

**INSTITUTIONAL LONGEVITY MARKETS ASSOCIATION, INC. (ILMA)
ALLIED MEMBERSHIP APPLICATION**

I. Introduction

Thank you for your interest in membership as an “Allied Member” of the Institutional Longevity Markets Association, Inc. (“ILMA”). Please complete the information set forth below in this application for membership (the “Application”) and return it to us at the following address: 818 Connecticut Ave NW, STE 1100, Washington, DC 20006, Attention: ILMA Membership Committee.

Membership as an “Allied Member” is limited to the following types of entities that, in the ordinary course of their business operations, provide services in connection with longevity and mortality related transactions: i) an investment fund that owns, in the aggregate, either by itself or together with any entity under common control with the applicant, at least \$25 million, but less than \$100 million, in investments in longevity and/or mortality related investments; (ii) any business or entity that prepares and delivers life expectancy reports, so long as such business or entity’s primary business relates to engaging in longevity and mortality related transactions; (iii) actuarial services firms, so long as such firm’s primary business relates to engaging in longevity and mortality related transactions, (iv) any business or entity that provides custodial services relating to a longevity or mortality related transaction (provided, that each such entity is a banking institution regulated by federal law or by the laws of its home jurisdiction), (v) so long as neither it nor any of its affiliates is licensed as a life settlement provider, any business or entity whose primary business relates to providing servicing and tracking services relating to longevity and/or mortality related transactions, (vi) so long as neither it nor any of its affiliates is licensed as a life settlement provider or a life settlement broker, any business or entity whose primary business relates to advising investors in longevity and/or mortality related transactions, including providing policy valuation services, provided that the clients of such person own, in the aggregate (excluding any amounts owned by clients of such person who are also members of the Association), at least \$25 million, but less than \$100 million, in investments in longevity and/or mortality related investments, and (vii) accounting firms and law firms.

II. Organizational Information:

Name: _____

Address: _____

City: _____

Description of your organization (Please provide a brief description of the types of business in which your organization participates. If needed, please provide additional information regarding your organization as an appendix to this Application).

If this Application is being submitted by an investment fund, does the dollar amount of investments in longevity or mortality related transactions that are owned by Applicant exclusively, exceed \$25 million and is it less than \$100 million? If any investments are held in a joint venture or similar entity, do not include such amounts in this category.

_____ Yes _____ No

In addition, if this Application is being submitted by an investment fund, please described the capitalization of your organization, including all equity and debt and the source thereof.

III. Primary Contact Information:

In the space below, please provide contact information for the primary contact person for your organization.

Name: _____ Phone: _____

Title: _____ Fax: _____

Job Description: _____

Email: _____

IV. Additional Information:

- Year in which your organization was formed: _____
- Number of years your organization has been participating in the mortality and/or longevity related businesses: _____

V. Directors and Officers:

List the name and title of each officer and member of the board of directors (or equivalent supervisory body) of your organization:

Please attach a brief biography of each person named above. The biography should include a description of such person's business experience during the past ten years, including: such person's principal occupations and employment during the past ten years; the name and principal business of any corporation or other organization in which such occupations and employment were carried on; and whether such corporation or organization is a parent, subsidiary or other affiliate of the applicant. Indicate any other directorships held, including any other directorships held during the past ten years, held by each director and executive office of the applicant.

In the past five years, has you organization, or any officer, director, principal or employee, currently associated with your organization or with any other entity during this period, been the subject of any bankruptcy proceeding, or been the subject of any supervisory agreement, enforcement action, civil money penalty, prohibition or removal order or other supervisory or administrative action taken or imposed by any federal or state regulatory authority or other governmental entity?

Yes No

If you answered yes, please provide additional information on a separate sheet of paper and attach it to this Application.

In the past five years, has your organization, or any officer, director, principal or employee, currently associated with your organization or with any other entity during this period, been involved in any lawsuit, formal or informal investigation, examination, or administrative proceeding that may result in, or resulted in, any penalty (including any sanction, fine, order to pay damages, loss of right or benefit, forfeiture of property interest, or revocation of license), agreement, undertaking, consent, judgment, or order imposed by or entered into with any court or any state or federal governmental entity?

Yes No

If you answered yes, please provide additional information on a separate sheet of paper and attach it to this Application.

In the past five years, has your organization, or any officer, director, principal or employee, currently associated with Applicant or with any other entity during this period, been arrested for, charged with, indicted for, or convicted of, or ever pleaded *nolo contendere* to, any criminal matter (other than a minor traffic violation)?

Yes No

If you answered yes, please provide additional information on a separate sheet of paper and attach it to this Application.

The undersigned hereby applies for membership in ILMA. The undersigned acknowledges that completing this Application does not create a membership interest in ILMA and that membership will be contingent upon an affirmative vote of a majority of the association's board of directors, based on the criteria set forth in the association's bylaws. Further, the undersigned hereby certifies that the information contained in this Application is truthful, accurate and complete.

If admitted for membership:

1. The undersigned will familiarize itself and comply with the terms of ILMA's bylaws and such other rules and regulations that may be promulgated by ILMA's board of directors from time to time. A copy of ILMA's bylaws are available upon written request.
2. The undersigned will familiarize itself and comply with ILMA's "Guiding Principles", a copy of which is enclosed with this Application.
3. The undersigned will familiarize itself and comply with ILMA's antitrust policy and antitrust guidelines (collectively, the "Antitrust Policy"). A copy of the Antitrust Policy is enclosed with this Application.
4. The undersigned will pay membership dues, assessments and other charges as may become due and payable in a timely manner.
5. The undersigned acknowledges and agrees that providing any false, misleading or incomplete information in this Application shall be automatic grounds for denial of this Application or expulsion from the ILMA.

Applicant: _____

Dated: _____

By: _____

Name/Title: _____