

**Commissioner of Securities & Insurance
Office of the Montana State Auditor
840 Helena Avenue
Helena, Montana 59601
<http://csimt.gov/>
406-444-2040 – 800-332-6148
Fax 406-444-3497**

INSTRUCTIONS FOR VIATICAL SETTLEMENT PROVIDER APPLICATION

The enclosed represents required forms to be completed by an applicant for a Viatical Settlement Provider's license.

- Application Form
- Viatical Settlement Provider Attestation Regarding the use of a Licensed Viatical Settlement Broker
- Biographical Affidavit
- Indemnity Bond
- Appointment of Attorney to Accept Service of Process.
- Annual Reporting Forms that are filed in conjunction with Annual Statement

Complete the above forms and submit along with the \$1,900.00 license fee.

Please note: A viatical settlement provider shall file with the commissioner samples of all forms the provider uses or plans to use to enter into Viatical settlements with viators and viator application forms, advertising, and other solicitation materials that will be used to market viatical settlements to viators or prospective viators in this state before using such materials. These materials are to be filed with the Rates and Forms Division of the Department of Insurance. Please contact the Rates and Forms Division for further information with regards to these required filings.

STATE OF MONTANA
Commissioner of Securities & Securities
840 Helena Avenue
Helena, Montana 59601
<http://csimt.gov/>

VIATICAL SETTLEMENT PROVIDER APPLICATION

NAME OF APPLICANT _____

DBA (if applicable) _____

HOME OFFICE ADDRESS _____
(Street or P.O. Box)

(City) (State) (Zip)

MAILING ADDRESS _____
(Street or P.O. Box)

(City) (State) (Zip)

Contact Person _____

Phone Number () _____ Fax () _____

Email Address _____

TYPE OF BUSINESS ORGANIZATION (check one)
 Individual Partnership Association Corporation

Date Incorporated _____ State of Domicile _____ FEIN Number _____

LIST NAMES AND ADDRESSES OF ALL MEMBERS, OR OFFICERS, OR OWNERS OF THE APPLICANT.
FULL NAME TITLE ADDRESS %OWNERSHIP

HAS ANY REGULATORY (LEGAL OR ADMINISTRATIVE) ACTION EVER BEEN TAKEN AGAINST THE APPLICANT IN ANY OTHER STATE AT ANY TIME?
YES _____ NO _____ If yes, please explain. _____

HAS THE APPLICANT EVER BEEN FINED IN ANY OTHER STATE? YES _____ NO _____
If yes, please explain. _____

The applicant is required to submit any changes from the above information to this office in a timely manner.

ATTESTATION INSTRUCTIONS

ATTESTATIONS SUBMITTED MUST BE ORIGINALS. COPIES ARE NOT ACCEPTABLE.

This report must be attested to by the following, based upon organizational structure of the viatical settlement provider:

1. If the viatical settlement provider is a corporation, the report must be attested by at least two principal officers of the viatical settlement provider;
2. If the viatical settlement provider is a partnership, the report must be attested by two partners; or
3. If the viatical settlement provider is not a corporation or a partnership, by the provider's owner and manager.

Viatical Settlement Provider Attestation

Name of Viatical Settlement Provider

Type of Business Organization

Mailing Address: Street or PO Box

City

State

Zip

Phone #

Fax #

Web Site

As an individual responsible for conducting the affairs of the above named Viatical settlement provider applying to transact business in the State of Montana, I am familiar with the laws of Montana relating to Viatical settlement providers and do hereby state that pursuant to Section 33-20-1303, MCA, that the Viatical settlement provider will only utilize the services of a licensed Montana Viatical settlement broker.

(Typed Name)

(Typed Name)

(Signature)

(Date)

(Signature)

(Date)

(Title)

(Title)

Sworn to and subscribed before me

Sworn to and subscribed before me

This day of _____, 20____

This day of _____, 20____

NOTARY PUBLIC for the state of _____ NOTARY PUBLIC for the state of _____

Residing at _____ Residing at _____

My commission expires _____ My commission expires _____

(SEAL)

(SEAL)

INSTRUCTIONS

ATTESTATIONS SUBMITTED MUST BE ORIGINALS. COPIES ARE NOT ACCEPTABLE.

This report must be attested to by the following, based upon organizational structure of the viatical settlement provider:

1. If the viatical settlement provider is a corporation, the report must be attested by at least two principal officers of the viatical settlement provider;
2. If the viatical settlement provider is a partnership, the report must be attested by two partners; or
3. If the viatical settlement provider is not a corporation or a partnership, by the provider's owner and manager.

