



Funds for
Living and Giving

Dear Sir / Madam:

Thank you for your interest in Fifth Season's **FLAG (Funds for Living And Giving)** program.

We at Fifth Season Financial, L.P. ("Fifth Season") would like the opportunity to work with you to explore if an advance from us would be a good fit for you and your family. We know that many families confronting illness find they require additional financial help in order to maintain quality of life and address the cost of care. Since 2007, Fifth Season has advanced over \$75 million to individuals living with late stage cancers and other advanced-stage illnesses.

To start the process, we ask that you complete all four documents below, at your earliest convenience and return them to us so we can begin to evaluate whether Fifth Season can assist you:

1. Application Form
2. Authorization for Disclosure of Protected Health Information (HIPAA)
3. Physician Information Form
4. Life Insurance Carrier Release Form

By filling out these forms, you are in no way obligated to work with us. In addition, **there are no application fees or out-of-pocket expenses required to apply**. Our entire process is designed to be easy and free of complications, as these forms allow us to obtain all information and records we'll need to assess whether you qualify for the FLAG program. You may return these completed forms via:

FedEx or UPS envelope, if provided;

Fax to: (914) 371- 6807;

Email to: info@fifthseasonfinancial.com; or

Mail to: Fifth Season Financial, L.P.
2777 Summer Street, Suite 304
Stamford, CT 06905

In addition, 'Confidentiality & Privacy Policy' and 'Frequently Asked Questions' information sheets are included with the documents, for you to keep.

If you have any questions with regard to this application please feel free to contact us toll-free at (866) 459-1271 or by email to info@fifthseasonfinancial.com.

Kind Regards,



Funds for Living and Giving

FIFTH SEASON'S FLAG PROGRAM APPLICATION

Name of Insured Party Living with Illness ("Applicant"):

Date of Birth: SSN:

Residential Street Address of Applicant:

City: State: ZIP Code:

Home Phone: Mobile Phone: Best Time to Call:

Email:

Referral Source:

Person(s) we may discuss this transaction with: Relationship: (Please circle) Spouse Child Sibling Other (please specify): If Married, Name of Spouse:

Home Phone: Mobile Phone: Best Time to Call:

Email:

Have you ever been divorced? Are you currently involved in a bankruptcy?

IF THE LIFE INSURANCE POLICY OWNER IS OTHER THAN THE APPLICANT

Policy Owner's Name: SSN:

Policy Owner Address: Date of Birth:

Home Phone: Mobile Phone: Best Time to Call:

Email:

Has he/she ever been divorced? Is the policy owner currently involved in a bankruptcy?

MEDICAL INFORMATION

Type of Illness:

Date of Diagnosis: Indicate Stage: (if known)

Other Medical Conditions:

LIFE INSURANCE INFORMATION

Life Insurance Carrier:

Life Insurance Policy Number: Is this a Group Policy? Y/N (circle)

Life Insurance Policy Type (circle): Term Whole Universal Other: Policy Effective Date:

Amount of Death Benefit (Face Value of Policy):

Policy Beneficiaries:

Premium Payment Mode (circle): Monthly Quarterly Annual Premium Amount (\$):





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APPLICATION (CONT.)

I, the Applicant and the owner (if different than the Applicant) of the Policy acknowledge and authorize the following:

