Licensed Insurance Producer) | |
|--|---------------------------------|
| ave been a licensed life insurance producer since an an | d my |
| ontana producer license number is(Montana producer license number) | · |
| | |
| have been licensed as a life producer in | , |
| nce | |
| (Date life producer was licensed in home state) (Home state producer license number) | |
| wish to inform the Commissioner of Securities and Insurance, Montana State Auditor, of extention to act as a Viatical Settlement Broker. I began acting as a Viatical Settlement Broken. In | |
| further state that I will conduct myself as a Viatical Settlement Broker in accordance with ection 33, Chapter 20, Part 13, MCA. I have also enclosed my one-time application fee of with this Notification. (Made payable to the Montana State Auditor.) I have enclosed a copine disclosure form that I have prepared which states to the viator that I represent the viator of owe the viator a fiduciary duty and to act according to the viator's instructions and in the est interest of the viator. Please note: all Viatical Settlement Brokers are required to prote the Office of the Commissioner of Securities and Insurance, Montana State Auditor, by larch 1, forms VSB 001, VSB 002 and VSPB 001, which are located at www.csi.mt.gov. | of \$50 by of ator the |
| (Signature of Insurance Producer) | |
| (Date Notification was signed) | |

