**Viatical Settlement Provider Attestation
Securities Compliance Requirement**

Name of Viatical Settlement Provider:

Type of Business Organization:

MAILING ADDRESS

Street or PO Box:

City of: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Web Site: _____

As an individual responsible for conducting the affairs of the above named Viatical settlement provider applying to transact business in the State of Montana, I am familiar with the laws of Montana relating to securities regulation and do hereby state that the Viatical settlement provider will comply with Sections 30-10-103(22) and 30-10-301, MCA,

(Typed Name)

(Typed Name)

(Signature)

(Date)

(Signature)

(Date)

(Title)

(Title)

Sworn to and subscribed before me

Sworn to and subscribed before me

This day of _____, 20____

This day of _____, 20____

NOTARY PUBLIC for the state of _____

NOTARY PUBLIC for the state of _____

Residing at _____

Residing at _____

My commission expires _____

My commission expires _____

(SEAL)

(SEAL)

BIOGRAPHICAL AFFIDAVIT

<http://csimt.gov/wp-content/uploads/NAIC-Biographical-Affidavit-Form-2015.pdf>

SERVICE OF PROCESS

<http://csimt.gov/wp-content/uploads/service-of-process-form-viatical-provider-2018.pdf>

(VIATICALPROVIDER.SP 2018)

**INDEMNITY BOND
VIATICAL SETTLEMENT PROVIDER**

BOND No. _____

AMOUNT _____

Know All Men By These Presents, that _____,
hereinafter called the Principal, and _____,
a corporation authorized to transact insurance business within the state of Montana, as Surety, are held and firmly bound unto the State of Montana, hereinafter called the Obligee in the sum of Fifty Thousand and No/100 Dollars (\$50,000.00) for the payment whereof to the Obligee, the Principal and Surety hereby bind themselves, their successors and assigns, jointly and severally firmly by these presents.

The condition of this obligation is such that the above Principal has made application to the Obligee for a certificate of authority to engage in the business of Viatical Settlement Provider within the State of Montana and will function as such. The Principal shall, in accordance with the provisions of its Viatical Settlement Provider certificate of authority, comply with the applicable laws of the State of Montana and assure the faithful performance of its obligations to its viators. If the Principal is complying with the provisions of its license and is faithfully performing its obligations to viators, then this obligation shall be null and void; otherwise, this obligation remains in full force and effect.

Provided, however, that the liability of the Surety hereunder shall in no event exceed the penal sum of this bond as stated above, regardless of the number of years the bond shall continue in force; and it is expressly agreed that either the principal or surety may cancel this bond by giving thirty (30) days written notice to the other, provided however, that such cancellation shall not be effective so far as the Obligee is concerned until the expiration of thirty (30) days after written notice has been given to said Obligee by the Surety. Such notice shall be delivered to the Obligee at the Office of the Insurance Commissioner of the State of Montana.

SIGNED, SEALED AND DATED THIS _____ DAY OF _____, 20____.

ATTEST:

ATTEST:

(Name of Provider)

By: _____

(Name of Surety)

By: _____

Viatical Settlement Provider Report

Calendar year
20__

Viatical Settlement Provider's Name _____

All States and Territories

States	1	2	3	4	5	6	7	8	
	Are you doing business in this state? (Y/N)	Total number of policies reviewed for consideration	Total number of policies where an offer was made	Total number of policies where an offer was not made	Total number of policies purchased	Aggregate total net death benefit	Aggregate amount paid to viators	Secondary market transactions	
								pur	sold
Alabama									
Alaska									
Arizona									
Arkansas									
California									
Colorado									
Connecticut									
Delaware									
Dist. of Columbia									
Florida									
Georgia									
Hawaii									
Idaho									
Illinois									
Indiana									
Iowa									
Kansas									
Kentucky									
Louisiana									
Maine									
Maryland									
Massachusetts									
Michigan									
Minnesota									
Mississippi									
Missouri									
Montana									
Nebraska									
Nevada									
New Hampshire									
New Jersey									
New Mexico									
New York									
North Carolina									
North Dakota									
Ohio									
Oklahoma									
Oregon									
Pennsylvania									
Rhode Island									
South Carolina									
South Dakota									
Tennessee									
Texas									
Utah									
Vermont									
Virginia									
Washington									
West Virginia									
Wisconsin									
Wyoming									
American Samoa									
Guam									
Puerto Rico									
U.S Virgin Islands									
Canada									
TOTALS									

VSP 001 Initials of preparer: _____

Viatical Settlement Provider Report [State] Insureds Only Instructions

NOTE: *This form must be accompanied by Viatical Settlement Provider/Broker Certification Form.*

