

UTAH LIFE SETTLEMENT PROVIDER ANNUAL REPORT

Report for Calendar Year _____

Provider Name _____
 Address _____
 Phone # _____
 Email _____

Preparer's Name _____
 Title _____
 Address (if different from the provider) _____
 Email _____

| IDENTIFIER | POLICY ISSUE DATE | DATE OF LIFE SETTLEMENT | DEATH BENEFIT | AMOUNT AVAILABLE under terms of policy* | NET AMOUNT PAID TO OWNER |
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***R590-222-9. Standards for Evaluation of Reasonable Payments.**

The life settlement provider is responsible for assuring that the net proceeds from the life settlement exceed the benefits that are available at the time of the life settlement under the terms of the policy including cash surrender, long-term care, and accelerated death benefits.

CERTIFICATION: By submitting this report, the provider certifies that the information is complete and accurate.

Email the completed form to life.uid@utah.gov