

# LIFE PARTNERS POSITION HOLDER TRUST

## TRANSFER ON DEATH (“TOD”) SECURITIES BENEFICIARY DESIGNATION INDIVIDUAL SEPARATE PROPERTY FORM

About this form:

- This election revokes and supersedes any and all previous designations and cancels any existing Life Partners Position Holder Trust (“PHT”) beneficiary information.
- Be sure to include ALL beneficiaries.
- All required information must be included. Attach additional pages of form if necessary.
- This form preempts any terms in your will concerning your Plan Securities. You may want to review this document with a tax, financial, or legal adviser.

I \_\_\_\_\_ (DOB: \_\_\_\_\_ SSN \_\_\_\_\_), currently own non-qualified securities issued under the Plan, i.e., the Continuing Fractional Interests, Position Holder Trust Interests, the New IRA Notes and IRA Partnership Interests (the “Plan Securities”). The Plan refers to the Revised Third Amended Plan of Reorganization of Life Partners Holdings, Inc., et. al.

In the event of my death, I designate the following as my beneficiary or beneficiaries. I hereby instruct PHT to transfer to and pay directly to the following beneficiary or beneficiaries in the designated proportions, any undistributed amounts related to my Plan Securities and any ownership interest that I may have therein. I understand I can name either certain individual(s) as beneficiaries or a trust as a beneficiary, but not both.

### **PRIMARY BENEFICIARIES** [If the Beneficiaries are **individuals**]:

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Current Residence: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Percentage: \_\_\_\_\_

2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Current Residence: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Percentage: \_\_\_\_\_

3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Current Residence: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Percentage: \_\_\_\_\_

4. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Current Residence: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Percentage: \_\_\_\_\_

**PRIMARY BENEFICIARY** [If the Beneficiary is an **organization**]:

Full Name of Organization \_\_\_\_\_

Taxpayer Identification Number for Organization \_\_\_\_\_

Contact information for the Organization:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**PRIMARY BENEFICIARY** [If the Beneficiary is a **trust**]:

Full Name of Trust \_\_\_\_\_

Date of Trust \_\_\_\_\_

Taxpayer Identification Number for Trust \_\_\_\_\_

Include Name and contact information for each trustee and his/her relationship to you:

Trustee \_\_\_\_\_ Trustee \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**If designating a trust as beneficiary, the investor must provide a copy of a Memorandum of Trust, Certificate of Trust or trust agreement with this Form.**

**CONTINGENT BENEFICIARIES** [If the Beneficiaries are **individuals**]:

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Residence: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Percentage: \_\_\_\_\_

2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Residence: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Percentage: \_\_\_\_\_

3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Residence: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Percentage: \_\_\_\_\_

4. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Residence: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Percentage: \_\_\_\_\_

**CONTINGENT BENEFICIARY [If the Beneficiary is an **organization**]:**

Full Name of Organization \_\_\_\_\_

Taxpayer Identification Number for Organization \_\_\_\_\_

Contact information for the Organization:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**CONTINGENT BENEFICIARY [If the Beneficiary is a **trust**]:**

Full Name of Trust \_\_\_\_\_

Date of Trust \_\_\_\_\_

Taxpayer Identification Number for Trust \_\_\_\_\_

Include Name and contact information for each trustee and his/her relationship to you:

Trustee \_\_\_\_\_ Trustee \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**If designating a trust as beneficiary, the investor must provide a copy of a Memorandum of Trust, Certificate of Trust or trust agreement with this Form.**

**By signing this Beneficiary Designation, you agree that:**

- **The beneficiary information provided on this form replaces all prior beneficiary information on record.**
- **You have received, read, understood, and agree to be bound by the terms and conditions of this Beneficiary Designation form and the Beneficiary Designation Terms and Condition, which shall inure to the benefit of the Life Partners Position Holders Trust and its successors and assigns, whether by merger, consolidation, or otherwise.**
- **You acknowledge that the Plan Securities may not be transferred, sold, assigned, pledged or otherwise disposed of except pursuant to the terms of the Plan and the Plan documents.**
- **Listing beneficiaries by name does NOT create categories of beneficiaries, and if you later want to include other beneficiaries, you must submit a new Beneficiary Designation form.**
- **If you do not provide percentages, the Plan Securities will be divided equally among the beneficiaries.**
- **It is your obligation to maintain and provide PHT with accurate contact information for your named beneficiaries and/or trustee(s). Failure to provide PHT with accurate contact information for the named beneficiaries and/or trustee(s) will result in payment being made to your estate. Further, if the designated trust (if any) is not valid or in existence at the time of your death, payment will be made to your estate.**

I agree, on behalf of myself, my heirs, legatees, successors, executors or administrators, to hold PHT, the PHT trustee, and their legal representatives, agents and employees, harmless and to indemnify each of them from any claims or damages resulting from any action or inaction taken in accordance herewith, arising out of or relating to:

- Any designation of a beneficiary made under the Registration Agreement that conflicts with any beneficiary designation made in the investor's will, trust, premarital agreement, other oral or written agreement or any other legal document.
- Any written change of beneficiary by the investor, change in contact information and/or change of personal information including marital status that has not been received by and accepted by PHT.
- Any other action taken by PHT in maintaining the Plan Securities under the Registration Agreement and completing the transfer of the securities upon the date of death, including, but not limited to PHT's reliance on individuals or sources named in the Registration Agreement.

The effective date of the Registration Agreement is the date the Beneficiary Designation form is signed and acknowledged by the investor. PHT may re-register the Plan Securities and dispose of the assets at any time after it has accepted the form.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

**INDIVIDUAL SEPARATE PROPERTY FORM**  
**NON-SPOUSE DESIGNATED BENEFICIARY**  
**SPOUSAL ACKNOWLEDGEMENT AND CONSENT FORM**

IF YOU ARE MARRIED, HOLD YOUR PLAN SECURITIES IN YOUR INDIVIDUAL NAME AS SEPARATE PROPERTY AND HAVE NAMED A NON-SPOUSE BENEFICIARY, SPOUSAL CONSENT IS REQUIRED IF YOU AND YOUR SPOUSE HAVE RESIDED IN ONE OR MORE COMMUNITY PROPERTY STATES, INCLUDING, BUT NOT LIMITED TO: AK, AZ, CA, ID, LA, MI, NV, NM, TX, WA, and WI.

I represent that I am the spouse of the investor and am familiar with the Plan Securities. I hereby agree and consent to the beneficiary or beneficiaries set forth above, and do hereby transmute to my spouse all my community property interest in the Plan Securities that I may have.

I acknowledge my right to one-half of all community property in the Plan Securities and voluntarily elect to relinquish my rights to the community property interest in the Plan Securities. I agree not to make any claim against the beneficiary or beneficiaries or against the Life Partners Position Holders Trust or the Trustee as a result of the distribution of any assets pursuant to the terms of the investor's Beneficiary Designation.

Furthermore, I acknowledge that it is in my interest to obtain independent legal counsel as to the legal and tax ramifications of signing this Spousal Waiver and have had the opportunity to do so.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Signature of Spouse \_\_\_\_\_  
Printed Name \_\_\_\_\_