1. List the settlement number, case number or unique identifying number used to identify the specific viatical settlement transaction.
2. List the date the viatical settlement contract was purchased by the provider during the current calendar year, whether or not the insured is still alive at the end of the calendar year.
3. List the net amount (in dollars) being viaticated.
4. List the age (in years) of the person insured by the policy being viaticated, at the time of the viatical settlement contract.
5. List the life expectancy (in months) of the insured individual at the time of the viatical settlement contract.
6. List the net amount (in dollars) paid to the viator.
7. Identify whether the policy was an individual policy (I) or a group policy (G).
8. List the type of funding for the transaction: "F" for a licensed financial institution (policies collateralized), "P" for private (purchaser) funding, "I" for internal funding, "T" for trust, and "RPT" for related provider trust.
9. Indicate the purchase source of the policy. Use "B" for viatical settlement broker, "D" for direct from the viator, "I" for insurance agent/producer, "SM" for a secondary market or viatical settlement provider, "P" for private (purchaser) funding or "O" for other.
10. List the amount of commissions (in dollars) paid to viator source involved in the transaction whether that be a viatical settlement broker, an insurance producer or other licensed entity authorized to be viator source.
11. List the name of the source of the viatical settlement transaction. If it is a broker, producer or other licensee, name that person; if it is direct, from a relative, from the corporation of the insured or any other entity that could possibly reveal the insured, designate by writing "Direct," "Relative," "Corporation," or other non-designating word.

VSP 002 Instructions Initials of preparer: _____

Individual Mortality Report—[State] Insureds Only Instructions

NOTE: *This form must be accompanied by the Viatical Settlement Provider/Broker Certification Form.*

1. List the settlement number, case number, or unique identifying number used to identify the specific viatical settlement transaction.
2. List the date of the viatical settlement contract.
3. List the age of the insured at the time of the contract.
4. List the life expectancy (in months) of the insured individual at the time of the viatical settlement contract. For first to die policies, use the shortest life expectancy of the two lives. For second to die policies, use the longest life expectancy of the two lives.
5. List the "Net" amount paid to the viator.
6. Indicate the insured's date of death. For first to die policies, use the date of the first insured's death. For second to die policies, use the date of the last insured's death.
7. List the total amount of premiums (in dollars) required to be paid to the insurer to maintain the policy from the date of viatication to the date of death.
8. List the total death benefit collected from the insurer.
9. List the number of months between the date of contract and the insured's date of death.
10. List the number of months between the life expectancy of the insured at the time of contract and the insured's date of death. This should be noted as a plus (+) figure if the insured died after the estimated life expectancy or a minus (-) if the insured died prior to the estimated life expectancy.

VSP 003 Instructions

Initials of preparer: _____

Viatical Settlement Provider/Broker Certification Form

This section should be completed by viatical settlement providers.

Please check all forms submitted:

- Viatical Settlement Provider Reporting Form - All States and Territories (VSP 001)
- Viatical Settlement Provider Reporting Form - [State] Viators Only (VSP 002)
- Individual Mortality Report - [State] Insureds Only (VSP 003)

I hereby certify that the information contained in the reports indicated above is true and accurate. I acknowledge that providing false and misleading information in the reports, or failing to divulge a fact material thereto, is sufficient grounds for administrative action by the commissioner and potentially, applicable criminal penalties

_____	Date: ____/____/____
Signature of individual that prepared reports	

Print or type name	
_____	Date: ____/____/____
Signature of Authorized Representative	

Print or type name	

This section should be completed by viatical settlement brokers.

Please check all forms submitted:

- Viatical Settlement Broker Reporting Form - [All States and Territories] (VSB 001)
- Viatical Settlement Provider Reporting Form - [State] Viators Only (VSB 002)

I hereby certify that the information contained in the reports indicated above is true and accurate. I acknowledge that providing false and misleading information in the reports, or failing to divulge a fact material thereto, is sufficient grounds for administrative action by the commissioner and potentially, applicable criminal penalties

_____	Date: ____/____/____
Signature of individual that prepared reports	

Print or type name	
_____	Date: ____/____/____
Signature of Authorized Representative	

Print or type name	

**MONTANA CODED ANNOTATED LINK
TITLE 33. INSURANCE AND INSURANCE COMPANIES
CHAPTER 20. LIFE INSURANCE
Part 13. Viatical Settlements**

http://leg.mt.gov/bills/mca/title_0330/chapter_0200/part_0130/sections_index.html

**ADMINISTRATIVE RULES LINK
ADMINISTRATIVE RULES OF THE STATE OF MONTANA
Title 6 – State Auditor
Chapter 6
Subchapter 85**

Viatical Settlement Agreements

<http://www.mtrules.org/gateway/Subchapterhome.asp?scn=6%2E6.85>