

POLICY LOCATOR SERVICE ORDER FORM



Eligible Persons

In order to submit a Policy Locator Service request, the individual subject to the search must be deceased and you must be:

- (i) an officially appointed representative of decedent's estate (executor, administrator or his/her small estate administrator) or surviving spouse;
- (ii) If no estate representative has been appointed (and one is not expected to be appointed) and there is no surviving spouse, then a child of the decedent may submit a request; or
- (iii) If there is no estate representative, surviving spouse or child, then the decedent's closest living relative may submit a request, provided that such person is actively engaged in gathering all decedent's assets and/or has a good faith belief that he or she has an interest in a life insurance policy on the decedent (individuals qualifying under (i) – (iii) are known as "Eligible Persons"). Attorneys who represent Eligible Persons may submit requests on their clients' behalf, subject to section C (Requestor Certification) below.

Instructions - PLEASE PRINT LEGIBLY

1. Complete all fields in the Information Section (a, b and c). Sign Requestor Certification (requestor's signature must be notarized with official seal.)
2. Include Original Death Certificate for the Decedent (required).
3. Pay \$75.00 U.S. by Money Order or certified bank check only made payable to MIB Solutions, Inc.
4. Mail to: MIB Solutions, Inc., Attn: Policy Locator Service, 50 Braintree Hill Park, Suite 400, Braintree, MA. 02184-8734.
You will receive a PLS search report within 21 business days of your request whether or not an application is found.

Information Section (All information required)

A. Decedent (*The Policy Locator Service is unable to identify life insurance applications submitted prior to 1996.*)

First Name Middle Name or Initial Last Name (Other names used by decedent (First, Last))

Date of Birth (mm/dd/yyyy) Place of Birth (State/Province, Country) Last Residence (State/Province, Country) (Other names used by decedent (First, Last))

B. Contact Information for Requestor (*Must meet eligibility criteria above*)

First Name M.I. Last Name

Address (Street/P.O. Box) City/Town

Requestor's Relationship to Decedent:

- Executor/Administrator of the Estate
- Surviving Spouse
- Parent Child Sibling
- Attorney to Eligible Person

State/Province Country (if outside U.S.) Zip Code Phone (area code first) Valid e-mail address

IMPORTANT TERMS

The individual submitting this Policy Locator Service request (**the "Requestor"**) is solely responsible for the accuracy and completeness of this Information Section. MIB Solutions, Inc. makes no representations or warranties, express or implied, that the decedent was insured under any life insurance policies; that such policies, if any, are currently in force; or that Policy Locator Service will be able to locate such policies even if one or more exist. Requestor understands and acknowledges that policy proceeds, if any, are payable to the beneficiary of record. Finally, the Requestor agrees to the limitation of liability provision found on the PLS web page at: www.policylocator.com.

C. Requestor Certification

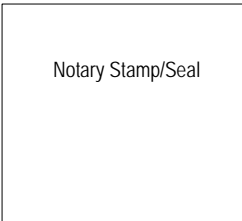
I certify: 1) I am authorized or entitled to request the Policy Locator Service as an Eligible Person; or, if I am an attorney representing an Eligible Person, I am a duly admitted attorney who is authorized by my client to submit this request on his, her or its behalf and my client has authorized me to receive the decedent's PLS report from MIB Solutions, Inc.; 2) that the information provided above is accurate and complete; 3) that I have read and agree to the "Important Terms" as stated above; and 4) that I understand that MIB will not have any information on potential life insurance policies that were applied-for and/or issued prior to January 1, 1996. The undersigned Requestor agrees to hold MIB Solutions, Inc. free and harmless from any claims or liabilities that it may suffer as a result of any misstatement by Requestor or any allegation that Requestor was not authorized to submit a request and receive a report from MIB Solutions, Inc.

Requestor (Print Name): _____ Signature: _____ Date: _____

Verification before Notary Public: State of _____, City/County of _____

Before me, a Notary Public, personally appeared the Requestor named above on this _____ day of _____, 20____, and he/she stated that the above information and statements are true to the best of his/her knowledge and belief.

Notary Public _____ My commission expires: _____



INTERNAL USE ONLY: Processed by Accounting - Date: _____