



ALI Funding, Inc.
10010 San Pedro, Suite 650
San Antonio, TX 78216

800-876-2991 • 210-341-2991 • Fax 210-341-0956

BROKER LETTER OF TRANSMITTAL

Applicant's Name _____ DOB _____

SSN _____ State _____

Please submit this with each file you present to ALI Funding for purchase.

1. All information provided in this application is complete and accurate and may be relied upon for all purposes.
2. You will notify us of any change in the information provided in this application. Changes in medical condition prior to completion of the proposed sale of life insurance policy may affect the amount of an offer to purchase the policy.

Please complete the following regarding your applicant's decision to pursue a viatical or life settlement. You may ask these questions during a phone conversation.

- He/She has an insurance policy that he/she no longer wishes to keep.
- Presently desires or needs additional cash resources.
- Can no longer afford insurance premiums.
- Has a catastrophic or life threatening illness or condition.
- Does not have a catastrophic or life threatening illness or condition.

Telephone Conversation

Face-to-Face Interview

If face-to-face interview, insured/policy owner's signature _____

Broker

Date