



American Safe Retirement Data Sheet

Please complete all fields and fax to 800-277-8464

This application is an auto-fill PDF. Please do not handwrite the information. Click on each line to type in the information. All boxes must be completed.

Section 1

1. Today's Date _____
2. Name _____ SS # (Not required) _____
3. Address _____
4. City, State, Zip _____
5. Phone _____ Cell Phone _____
6. Fax _____ 7. Email _____
8. User ID _____ Password _____
9. Business Entity Type _____ 11. EIN # _____
10. Business Name _____
11. Business Address _____
12. Primary financial industry Experience _____
13. Years of experience as financial professional _____
14. Professional licensing or securities registration _____
15. Broker/Dealer (if applicable) _____
16. Referred by _____ 17. Driver's License # _____

Section 2

What products do you specifically have an interest in?

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Life Settlements | <input type="checkbox"/> Insurance | <input type="checkbox"/> 401K Generators |
| <input type="checkbox"/> Fund to Fund PPM | <input type="checkbox"/> Annuities | <input type="checkbox"/> Other _____ |

Section 3

If your response is “yes” to any of the following questions, Please explain on a separate page and attach to this form.

- | | Yes | No |
|---|-----|-----|
| 1. Are you currently employed by or associated with a financial institution? | ___ | ___ |
| 2. Have you ever plead no contest or been found guilty of a felony? | ___ | ___ |
| 3. Have you ever plead no contest or found guilty of a misdemeanor? | ___ | ___ |
| 4. Are you now, or have you ever been, party to a governmental regulatory hearing related to your business activities; or is you or have you ever been under sanction or discipline by any regulatory agency? | ___ | ___ |
| 5. Are you now, or have you ever been, a party to a legal dispute or lawsuit involving a client or company for which you worked? If yes, what was the resolution of the dispute or lawsuit? | ___ | ___ |

The undersigned hereby agrees to all of the following:

Background Check: The undersigned agrees that American Safe Retirements, LLC (“ASR”) may, but not is required to, conduct a background check on the undersigned using the above supplied information.

Nature of Relationship: American Safe Retirements, LLC (“ASR”) and the undersigned have an information sharing relationship only; neither party assumes a legal or representational role; neither party can rely on or claim to represent the other.

Restricted use of information: If the undersigned is granted access to ASR’s website and/or marketing materials, then the undersigned will not share information from ASR’s website and/or marketing materials with other financial professionals without ASR’s express written permission.

Representation of Products: The undersigned will not misrepresent or oversell any of ASR products; Further, the undersigned will in no case, guarantee performance of any ASR product.

This form authorizes any individual or company to give American Safe Retirements, or its authorized representative, any and all information with reference to my character, credit, business reputation, criminal records, employment history, or any other information relevant to this application, and I release said individual or company from any and all liability whatsoever which results, or might result, from the disclosure of such information. A photocopy of this Authorization shall be as effective as the original.

Signature _____ Date Signed _____

Printed Name _____

(ASR use only)

Contract date _____ ID # _____ Approved _____

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Advance Life Settlement Portfolio 2011-1, LLC

Agent PPM Data Sheet

Please complete all fields and fax to 800-277-8464

This application is an auto-fill PDF. Please do not handwrite the information. Click on each line to type in the information. All boxes must be completed. Please include a check made payable to American Safe Retirements for \$1000 for processing.

Section 1

- 1. Today's Date _____
- 2. Agent Name _____ SS # _____
- 3. Address

- 4. City, State, Zip

- 5. Phone _____ Cell Phone _____
- 6. Agent Fax _____ 7. Agent Email _____
- 8. Bio _____

- 9. Agent Fund Name - LLC Choice 1 _____
- 10. Agent Fund Name - LLC Choice 2 _____
- 11. LLC Address _____
- 12. Primary financial industry Experience _____
- 13. Years of experience as financial professional

- 14. Professional licensing or securities registration _____
- 15. Broker/Dealer (if applicable) _____
- 16. Referred by _____ 19. Driver's License # _____

Attach a Copy

Section 2

Legal Matter _____

If your response is "yes" to any of the following questions, Please explain on a separate page and attach to this form.

- | | Yes | No |
|---|-----|-----|
| 1. Are you currently employed by or associated with a financial institution? | ___ | ___ |
| 2. Have you ever plead no contest or been found guilty of a felony? | ___ | ___ |
| 3. Have you ever plead no contest or found guilty of a misdemeanor? | ___ | ___ |
| 4. Are you now, or have you ever been, party to a governmental regulatory hearing related to your business activities; or is you or have you ever been under sanction or discipline by any regulatory agency? | ___ | ___ |
| 5. Are you now, or have you ever been, a party to a legal dispute or lawsuit involving a client or company for which you worked? If yes, what was the resolution of the dispute or lawsuit? | | |

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Representation of Products: The undersigned will not misrepresent or oversell any of ASR products; Further, the undersigned will in no case, guarantee performance of any ASR product.

This form authorizes any individual or company to give American Safe Retirements, or its authorized representative, any and all information with reference to my character, credit, business reputation, criminal records, employment history, or any other information relevant to this application, and I release said individual or company from any and all liability whatsoever which results, or might result, from the disclosure of such information. A photocopy of this Authorization shall be as effective as the original.

Signature _____ Date Signed _____
Printed Name _____