



CHECK LIST FOR APPLICATION COMPLETION:

(MISSING ANY OF THE BELOW ITEMS WILL CAUSE DELAYS IN PROCESSING YOUR APPLICATION)

- AGENT IS REAL ESTATE LICENSED
- AGENT IS A TESTED /CERTIFIED EK AGENT
- INTAKE CALL IS SCHEDULED
- MORTGAGE STATEMENT(S) ATTACHED
- NOT A NEGATIVE AMORTIZATION LOAN
- EACH PROPERTY IS < 80% LTV
- ACCEPTABLE PROPERTY VALUE(S)
- FINANCIAL INFO IS COMPLETE
- HIPAA IS SIGNED &
- DATE OF BIRTH MATCHES APPLICATION
- CUSTOMER ID FORM IS COMPLETE
- \$300 DEPOSIT IS COLLECTED & ATTACHED

LEFT BEHIND WITH CLIENT:

- PRIVACY STATEMENT
- MEDICAL INTAKE PREP GUIDE
- DEPOSIT RECEIPT

BROKERS SIGNATURE (OR DESIGNEE'S)

NAME PRINTED

COMPANY (CORRESPONDENT ORIGINATOR)



**TO SCHEDULE INTAKE INTERVIEW,
CALL: 619-400-8985**

Date: _____ Real Estate Licensee: _____
 Company: _____ Licensee's Phone #: _____
 CO: _____ Licensee's E-mail Address: _____
 Intake Call is Scheduled for: Date: _____ Specific Time: _____ Scheduled with: _____

Client Information

Applicant: _____ Male Female DOB: _____
 SSN: _____ Drivers Lic. # _____ Place of Birth: _____
 & State: _____
 Height _____ Weight _____ Tobacco User? Y N

Primary Residence

Address: _____ City: _____
 State: _____ Zip: _____ Home Phone: _____

Properties in Consideration for EquityKey Program

Type of Property 1

Circle One: Residential / Commercial / Investment / Value of Property 1: \$ _____
 Address: _____ Value of Lien(s)/ Mortgage(s): \$ _____
 Type of Lien(s): Conventional / ARM / Negative Amortization / Reverse Mortgage / Line of Credit /
 Circle all that apply:

ATTACH MORTGAGE STATEMENT

Type of Property 2

Circle One: Residential / Commercial / Investment / Value of Property 2: \$ _____
 Address: _____ Value of Lien(s)/ Mortgage(s): \$ _____
 Type of Lien(s): Conventional / ARM / Negative Amortization / Reverse Mortgage / Line of Credit /
 Circle all that apply:

ATTACH MORTGAGE STATEMENT

Type of Property 3

Circle One: Residential / Commercial / Investment / Value of Property 3: \$ _____
 Address: _____ Value of Lien(s)/ Mortgage(s): \$ _____
 Type of Lien(s): Conventional / ARM / Negative Amortization / Reverse Mortgage / Line of Credit /
 Circle all that apply:



equitykey™

Application

Personal Financial Information

| | | | | | | | | |
|-----------------------|-----------------------|----------|----------------------------|----------|--|----------|------------------------|----------|
| Annual Income: | Pension | \$ _____ | Soc. Sec. | \$ _____ | Current Employment | \$ _____ | Other | \$ _____ |
| Assets: | Real Estate values | \$ _____ | Investments / IRA's / 401K | \$ _____ | Personal Property (furnishings, cars, jewelry) | \$ _____ | Life Ins Death Benefit | \$ _____ |
| Liabilities | All Mortgages / Liens | \$ _____ | | | Other debts | \$ _____ | | |

Will anyone else on title be applying for EquityKey as well? YES NO

If Yes and both qualify: Both will accept offers or They will choose the one best offer

His/Her Name: _____ Male Female DOB: _____

Does spouse/partner use tobacco? YES NO

The EquityKey program has a life insurance component issued at EquityKey's expense. The following conditions or situations may disqualify an applicant for participation in the EquityKey program:

- | | |
|----------------------------------|--|
| Tobacco use | Current Pilot's license |
| Type I or Type II Diabetes | Current addictions |
| Cancer | Hazardous activities (scuba diving, parachuting, etc.) |
| Uncontrolled high blood pressure | Obesity |
| Travel to a hazardous area | |

Please sign this acknowledgment.

I understand that the above conditions or situations may disqualify me from participating in the EquityKey program.

