

"NLS" means National Life Settlements, LLC, a Texas Limited Liability Company; National Life Settlements, LLC, A Colorado Limited Liability Company; and NATT, a Texas Limited Liability Company.

I. The following is a list of the deposits, withdrawals and taxes withheld made in your NLS account. If this list is accurate, proceed to Paragraph III of this Proof of Claim.

<i>Date</i>	<i>Deposit</i>	<i>Withdrawal</i>	<i>Taxes Withheld</i>
_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Net Totals</i>	\$ _____	\$ _____	\$ _____

Note: If you transferred funds from another account to NLS but deposited only a portion of the transfer to your NLS account, the amounts shown in parentheses in the "Deposit" column above is the amount NLS returned to you.

If you contend that you did not receive any of the withdrawals shown above, identify the payment and date.

Date	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
Total	\$ _____

II. If you made deposits or withdrawals other than those listed in Paragraph I above, please list the date and amount of each deposit or withdrawal below. For deposits, please attach documentation (cancelled checks, receipts from wire transfers, etc.) verifying the deposit.

Date	Amount	Proof Attached
_____	\$ _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
Total	\$ _____	

Attach additional sheets if necessary. Attach proof for each amount. (See instructions.)

III. If you received any commissions, referral fees or any other compensation directly or indirectly from NLS, please list the date and amount of each payment below. Include commissions paid through an agency.

Date	Amount	Paid to	Received From
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	\$ _____		

Attach additional sheets if necessary. (See instructions.)

IV. Was your account with NLS treated as part of an Individual Retirement Account, SEP account, 401(k), 403(b), or other retirement account? (See instructions.)

Yes No

If "Yes," provide the name and address of the **current trustee** for the account and your account number.

Trustee: _____
Address: _____

Account Number: _____

If NLS acted as trustee of your account, or if the trustee on your retirement account has changed since the account was established, provide documentation evidencing appointment of the new trustee.

V. If anyone other than the person(s) listed on page 1 of this Proof of Claim owns an interest in this account, provide each person's full name, address, phone number and social security number.

Name	Address	Phone Number	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I swear, under the penalties of perjury, that the statements contained in this Proof of Claim are accurate, true, and correct. I understand that the Receiver and the Court will rely upon the statements received in this Proof of Claim in determining the distribution of assets of the receivership estate.

I acknowledge that if I have knowingly made misrepresentations in the information set forth in this Proof of Claim, I may be deemed to have waived my right to any recovery from the receivership estate. I also acknowledge that the Receiver or the Court may refer to the appropriate prosecutor's office any matter involving false statements made on a Proof of Claim.

Signature of claimant

Date

The court has ordered that *all claims must be RECEIVED by 5:00 p.m. CDT on September 30, 2009 or they will be barred and will not be eligible for payment.*

Send completed Proof of Claim to:

**National Life Settlements Claims Administrator
1226 Commerce Street
Suite 410
Dallas, TX 75202**