- 1. The information provided in this application form is being submitted to Fifth Season to assist in the evaluation of my potential eligibility to use my Policy as collateral for a Fifth Season Funds for Living And Giving advance ("Advance"). I represent that all of the information provided in this application form is true and correct.
2. I consent and authorize Fifth Season to use this information, and any information I may provide on other forms, including Release of Information forms I may be asked to complete and sign during the evaluation and qualification process, regarding my Policy and medical history.
3. I consent to and authorize the release to Fifth Season of any information that it may request about me from any third parties, including insurance policy information and the release of my medical records from my physician(s) and any other of my healthcare providers (including pharmacy providers).
4. I consent to and authorize Fifth Season to conduct public record searches and background searches regarding myself including for purposes of insurance antifraud activity, and as necessary or required by Fifth Season to effect, administer or enforce the transaction contemplated by this application.
5. Instead of using my Policy to obtain an Advance, I may have other options available, including an accelerated benefits/living benefits option and an outright sale of the Policy. I understand that I should speak to my insurance company, insurance agent or financial planner with regard to other options available to me my under my Policy.
6. I understand that Fifth Season does not provide legal, tax or financial advice. As each individual situation is different, Fifth Season recommends that I speak with a legal, tax and/or estate planning advisor, concerning the merits of entering into an Advance and the tax consequences an Advance may have to me, my estate and/or heirs, including the potential tax consequences of debt forgiveness, if any.
7. One of the eligibility criteria to qualify for an Advance is for the Applicant to have a diagnosis of an advanced stage illness and a life insurance policy. I have been diagnosed as indicated above, have an existing life insurance policy and understand that not every individual living with an advanced stage illness or life insurance policy will qualify for an Advance.

I HAVE READ AND UNDERSTAND:

Signature of Applicant

DATE:

Signature of Policy Owner (if different than Applicant)

DATE:

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

HIPAA COMPLIANT

I, the undersigned individual, authorize the disclosure of my protected health information (“PHI”), to specifically include the release of mental health, communicable disease (including HIV and AIDS) and drug and/or alcohol information, as defined under the applicable privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as follows:

1. Classes of Persons Authorized to Disclose My Protected Health Information. I authorize each doctor, hospital, nurse, pharmacy, physician, physician practice group, laboratory and any other type of health care provider (each, an “Authorized HCP”), or any Pharmacy Benefits Manager, insurance organization or covered entity having any PHI about me to disclose any and all of my PHI as provided under this authorization. I acknowledge that all of my PHI in the possession or control of any Authorized HCP is necessary for the purpose for which this authorization is given as described below. I authorize each Authorized HCP to rely upon a photostatic or facsimile copy or other reproduction of this authorization. This authorization allows for the disclosure, inspection and copying of any and all records, reports, and/or documents, including any underlying data, regarding my care and treatment and any other information in any Authorized HCP’s possession concerning any treatment or hospitalization, including, but not limited to, all testing materials completed by or administered, along with any and all medical charts, clinical or doctors’ notes, memoranda, medical reports, X-ray reports, index cards, history notes, pictures, records and medical bills in any Authorized HCP’s possession or control.

2. Classes of Persons Authorized to Receive My Protected Health Information. I authorize each Authorized HCP to disclose my PHI under this authorization to a) Fifth Season Financial Corp., Fifth Season Financial Assistance LLC, and their affiliated entities b) any life expectancy evaluator, c) any financing entity, lender and/or underwriter of Fifth Season Financial Corp., Fifth Season Financial Assistance LLC and their affiliated entities d) any person or entity that may seek to purchase any life insurance policy insuring my life, and e) any affiliated person or entity, business associate, agent, employee, representative, advisor, successor or assignee of any of the persons or entities covered in the immediately foregoing clauses a) through d) (each, an “Authorized Recipient”). Each Authorized Recipient

in receipt of my PHI shall have the authority to, in turn, share and use my PHI as if it had been received directly from me.

3. Description of Protected Health Information Authorized for Disclosure and Purpose of Disclosure. This authorization shall apply to any and all of my health and medical data, information and records, whether or not personally or individually identifiable or protected under any federal or state confidentiality or privacy laws or regulations. The purposes of this authorization and all disclosures of my PHI made hereunder are for allowing the Authorized Recipient (a) to analyze, assess, evaluate or underwrite my health or medical condition, or life expectancy, in connection with any life insurance policy, or certificate of life insurance, under which my life is insured, or any resale, assignment or other transfer of any such life insurance policy; (b) to negotiate and enter into relevant financing and related agreements and/or to develop and use indices related to actual and anticipated longevity, mortality, life expectancies and/or similar arrangements; (c) to maintain, manage and, possibly sell, transfer or assign any relevant finance arrangement; (d) to monitor, track or verify my health or medical status and condition in connection with any life insurance policy under which my life is insured; and (e) to comply with any judicial, legal or regulatory process.