Signature

Date

Print Name



HIPAA COMPLIANT AUTHORIZATION
TO OBTAIN AND DISCLOSE HEALTH INFORMATION

Name of Proposed Insured:

Date of Birth:

First, MI, Last

Month/Day/Year

I hereby authorize any physician, medical practitioner, physician practice group, hospital, pharmacy, medical related facility, or other health care providers or institutions, health plan, insurer, re-insurer, insurance-related support organization and/or the Medical Information Bureau, Inc. (each an "Authorized Discloser" and collectively, the "Authorized Disclosers") to provide EquityKey, LLC, and/or any of its directors, officers, employees, agents, affiliated entities, successors, assigns, independent contractors, service providers or other authorized representatives ("Company"), with any and all information and/or records as to diagnosis, treatment and/or prognosis within the past twenty (20) years concerning my past, present or future physical or mental history or condition. I also specifically authorize each Authorized Discloser to release to Company the results of any HIV or AIDS test, as well as any other information relating to sexually transmitted diseases, drug or alcohol abuse and mental illness, excluding psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any Authorized Discloser to release and disclose my entire medical record without restriction.

I understand that Company will use my protected health information to 1) assess my risk rating and eligibility for life insurance coverage; 2) facilitate procurement of a life insurance policy or policies on my life; and 3) conduct other legally permissible activities that relate to the preceding uses. I further understand and agree that this authorization is not an application for life insurance and that no life insurance coverage is provided in connection with this authorization.

I understand that this authorization is not an authorization or consent requested by a healthcare provider, healthcare clearinghouse or health plan covered by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended (the "HIPAA Privacy Regulations"). I further understand that, as a result of this authorization, any of my protected health information disclosed by any Authorized Discloser to Company may be re-disclosed by Company and may no longer be protected by the HIPAA Privacy Regulations or other applicable state privacy laws.

I understand and agree that Company may re-disclose my protected health information to insurance carriers, their respective re-insurers, insurance agents, other insurance-related support organizations (collectively, "Insurance-Related Organizations"), those persons or entities authorized to represent any of the Insurance-Related Organizations, the Medical Information Bureau, Inc., and/or other persons or organizations performing business or legal services in connection with procuring or otherwise maintaining life insurance policies, or as may be otherwise required by law.



I understand that this authorization will remain valid for a period of thirty-six (36) months following the date of my signature below and that a copy of this authorization is valid as an original.

I understand that I have the right to revoke this authorization at any time by providing written notification to EquityKey, LLC, Attn: Operations Department, located at 8880 Rio San Diego Drive, 4th Floor, San Diego, CA 92108; provided, that, any revocation of this authorization will not apply to the extent an Authorized Discloser or Company has already taken action in reliance of this authorization prior to receiving notice of my revocation.

I understand that any medical or other health care related providers or institutions may not refuse to provide treatment, payment or enrollment for health care services if I refuse to sign this authorization and that I am not required to sign this authorization in order to obtain healthcare benefits. I understand that if I refuse to sign this authorization, Company will be unable to review my protected health information.

I certify that I am executing and delivering this authorization voluntarily and unilaterally as of the date written below and I understand this authorization is written in plain language and that I have retained a copy of this signed authorization.

Signature of Proposed Insured

Name of Proposed Insured

City

State

Date of Signature

THE COMPANIES THIS AUTHORIZATION APPLIES TO INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

American General Life Insurance Co.
American National Insurance Company
AXA Equitable Life Insurance Company
Hartford Life Insurance Company
Indianapolis Life/ Bankers Life of New York
John Hancock Life Insurance Company
John Hancock USA (ManuLife)
Lincoln Benefit Life Insurance Co.
Lincoln Financial Group

Nationwide Mutual Insurance Co.
New York Life Insurance Co.
Penn Mutual
Phoenix Wealth Management
Phoenix Life Insurance Company
Phoenix Life and Annuity Company
Principal Financial Group
Transamerica Insurance



CUSTOMER IDENTIFICATION FORM

Important information about the procedures for opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or transfers funds from one account to another.

What this means to you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents. Background checks may be conducted with various databases to verify information as well.

Note: EquityKey Real Estate Option, LLC ("EquityKey") will not disclose your personal or financial information to any outside institution without your permission. Disclosure of this information to other EquityKey companies will only occur per the attached Privacy Statement or only as permitted by applicable law.

