# Hawaii Application for Individual or Legal Entity Life Settlement Broker or Provider Insurance License

(Please Print or Type)

Check appropriate box for the I	ife S	ettlement license being	applied for	:					
Provider License (reside	☐ Broker License (resident; individual) ☐ Broker License (non-resident; individual)								
Provider License (reside	Broker License (resident; legal entity)								
Provider License (non-r			Broke		(non-resident; leg	al enti	ty)		
Current Hawaii life producer li	ense				f Expiration:				
Business Entity Name		LEG	2 Incorporate		ion Date (month/day/ye	aar) 3	FEIN		
1. Business Entity Name			2. meorporar	iion/i ormat	non Date (month/day/ye	Jai)   J.	FEIN		
4. List any other assumed, fictions, alia	s or tra	ade names under which you ar	re doing busin	ess or inten	d to do business 5. St	ate of D	omicile	6. Country of Domocile	
7. Business Address			8. City		9. State	10. Zip Code		11. Foreign Country	
12. Business Phone		13. Fax		14. Busine	ess Web Site Address		15. Business	E-Mail Address	
16. Mailing Address or P.O. Box			17. City		18. State 19. Zij		p Code	20. Foreign Country	
		IN	DIVIDUAL	APPLICA	ANT	1			
21. Social Security Number			22. If assigned, National Producer Number (NPN)						
23. Last Name JR./SR. etc			24. First Name		25. Middle Name 2		26. Date of Birth (month/day/year)		
27. Residence/Home Address (Physical Street)			28. City		29. State	30. Zip Code		31. Foreign Country	
32. Home Phone  33. Gender (Check One)  Male Female  34. Are you a Citizen of the United States? (Check One)  (If No, of which country are you a citizen?)  (If No, you must supply proof of eligibility to work in the U.S)									
35. Business Entity Name		'	7,7	11 7 1		,			
36. Business Address (Physical Street)			37. City		38. State	39. Zip Code		40. Foreign Country	
41. Business Phone	4	42. Business Fax		43. Busine	ess E-Mail Address	44. Business Web Site Address		Web Site Address	
45. Mailing Address or P.O. Box			46. City		47. State	48. Zip Code		49. Foreign Country	
50. a. List any other assumed, fictitious	, alias	, maiden or trade names which	h you have use	ed in the pa	st.	•			
b. List any trade names under whic	you a	are currently doing business o	r intend to do	business.					
			<i>(G</i> .						
		DO NOT WRITI	(Continue or E IN THIS E		State Use Only				
					,				
Entity ID: PDB							CHR \$		
1	License #: CJIS								
Eff Date: Log		Legal							
Ext. Date:								\$	

#### \*STOP\*

**Residents:** You must be licensed as a resident insurance producer with a line of life authority in Hawaii for at least one year to be eligible for a life settlement broker license.

**Nonresidents:** You must be licensed as a resident insurance producer with a line of life authority in your home state for at least one year to be eligible for a life settlement broker license.

If you meet this life settlement broker requirement, you may proceed with this application.

# PLEASE ATTACH TO THIS APPLICATION INFORMATION PROVIDING THE FOLLOWING INFORMATION:

- 1. If applicable, identify all stockholders owning greater than or equal to 10% interest or voting interest of the applicant.
- 2. If applicable, identify all partners, officers, and employees of the applicant. Please list their names and position titles.
- 3. Provider applicants: attach a detailed plan of operation.
- 4. All applicants: attach a detailed anti-fraud plan.
- 5. All non-resident applicants: Provide the name, address, telephone and facsimile numbers, and e-mail address of an agent for service of process; provided that statute authorizes an action against the applicant may be commenced against the applicant by service of process on the Insurance Commissioner.
- 6. **All legal entities applying for a life settlement broker license:** Provide the name, address, telephone and facsimile numbers, and e-mail address of a designated representative who is licensed pursuant to SLH 2012, Act 256. **NOTE:** The designated representative for a life settlement broker must hold a life settlement broker license.
- 7. **All legal entities applying for a life settlement provider license:** Provide the name, address, telephone and facsimile numbers, and e-mail address of a designated representative. **NOTE:** The designated representative for a life settlement provider must hold a life settlement provider license.
- 8. **All legal entities:** provide a Certificate of Good Standing from its jurisdiction's Secretary of State.

## The Applicant (or on behalf of the legal entity) hereby certifies under penalty of perjury that:

The Applicant (or on behalf of the legal entity) hereby certifies under penalty of perjury that:

- 1. All of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is ground for this application to be denied or license revoked and may subject me and the legal entity to civil or criminal penalties.
- 2. I further certify that I grant permission to the Commissioner in verify information provided with any federal, state or local government agency.
- 3. I authorize the Hawaii Insurance Division to give any information concerning me or the legal entity, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the Division and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
- 4. All of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for this application to be denied or license revoked and may subject me and the legal entity to civil or criminal penalties.
- 5. I further certify that I grant permission to the Commissioner to verify information provided with any federal, state or local government agency.
- 6. I authorize the Hawaii Insurance Division to give any information concerning me or the legal entity, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the Division and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
- 7. I acknowledge that I understand and will comply with the insurance laws and regulations of the State of Hawaii.
- 8. For Non-Resident Life Settlement Broker applicants, I certify that I am licensed and in good standing in my resident state for life line authority.

For Individual Resident or Non-Re	esident License:	For Legal Entity Resident or Non-Resident License: (Must be signed by an officer, director, or partner of the legal entity, or member or manager of a limited liaability company				
Signature	Date	Signature	Date			
Name (Printed)		Name (Printed)				
		Title				
		Business Address				
		City	State Zip			

### INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED

Mail this application with the attachments and a check for issuance and service fee payable to the "Department of Commerce and Consumer Affairs" to: ATTN: Licensing Branch, Hawaii Insurance Division, 335 Merchant Street, Room 213, Honolulu HI 96813. Dishonored checks will be assessed a service charge of \$25.00.

#### **IMPORTANT NOTE**

This Application does not address the Hawaii securities laws and rules which may require you to obtain a license pursuant to Hawaii Revised Statutes Chapter 485A. You should contact the Department of Commerce and Consumer Affairs' Business Registration Division Securities Compliance Branch at 808-586-2722 or at <a href="mailto:seb@dcca.hawaii.gov">seb@dcca.hawaii.gov</a> if you have any questions regarding this issue.