



Department of Consumer & Business Services
Insurance Division — 3
 P.O. Box 14480, Salem, OR 97309-0405
 Phone: (503) 947-7981, Fax: (503) 378-4351
 350 Winter St. NE, Room 440, Salem, Oregon
 insurance.oregon.gov

Remit with payment to:
 Fiscal Services Section
 Oregon Department of Consumer
 & Business Services
 P.O. Box 14610
 Salem, OR 97309-0445

**Life Settlement Broker
 Individual Application**

Resident Nonresident Fee: \$45

Name of applicant: _____

Business address: _____

City: _____ State: _____ ZIP: _____

Residence address: _____

City: _____ State: _____ ZIP: _____

Business phone: () - Residence phone: () -

E-mail address: _____

1. Date of birth: _____ SSN (voluntary): _____ - _____ - _____

2. List all aliases you have used: _____

3. Employment history, past five years. (Entire five years must be accounted for.)

| Employer | Address | Dates | Occupation |
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Important notice about your license.

Effective July 1, 2007, the Insurance Division will no longer issue printed initial, renewal, or replacement licenses. All license information for active licensees will be available on our Web site. To view your license status or to print a copy, please go to <http://www.insurance.oregon.gov/producer/agent.html> and select the appropriate search page.



FISCAL USE ONLY: 44410/1575
Fee: \$45.00

4. Have you ever been discharged from employment for failing to account, embezzlement, or other irregularities in money transactions? Yes No
5. Have you been convicted of any felony, forfeited bond for, or been convicted of any misdemeanor involving theft, fraud, embezzlement, or mishandling of funds? Yes No
6. Have you ever had a license, agency permit, certificate, approval, registration, or similar form of permission required by law to pursue any commercial activity, trade, occupation, or profession suspended, revoked, refused or otherwise withheld? Yes No
7. Attach a written explanation of yes answers to questions 4, 5, or 6.
8. Attach a front-view photograph taken within the past 12 months, no larger than 3 inches by 4 inches.
9. Fingerprints are required on FBI Form 258.

Certification

I, _____, swear that I am the person named in and who signed the foregoing application, that I know that contents thereof, and that each of the statements and answers made is true and complete to the best of my knowledge and belief.

Signature of applicant: _____ Date: _____

Consent to obtain criminal offender information

I hereby consent that the Insurance Division may request the Oregon State Police to provide any criminal offender information about me and may use any such information only for the purpose of determining whether to issue the license for which I have made application.

Signature of applicant: _____ Date: _____

Appointment of insurance commissioner for legal service by individual application

Form to be completed by nonresident applicants only

I, _____, being of full age, residing in the City of _____, County of _____, State of _____, do hereby designate and appoint the insurance commissioner for the State of Oregon as my lawful attorney in fact, upon whom all legal process and summons against me may be served in any action, suit, or proceeding in any of the courts of justice of the State of Oregon or the United States necessary to give said courts complete jurisdiction of me. I further stipulate and agree that any legal process or summons against me that is served upon the insurance commissioner for the State of Oregon shall be taken and held in said courts to be valid and binding upon me and that this appointment shall continue in force so long as any liability of the individual remains outstanding in Oregon.

Signature of applicant: _____ Date: _____