4. Expiration of Authorization. This authorization shall remain continuously valid until, and shall expire on, the date that is one (1) year after the date of my death, unless such earlier expiration is required by applicable state law.

5. Right to Revoke Authorization. I acknowledge and understand that I may revoke this authorization any time with respect to, Fifth Season Financial Corp., Fifth Season Financial Assistance LLC and their affiliated entities by notifying Fifth Season Financial Corp., Fifth Season Financial Assistance LLC and their affiliated entities in writing of my revocation of this authorization and delivering my revocation by mail or personal delivery at such address designated to me by Fifth Season Financial Corp., Fifth Season Financial Assistance LLC and their affiliated entities; provided, that, any revocation of this authorization shall not apply to the extent that Fifth Season Financial Corp., Fifth Season Financial Assistance LLC and their affiliated entities has taken action in reliance upon this authorization prior to receiving written notice of my revocation.

6. Inability to Condition Treatment, Payment, Enrollment or Eligibility for Benefits on Provision of Authorization. I understand that no Authorized HCP or other covered entity may condition my treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

7. California Residents Only: Mental Health Information. The PHI that may be disclosed pursuant to this Authorization includes records or information obtained by an Authorized HCP in the course of providing inpatient or outpatient services for mental health or developmental disabilities in any institutional or community mental health clinic setting. Such records may be disclosed without regard as to whether the treatment described in this paragraph was furnished on a voluntary or involuntary basis.

8. Authorization Not Requested by Health Care Provider, Clearinghouse or Plan. I understand that this authorization is at my requires and not a consent of an authorization requested by a health care provider, health care clearinghouse or health plan covered by privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Regulations")HIPAA privacy Regulations.

9. Potential for Re-disclosure. I further understand that, as a result of this authorization, there is the potential for my PHI that is disclosed by any Authorized HCP to an Authorized Recipient to be subject to re-disclosure by the Authorized Recipient and my PHI that is disclosed to such Authorized Recipient may no longer be protected by the HIPAA Privacy Regulations.

10. Certification. I certify that I am executing and delivering this authorization freely and unilaterally as of the date written below and that all information contained in this authorization is true and correct. I further certify that this authorization is written in plain language and that I have received and retained a copy of this signed authorization for future reference.

SIGNED BY: _____ Date

PRINT NAME: _____ Date of Birth

SIGNED BY: WITNESS _____ Date



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PHYSICIAN INFORMATION

Please provide a complete list of all physicians and hospitals/treatment facilities where you (the insured under the policy) have been treated since your primary or secondary illness diagnosis (up to 5 years).

Applicant's Name: _____ Date: _____

Primary Care Physician (PCP): _____
Facility Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Date of Last Visit: _____

Primary Oncologist Or Disease Specific Specialist: _____
Facility Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Date of Last Visit: _____

Physician's Name: _____
Physician Specialty: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Date of Last Visit: _____

Social Worker's Name: _____
Facility Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Date of Last Visit: _____

ADD ADDITIONAL PAGES IF NECESSARY





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LIFE INSURANCE CARRIER RELEASE FORM

To: _____
Name of Life Insurance Carrier

Policy Number: _____ (the "Policy")

Name of Insured: _____

Name of Policy Owner: _____

Re: Authorization to release policy information

The undersigned, as owner of the Policy identified above, hereby certifies, intending that this notice may be relied upon by the insurance company or plan administrators which are obligated to pay or facilitate the payment of the related death benefits upon the death of the related insured by the terms of such Policy (or the successor to such obligation) and any other person or entity to which it shall be provided without any further enquiry, that:

