



Department of Consumer & Business Services

Insurance Division — 3

350 Winter St. NE, Room 440

Salem, Oregon 97301-3883

Phone (503) 947-7981

**Life Settlement Broker
Appointment/Affiliation
Notice**

No fee required

From: _____ **OR license no.:** _____
Name of life settlement provider or broker (if firm or corporation)

Address: _____

City: _____ **State:** _____ **ZIP:** _____

RE: _____ **OR license no.:** _____
Name of life settlement broker to be appointed or affiliated

Address: _____

City: _____ **State:** _____ **ZIP:** _____

The above-named individual is hereby certified to be appointed or affiliated as a life settlement broker by the life settlement provider or broker.

The appointment or affiliation is subject to restrictions that may be placed on the authority of the life settlement broker by the appointing or certifying authority and to the existence of a valid license issued to the appointee or affiliate by the Department of Consumer and Business Services.

Signature of appointing authority: _____ **Date:** _____