



**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; (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, or (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).

**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):

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**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: \_\_\_\_\_