

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

I. Introduction

Thank you for your interest in membership as an “Allied Member” of the Institutional Life 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: 925 15th Street NW, 5th floor, Washington, D.C. 20005, 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 \$100 million in investments in longevity or mortality related transactions (the “Investment Threshold”); (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) or (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 or mortality related transactions.

Transition Period for Certain Allied Members. An investment fund not meeting the Investment Threshold but that owns, in the aggregate, either by itself or together with any entity under common control with the applicant, at least \$25 million in investments in longevity or mortality related transactions (each, a “Transition Fund”) can nonetheless apply for Allied Membership as set forth in this paragraph. A Transition Fund shall submit a membership application to the Association containing evidence that it will meet the Investment Threshold within twelve months of the date on which such membership application is accepted (such twelve month period with respect to a Transition Fund, its “Transition Period”). If such Transition Fund’s membership application is accepted, such Transition Fund shall be entitled to the benefits (and responsible for the obligations) of Allied Membership during its Transition Period. If such Transition Fund has met the Investment Threshold before the end of its Transition Period, such Transition Fund shall continue to be an Allied Member without any further action by the Association, subject such Transition Fund meeting all of the duties and obligations of an Allied Member otherwise required hereunder. If such Transition Fund fails to meet the Investment Threshold before the end of its Transition Period, such Transition Fund shall thereafter cease to be an Allied Member without any further action by the Association.

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 you are applying for membership as a Transition Fund, please provide additional information about how, if this application is accepted, your organization will meet the Investment Threshold within the next twelve months.

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: _____

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: _____