January 2016

RE: VIATICAL SETTLEMENT INVESTMENT AGENT—INDIVIDUAL LICENSE APPLICATION PROCEDURES

The Viatical Settlement Investment Agent—Individual License Application is attached. The law governing this activity is Minnesota Statutes, Section 60A.957-9585, which may be viewed at www.revisor.leg.state.mn.us. You are advised to review this statute to become familiar with all its provisions. The data furnished on the application or in supporting documents will be used to assess the applicant’s qualifications for a license. The license expires annually on the anniversary of its effective date.

• **Viatical Settlement Investment Agent**
  “Viatical settlement investment agent” means a person who is an appointed or contracted agent of a licensed viatical settlement provider who solicits or arranges the funding for the purchase of a viatical settlement by a viatical settlement purchaser and who is acting on behalf of a viatical settlement provider.

• **Viatical Settlement Provider**
  “Viatical settlement provider” means a person, other than a viator, that enters into or effectuates a viatical settlement contract with a viator resident in Minnesota. There are certain entities that are exempt from licensure, including banks, credit unions, and other licensed lending institutions; a premium finance company making premium finance loans and exempted by the commissioner from the licensing requirement under the premium finance laws that takes an assignment of a life insurance policy solely as collateral for a loan; the issuer of the life insurance policy; and others. A complete list of exemptions is found in Minnesota Statutes, Section 60A.957, subd. 17.

• **Viator**
  “Viator” means the owner of a life insurance policy or a certificate holder under a group policy that resides in Minnesota and enters or seeks to enter into a viatical settlement contract.
- **Viatical Settlement Contract**
  “Viatical settlement contract” means a written agreement between a viator and a viatical settlement provider establishing the terms under which compensation or anything of value is or will be paid, which compensation or value is less than the expected death benefits of the policy, in return for the viator’s present or future assignment, transfer, sale, devise, or bequest of the death benefit or ownership of any portion of the insurance policy or certificate of insurance. Viatical settlement contract also includes the transfer for compensation or value of ownership or beneficial interest in a trust or other entity that owns such a policy if the trust or other entity was formed or availed of for the principal purpose of acquiring one or more life insurance contracts, which life insurance contract insures the life of a person residing in this state.
Viatical settlement contract also includes a premium finance loan made for a life insurance policy by a lender to a viator on, before, or after the date of issuance of the policy where:
1. the viator or the insured receives on the date of the premium finance loan a guarantee of a future viatical settlement value of the policy; or
2. the viator or the insured agrees on the date of the premium finance loan to sell the policy or any portion of its death benefit on any date following the issuance of the policy.

The $750 non-refundable fee, in the form of a check made payable to “Minnesota Department of Commerce,” must accompany the application. In accordance with Minn. Stat. §16E.22.

Mail or deliver the completed, signed application, together with supporting documents and the fee to the Department of Commerce, Licensing Division, 85 – 7th Place East, Suite 500, St. Paul, Minnesota 55101-2198. Should there be any questions, please contact the Licensing Division at (651) 539-1599 or licensing.commerce@state.mn.us.
On your application, the Minnesota Department of Commerce is requesting information, such as Social Security numbers, that is classified as “private data” under the Minnesota Government Data Practices Act (Minnesota Statutes, chapter 13). The Data Practices Act requires any governmental entity asking an individual to supply private data to inform the individual of:

(a) the purpose and intended use of the requested data;
(b) whether the individual may refuse to supply the requested data or is legally required to supply it;
(c) any known consequence of supplying or refusing to supply private data; and
(d) the identity of other persons or entities authorized by state or federal law to receive the data.

The information contained in (a)-(d) is called a “Tennesen Warning” and is set forth below. The Tennesen Warning also satisfies the federal notice requirement under 5 U.S.C. § 552a Note, which is triggered by our request for Social Security numbers in the application. If the Commissioner of Commerce issues a license to you, all information contained in your application, except any Social Security number(s) and nondesignated addresses, will be public pursuant to Minnesota Statutes, section 13.41, subdivision 5.

TENNESSEN WARNING

(a) Purpose and Intended Use of the Data

The data you give us about yourself is needed to:

- Identify you;
- Enable us to contact you when required;
- Assist us in determining your qualifications and eligibility for the license you are applying for;
- Comply with certain federal and state reporting requirements; and
- Evaluate the administration and management of this licensing/registration program.

(b) Disclosure: Mandatory or Voluntary?

