

Name of Contact: _____

Position: _____

Organisation: _____

Email: _____

Website: _____

Address: _____ **Phone:** _____

_____ **Fax:** _____

Country: _____ **Mobile:** _____

Role in the Life Settlement Market:

- | | |
|---|---|
| <input type="checkbox"/> Fund / Product Manager / Advisor | <input type="checkbox"/> Life Settlement Broker |
| <input type="checkbox"/> Fund / Product Distributor | <input type="checkbox"/> Life Settlement Provider |
| <input type="checkbox"/> Asset Manager / Servicer | <input type="checkbox"/> Actuary |
| <input type="checkbox"/> Financial / Legal Advisor | <input type="checkbox"/> Custodian |
| <input type="checkbox"/> Funding / Financing | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> LE Provider | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Other _____ | |

Client type (tick all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Regulated Financial Institution | <input type="checkbox"/> Unregulated Financial (i.e. Hedge Fund) |
| <input type="checkbox"/> Non-Financial Corporate | <input type="checkbox"/> High net-worth individual(s) |
| <input type="checkbox"/> Retail investors (invest less than €125,000/£100,000/\$150,000 in a life settlement fund/product) | |
| <input type="checkbox"/> Other: _____ | |

[*Current marketing literature distributed by applicant to clients/prospective clients must be attached when the application is submitted or the application will not be reviewed.]

Please provide a brief description of the types of business in which your organisation participates as it relates to life settlements. If more space is needed, please attach additional information to this application.

How many years has your organisation been involved in the Life Settlement industry?

In which countries do you engage in Life Settlement business? _____

Which regulatory bodies regulate your business (if none, please state “unregulated”)?

Would you be prepared to become an officer of ELSA (Chair, Deputy Chair, Treasurer, Secretary)?

Yes

No

Can you attend quarterly meetings?

Yes

No

Would you be interested in becoming a member of any of the following committees or subcommittees:

PR & Outreach Committee

Summit Planning Committee

Regulatory Committee

Finance Committee

Code of Practice Committee

New Members Committee

Membership Committee

Type of membership requested:

Full (Voting)

Associate (Non-voting)

FULL MEMBERSHIP - £5,000 p.a.

Full Membership of ELSA is available to companies with a registered office in Europe and/or which actively participate in the European life settlement industry as capital providers, service providers, and intermediaries.

Full Members will be eligible to sit on any committee of the association. Full Members must comply with the ELSA Code of Practice and ELSA's commitment to Transparency and Self-regulation.

Full Members will have one vote only and shall designate a director, partner or senior employee who will be the voting member.

ASSOCIATE MEMBERSHIP - £4,000 p.a.

Associate Members are organisations not eligible to become a Full Member but with an interest in the European life settlement industry and ELSA's goals and objectives.

Members must comply with the ELSA Code of Practice and ELSA's commitment to Transparency and Self-regulation where applicable.

Associate Members can be invited to attend any ELSA committee but will not have voting rights.

MEMBERSHIP FEES

Contact details:

Name: _____ **Address:** _____

Phone: _____

Fax: _____

Email: _____

Fees can be paid by standing order or direct debit to:

European Life Settlement Association
Peershaws
Berewyk
White Colne
Colchester
Essex
CO6 2WB

Hall

Account No: 50257052
Sort code: 20 41 41
IBAN: GB64 BARC 20414150257052
SWIFT: BARCGB22xxx (Add three x's when 11 digit number is required).

MEMBERSHIP CRITERIA

1. REGULATION

A company will not be considered for membership if it is currently the subject of a formal investigation by a regulatory body which alleges that the company has engaged in criminal or other illegal or unethical activities, or in activities which would violate ELSA's Code of Practice if such company had been an ELSA member. Further, a company will not be considered for membership if it has been the subject of such investigation in the past 12 months, and as a result of such investigation have admitted or been found to have been engaged in wrong doing in respect of that investigation. Any company which has admitted or been found to have been engaged in wrong doing by a regulatory body will not be eligible for ELSA membership until at least 12 months from the date of such admission or finding, and the fact of such admission or finding will be a factor which the Membership Committee will consider in its decision as to whether such company should be admitted as an ELSA member.

2. TRANSPARENCY

Members must not have been involved in any activities which undermine their ability to comply with our Code of Practice. This includes but is not limited to:

- a. Disclosure of all risks inherent to life settlements.
- b. Disclosure of who calculates life expectancy.

3. EDUCATION

Members should educate investors on the life settlement asset class, including associated risks, laws, regulations and administrative developments affecting the industry, as prescribed in the Code of Practice.

I _____ on behalf of _____
(ELSA Member Representative) (ELSA Member Company)

do hereby certify that, to the best of my knowledge after reasonable inquiry, we are in compliance with the ELSA Code of Practice.

SIGNATURE _____ DATE _____

ELSA EXECUTIVE COMMITTEE

The ELSA Executive Committee will consist of 9 Members, including the Officers of ELSA. The Officers shall consist of the Chair, the Deputy Chair, the Treasurer and the Secretary.

The ELSA Executive Committee will agree the terms of reference and rules of the association and approve the executive and administrative functions, its responsibilities and budgets.

The Officers of ELSA will be elected by the voting members.

For more information on any of the above please contact us on +44(0)1787 221028 or admin@elsa-sls.org.

The undersigned hereby acknowledges that completing this application does not create a membership interest in ELSA and that membership will be contingent upon the affirmative vote of the association’s membership committee, whose decision shall be final. Further, the undersigned hereby certifies that the information contained in this application is truthful, accurate and complete.

If granted membership:

1. The undersigned will pay membership fees and other charges as may become due and payable in a timely manner.
2. The undersigned acknowledges and agrees that providing any false, misleading or incomplete information in the application shall be automatic grounds for denial of this application or cancellation of membership.

Name: _____

Date: _____

Signature: _____

Company: _____