



PEACHTREE LIFE SETTLEMENT BROKER APPLICATION

PLEASE PRINT AND ATTACH ADDITIONAL PAGES AS NEEDED
If you have any questions or need assistance please call 800.600.9161

Name: _____ Title: _____

Company Name: _____ Yrs. In Business: _____

Business Description: _____

Professional/Company Affiliations: _____

Street Address: _____

Business Number: _____ Business Fax: _____

Email: _____ Federal ID #: _____

Licenses/Certificates (Please attach copies)

1) State: _____ Date Approved: _____ License #: _____

Type of License - Life Viatical both

2) State: _____ Date Approved: _____ License #: _____

Type of License - Life Viatical both

3) State: _____ Date Approved: _____ License #: _____

Type of License - Life Viatical both

4) State: _____ Date Approved: _____ License #: _____

Type of License - Life Viatical both

Have you ever had a professional license revoked or suspended? Yes No

If so, explain: _____

Have you or anyone in your company ever been refused a license, ever been charged with violating a state or federal regulation, ever been convicted of, or have pending, any criminal action? Yes No

If so, explain: _____



Are you currently part of a Life Settlement Broker Network? Yes No
If so, with whom? _____

Do you currently have a working relationship with other Life Settlement Funders? Yes No
If yes, please list:

Please provide three professional references.

a) Contact: _____
Company Name: _____
Address: _____

City: _____ State: _____ Zip: _____
Telephone: _____

b) Contact: _____
Company Name: _____
Address: _____

City: _____ State: _____ Zip: _____
Telephone: _____

c) Contact: _____
Company Name: _____
Address: _____

City: _____ State: _____ Zip: _____
Telephone: _____

I hereby certify that the above information is true and accurate to the best of my knowledge and I agree to comply with all state and federal licensing/registration requirements, statutes and regulations that pertain to the sale or solicitation of life settlements as a broker. I further agree to keep Peachtree informed of any changes in status of any licenses or any information presented above.

Signature of Applicant

Date

Print Name and Title



Life Settlement Corporation
3301 Quantum Boulevard, 2nd Floor • Boynton Beach, FL 33426
Phone: 800.444.9820 • Fax: 800.821.7391

Please fax all applications to Peachtree Life Settlements at:

Fax - (800) 821-7391

To:	Peachtree Life Settlements	From:	
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Company Name:			
<hr/>			
Fax:		Pages:	
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Phone:		Date:	
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