



Troy Downing
Commissioner of Securities & Insurance
Montana State Auditor
840 Helena Ave
Helena, MT 59601

Phone: 406.444.2040
800.332.6148
Fax: 406.444.3497
www.csimt.gov

Notification of Licensed Life Insurance Producer to Act as Viatical Settlement Broker

I, _____,
(Name of Montana Licensed Insurance Producer)

have been a licensed life insurance producer since _____ and my
(Date the producer was licensed)

Montana producer license number is _____.
(Montana producer license number)

I have been licensed as a life producer in _____,
(Home State of Agent)

since _____.
(Date life producer was licensed in home state) (Home state producer license number)

I wish to inform the Commissioner of Securities and Insurance, Montana State Auditor, of my intention to act as a Viatical Settlement Broker. I began acting as a Viatical Settlement Broker on _____.
(Date)

I further state that I will conduct myself as a Viatical Settlement Broker in accordance with Section 33, Chapter 20, Part 13, MCA. I have also enclosed my one-time application fee of \$50 with this Notification. (Made payable to the Montana State Auditor.) I have enclosed a copy of the disclosure form that I have prepared which states to the viator that I represent the viator and owe the viator a fiduciary duty and to act according to the viator's instructions and in the best interest of the viator. Please note: all Viatical Settlement Brokers are required to provide to the Office of the Commissioner of Securities and Insurance, Montana State Auditor, by March 1, forms VSB 001, VSB 002 and VSPB 001, which are located at www.csi.mt.gov.

(Signature of Insurance Producer)

(Date Notification was signed)