You are legally required to supply all of the data required on the application pursuant to Minnesota Statutes, section 60A.9572, subdivision 4. In particular, you must provide your Social Security number pursuant to Minnesota Statutes, section 270C.72, subdivision 4.

(c) Consequences of Supplying or Refusing to Supply Requested Data

If you supply all of the requested data, your application will be processed. If you refuse to supply data requested on the application, your application will not be processed. Whatever information you do supply to the Department will be maintained by us, whether or not the application is approved.

(d) Others Authorized to Receive the Data

The information about you that is collected on the application will be classified as either public or private data. Public data will be accessible to the public. Private data about you will be accessible only to:

- You;
- State personnel who determine your eligibility for licensure;
- Employees of license database vendors;
- The Minnesota Department of Revenue (Minnesota Statutes, section 270C.72, subd. 4);
- The public authority responsible for child support in Minnesota (Minnesota Statutes, section 256.978);
- Any appropriate person(s) or agency, if the Commissioner of Commerce determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety;
- Person(s) authorized by a court order; or
- Any other person authorized by state or federal law.
Please read the application carefully and complete all information requested. The application must be completed and signed by the applicant. Please return the completed application to the Department of Commerce at the above address. Keep a copy of the application for your records. For further information on the application process, applicants may contact the Division at (651) 539-1748 or via e-mail, tua.tran@state.mn.us. This application form is available on the Department of Commerce insurance website: www.insurance.state.mn.us. The fee is $750.

To the Commissioner of Commerce:
The undersigned hereby makes application to engage in business under and pursuant to the provisions of Minnesota Statutes, Section 60A.957-9585.

1. APPLICANT INFORMATION

Full Legal Name

Name under which Viatical Settlement Investment Agent business will be conducted in Minnesota (dba or Assumed Name)

Principal Street Address and Suite or Room Number (P.O. Boxes are not acceptable)

City State Zip Code County

( ) ( )

Phone Number Fax Number E-mail Address

Social Security Number: ___________________________
2. Do you intend to conduct business on the Internet?
   ☐ YES  ☐ NO  If YES, list the website address: ________________________________

3. Describe your experience, training, and education so as to be qualified to act as a viatical settlement investment agent.
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4. If you answer “YES” to any question below, provide a detailed written explanation and supporting legal documentation with the application.

   Have you:

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5. Do you have an ownership interest in or connection with any other licensee under Minnesota Statutes, Chapter 60A.957-9585?

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6. Have you previously held a license under Minnesota Statutes, Chapter 60A.957-9585?

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   | ☐   | ☐  | If YES, explain: ____________________________________________________________________________________________

7. APPLICATION FEE. Include a check (only) for $750 made payable to “Minnesota Department of Commerce.”
AFFIDAVIT OF APPLICANT

I hereby certify that all the information contained in this application and any accompanying documents are true and correct to the best of my knowledge. I certify that this document has not been altered or changed in any manner from the form adopted by the Department of Commerce.

STATE OF ____________________________
COUNTY OF ____________________________ ss.

____________________________________
Applicant Signature

Subscribed and sworn to before me, a Notary Public, this _______ day of _________________. ________

____________________________________
Notary Public Signature

State of ____________________________
County of ____________________________
My commission expires ________________
The data that you furnish on this form will be used by the Department of Commerce to assess your qualifications for a license. Disclosure of your social security number is voluntary; however, if not provided, the Department of Commerce may be unable to grant a license. The Department of Commerce requires this information and may conduct criminal history checks and/or verify tax identification information and for revenue recapture as authorized by Minnesota Statutes, Chapter 270A. After issuance of a license, all information contained in this application, except your social security number, is public pursuant to Minnesota Statutes, Chapter 13.

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue
RE: Request for Criminal Background Check
    Request for Disclosure/Verification of Tax Identification Number

***PLEASE PRINT***

Name of applicant

Social Security Number Date of birth

I, ______________________________ ______________________________ ______________________________
(Full First Name) (Full Middle Name) (Full Last Name)

have made application to the Minnesota Department of Commerce for a regulated professional license. I hereby request/authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes, and the Minnesota Department of Revenue to disclose/verify tax identification information.

Signature of Applicant Date

NOTE TO BUREAU OF CRIMINAL APPREHENSION / MN DEPARTMENT OF REVENUE:
Please enclose completed background investigation or tax identification information in a sealed envelope along with this letter.