CLIENT FULL NAME (Last/First/Middle):

Section 1. Citizenship/Foreign Political Affiliations. Place a check mark in the applicable box. Provide country name if applicable.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Customer is a U.S. citizen. |
| <input type="checkbox"/> | Customer is not a U.S. citizen, but is a citizen of: |
| <input type="checkbox"/> | Customer does not have a Social Security Number. |
| <input type="checkbox"/> | Customer is a Senior Foreign Political Officer of: |
| <input type="checkbox"/> | Customer is an immediate family member of a Senior Foreign Political Officer who is from: |
| <input type="checkbox"/> | Customer is a close associate of a Senior Foreign Political Officer who is from: |

Section 2. Forms of Identification. Information must be provided from two separate documents, and at least one document must be from the first list. The second document may be from either list.

| First Document List – Do not submit copies of these documents | Country/State of Origin | ID Number | Date of Birth | Expiration Date |
|---|-------------------------|-----------|---------------|-----------------|
| <input type="checkbox"/> State Issued Driver's License | | | | |
| <input type="checkbox"/> State Issued ID Card | | | | |
| <input type="checkbox"/> Military ID Card | | | | |
| <input type="checkbox"/> Passport | | | | |
| <input type="checkbox"/> US Alien Registration Card | | | | |
| <input type="checkbox"/> Canadian Driver's License | | | | |

| Second Document List – A copy of the document must be attached | Name of Issuer on Form | ID Number | Issuance Date | Expiration Date |
|--|------------------------|-----------|---------------|-----------------|
| <input type="checkbox"/> Loan Statement / Bank/ Investment | | | | |
| <input type="checkbox"/> Social Security Card | US Govt. | | | |
| <input type="checkbox"/> Government Issued Visa | | | | |
| <input type="checkbox"/> Non-US/CAN Driver's License | | TIN: | | |
| <input type="checkbox"/> Most recent Signed tax Returns | | APN: | | |
| <input type="checkbox"/> Property Tax Bill | | | | |
| <input type="checkbox"/> Voter Registration Card | | | | |
| <input type="checkbox"/> Paycheck stub with name | | | | |
| <input type="checkbox"/> Most Recent W-2 | | | | |
| <input type="checkbox"/> Recent utility bill | | | | |
| <input type="checkbox"/> Home/car/renter insurance papers | | | | |

Broker/Originator/Internal Use Only:

I certify that I have personally viewed and accurately recorded the information from the documents identified above, and have reasonably confirmed the identity of the Customer.

By: _____
Signed Name of Real Estate Licensee

Printed Name

Date



DEPOSIT RECEIPT

EquityKey Copy

Client: _____
 Property Type: _____
 Date: _____
 Deposit Amount: _____ *

Form of Deposit: Visa MC Cash Check

Received By: _____
 X _____
Agent Initials

Credit Card Transaction

Visa MasterCard

Name on Card: _____

Card holder's Address _____

Credit Card Number: _____

Expiration Date: _____ (MM/YY) Security Code: _____
3-digit code on reverse of card

X Client Signature: _____ Date: _____

* The deposit initiates the application process and covers a portion of initial underwriting and appraisal costs. The deposit will be wholly refunded as of the Effective Date and with the first payment (Single lump sum or the first monthly). The deposit will also be refunded in the event that the client completes the application process but does not qualify for EquityKey. **The deposit will only be non-refundable in the event that the client decides not to complete the application process.**

EquityKey Copy

For EquityKey Use Only: Financial Transaction Completed: Deposit Credit Card Charge By:

Printed Name: _____ Date: _____



PRIVACY STATEMENT - Client Copy

Our Commitment to Your Privacy

EquityKey Real Estate Option, LLC (“EquityKey”) is honored that you have given us your consideration and trust in connection with our EquityKey product. We realize how important your privacy is and we want you to know the measures we take to protect your privacy. In this Privacy Statement, you’ll learn what information we receive from you, what we do with that information, and the steps we take to safeguard your information. Whether you are an applicant, customer, or former customer, we are committed to your privacy.

Your Information

We collect various types of information about you. This information is needed to process your requests and to provide or offer services to you. We get this information from your application and from outside companies you have given us authorization to contact, like your bank, your employer, or a lender. The type of information we gather includes:

- Identification Information – information that identifies you such as name, address, and social security number.
- Application Information – information you provide to us on an application such as your financial and health information.
- Bank Account, Loan, and/or Employment Information – information concerning your payment history, employment and income status, and your bank statement.

In addition, if you visit our Internet website, we may collect certain information from you about your Internet usage.

How We Protect Your Information

One of the most important responsibilities we have is protecting your information. Here are some of the steps we take to safeguard the security and integrity of your information:

- We limit access to customer information to only those employees who have a business reason to review the information.
- We use technology to protect your information (for example, we use backup files, virus detection, encryption, firewalls, and other computer software and hardware).
- We have strict policies and procedures concerning the proper physical security of workplaces and records.
- We require independent contractors and outside companies who work with us to comply with rigid privacy standards through their contracts with us.

