



Texas Department of Insurance

Financial Regulation Division – Company Licensing and Registration Office, Mail Code 305-2C

333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-3535 telephone • 512-490-1035 fax • www.tdi.texas.gov

LIFE AGENT NOTIFICATION TO TDI TO ACT AS A LIFE SETTLEMENT BROKER

(This form also applies to Life, Accident, and Health agents)

This application is to be used by a life agent that intends to engage in the business of a life settlement broker pursuant to the provisions of Texas Insurance Code, Chapter 1111A, and 28 Texas Administrative Code Sections 3.1701 – 3.1760, for initial and renewal license.

Agent's Name: _____

Texas Life Agent License Number: _____ Expiration Date: _____

YOU MUST ATTACH A CURRENT COPY OF YOUR LIFE AGENT LICENSE AND LIFE SETTLEMENT LICENSE OR REGISTRATION FROM YOUR DOMICILIARY STATE.

Will applicant act solely as a Life Expectancy Estimator? YES ___ NO ___

___ Initial Application, include payment of \$50 (submit with attached Invoice)

Please accept my signature below as notification of my acknowledgement that I will act as a life settlement broker pursuant to the provisions of Texas Insurance Code, Chapter 111A, and 28 Texas Administrative Code §§3.1701 – 3.1760.

Agent's Signature

Print Full Legal Name

THE STATE OF _____ §

COUNTY OF _____ §

Before me, _____, on this day personally appeared _____
(printed name of notary public) (printed name of agent)

known to me to be or proved to me on the oath of _____,
(printed name of witness known to notary public)

or through _____, to be the person whose name is subscribed to the
(description of identity card or other document)

forgoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.

(Notary Seal)

(notary public signature)

Notary Public, State of _____

My Commission Expires _____

INVOICE

FOR AN AGENT ACTING AS A LIFE SETTLEMENT BROKER

PAYMENT OF APPLICATION FEE

AGENT'S NAME _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

You must return this form with the fee payment.

PLEASE NOTE:

Mail the application, application fee (make check payable to the Texas Department of Insurance), and this invoice to:

Texas Department of Insurance
Financial Regulation Division – Company Licensing and Registration Office, **Mail Code 9999**
333 Guadalupe St., Austin, TX 78701, *or*
P.O. Box 149104, Austin, TX 78714-9104

FOR TDI USE ONLY

RECEIPT NUMBER	AMOUNT	CRE CODE
		93

NOTICE TO APPLICANTS
REGISTERING AS SOLE PROPRIETORS

You must attest to the following:

No other individuals (including staff) will engage in the business of a life settlement broker under my license, as defined by Texas Insurance Code Ch. 1111A. The business of a life settlement broker includes:

- Offering or attempting to negotiate a life settlement contract between an owner and a provider; or
- Estimating life expectancies for a life settlement contract

I certify that the above is true: _____
(agent's signature)

If you are not a sole proprietor and the above does not apply to you, you must apply to be licensed as a corporation or a partnership, as appropriate. In that case, you must submit biographical affidavits for all officers, directors, shareholders (10 percent or more), designated employees, as well as any other individual who be acting as a broker or provider as defined by Texas Insurance Code Ch. 1111A.