We Do Not Share Your Information with Third Parties Who Want to Market their Products to You

Some companies may try to make money selling your information to other companies. Not us. We value the relationship we have with you. It is our standard practice not to share or sell your information to companies not related to us. The only time we share with companies not related to us is so we can serve your needs. For example, we may provide your information to:

- Companies that perform business operations for us (such as a company that services your account for us).
- Companies that act on our behalf to market our services, or financial institutions with whom we have entered into a joint marketing agreement in order to provide you with valuable products.

Others as permitted or required by law (such as to protect you against fraud or in response to a subpoena).

We may Share Your Information with Companies Related to or Affiliated with Us.

To provide you with the best services we can offer, including those that might benefit you or you might want from companies related to us, and to help us guard against fraud and identity theft, we may share your information with our affiliates, except as prohibited by law. Our affiliates include: Pacifica Group, LLC and KBC Financial Products. These companies provide insurance and financial services, including consumer and insurance premium loans, and investment, securities and brokerage services. The information we may share with these companies might come from



your application (for instance, your name, address and telephone number), your transactions with us (for example, your option transaction and structure, or your Internet usage), or from information, including credit information, we receive from others you have authorized us to contact (like your bank, lender or employer).

Your Privacy Choices at EquityKey

Even though we do not sell your information and we limit the use of your information as described above, we realize you may not want us to share your credit information with companies related to us. You may do this at any time by calling us at (619) 400-8960 or sending us an email at info@equitykey.com. Please note, we will stop sharing your credit information after you have asked us to stop, but we may continue to share your transaction information among our related companies except as prohibited by law. Finally, if you do not want us to contact you for marketing purposes, please let us know by calling the number listed above or emailing us at the email address listed above.

Your privacy or solicitation preference will apply to the account number you identify when you express your preferences. For joint accounts, any account holder may express a preference on behalf of the other joint account holders.

Note: If you are satisfied with the ways in which we contact you currently, you do not need to change your solicitation preference at this time.

For Vermont and California residents only. The information-sharing practices described above are in accordance with federal law. Vermont and California law places additional limits on sharing information about Vermont and California residents so long as they remain residents of those states.

- **Vermont:** In accordance with Vermont law, EquityKey will not share information we collect about Vermont residents with companies outside of EquityKey except as permitted by law, such as with the consent of the customer, to service the customer's accounts or to other financial institutions with which we have joint marketing agreements. EquityKey will not share application information and information from outside sources about Vermont residents among the EquityKey companies except with the authorization or consent of the Vermont resident.
- **California:** In accordance with California law, EquityKey will not share information we collect about California residents with companies outside of EquityKey except as permitted by law, such as with the consent of the customer, to service the customer's accounts, to fulfill on rewards or benefits and otherwise as permitted. We will limit sharing among our companies to the extent required by applicable California law.

The Accuracy of Your Information.

We strive to maintain complete and accurate information about you. If you believe your information with us is not complete or accurate, please let us know immediately by contacting us at (619) 400-8960 or email us at info@equitykey.com. The policies and practices described in this disclosure are subject to change, but we will notify you of any significant changes as required by applicable law.



DEPOSIT RECEIPT

Client Copy

Client: _____

Property Type: _____

Date: _____

Deposit Amount: _____ *

Form of Deposit: Visa MC Cash Check

Received By: _____

X _____
Agent Initials

Credit Card Transaction

Visa MasterCard

Name on Card: _____

Card holder's Address

Credit Card Number: _____

Expiration Date: _____ (MM/YY) Security Code: _____
3-digit code on reverse of card

X _____ Date: _____
Client Signature

* The deposit initiates the application process and covers a portion of initial underwriting and appraisal costs. The deposit will be wholly refunded as of the Effective Date and with the first payment (Single lump sum or the first monthly). The deposit will also be refunded in the event that the client completes the application process but does not qualify for EquityKey. **The deposit will only be non-refundable in the event that the client decides not to complete the application process.**

Client Copy



Medical Intake

Client Preparation Guide

EquityKey will be reviewing some of your medical history for this interview. You will be contacted by one of our two interviewers, Maggie Willingham or Ryan Winters, who will conduct an in-depth interview with you. This will take approximately 45 minutes over the phone. You can help expedite the process by having the below information readily available during the interview.

- **All Medical Contacts for the last 10 years**
(All Doctors/Medical Facilities Names and Phone Numbers)
- **Complete list of all medication**
(Dosage, Purpose and Duration)
- **Life Insurance Policy Details**
(Carrier, Policy number, Rate Class, etc.)
- **Detailed Medical Family History**
- **Personal Financial Information**
(This includes Mortgage amount, Assets, and Sources of income)

Assets include 401K, Pension, IRA's, CD's, Stocks, Bonds, Social Security, Business owned, Antiques, Jewelry, etc.