- 1) Fifth Season Financial, L.P., and/or its authorized employees, representatives or assignees has the full authorization of the undersigned to correspond and communicate with third parties, including the insurance carriers and or group plan administrators regarding the Policy in all respects and to obtain any information including, but not limited to, in-force illustrations, verification of coverage, annual statements pertaining to the Policy, rider information, waiver of premium status and to have access to online information provided on the Policy, if available.
- 2) Nothing herein gives Fifth Season Financial, L.P., and/or its authorized employees, representatives or assignees the right to sign documents on behalf of the undersigned or the Owner; and
- 3) A copy of this authorization may be relied upon by the insurance carriers or group plan administrators for all purposes.

DATED this _____ day of _____ in the year _____.

By: _____
Signature of Policy Owner



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DOCUMENTS THAT CAN SPEED UP THE PROCESS:

These should be sent to us independently from the application and can help speed up the Life Insurance verification process.

- Copy of the Policy and/or Policy Certificate*
* If lost or misplaced, it is recommended you order a copy from the Carrier so that you understand your policy's benefits, options, and limitations.
• Policy Certificate (if Group Policy)
• Annual Statements (most recent and any others available)
• Monthly Premium Statement
• Payment stub showing payroll deductions of Life Insurance Benefits (if Group Policy)
• Employee Summary of Benefits (if Group Policy and applicable)

GROUP POLICY CONTACT INFORMATION

(Applicable to Group Life Insurance Policies Only)

The information below is not required upfront and can be sent independently from the application.

Some life insurance carriers direct us to coordinate only with an employer's 3rd party Benefits Administrator, a Human Resource Department or an Employee Benefits Department while other carriers we can contact directly. Providing the following information will help in finding a valid point of contact for gathering policy information.

Table with 2 columns and 6 rows for contact information: Employer (Company's Name), Address of Headquarters, Human Resources or Employee Benefits Department Phone #, Contact Name at Department (if available), 3rd Party Benefits Administrator (if applicable), 3rd Party Benefits Administrator Phone #.



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CONFIDENTIALITY AND PRIVACY POLICY

Fifth Season Financial LP, referred to as the “Company,” is a business that necessarily acquires and maintains nonpublic personal information (including, without limitation, highly sensitive medical and personal information) about our potential applicants, actual applicants and customers. Although the Company is not a covered entity for purposes of the Health Insurance Portability and Accountability Act of 1996 and the Promulgated Privacy regulations (“HIPAA”), the company does obtain, use and disclose protected health information (“PHI”) and personal financial information (“PFI”) in order to conduct business and thus has implemented this privacy policy (“Policy”) to safeguard PHI and PFI. All employees are expected to adhere to this internal Policy. This information is collected from the following sources:

- Applications or other forms completed by a consumer;
- Information a consumer authorizes the Company to receive from medical providers, insurance companies, and/or other authorized third parties; and
- Other information provided by a consumer (whether written or verbal).

The information referenced above is collected for the purpose of evaluating whether to extend a consumer loan and to administer such loan, if extended. The Company is dedicated to maintaining our consumers’ privacy while their nonpublic personal information is in our hands. Our employees and contractors are permitted to use our consumers’ nonpublic personal information only for approved Company business purposes. Employees and contractors are required to execute a confidentiality agreement protecting consumers’ nonpublic personal information, as a necessary condition of employment or engagement with the Company.

We will use a consumer’s nonpublic personal information as needed to complete the business tasks requested by such consumer, and will not share the consumer’s (or a former customer’s) nonpublic personal information with any non-affiliated third party serving in a non-representative capacity, except as required or permitted by law, authorized in writing by the consumer, or in the event the loan is sold to a third party. Specifically, information may be disclosed to the Company’s affiliates, third party service providers as necessary to effect, administer, or enforce a transaction that a consumer requests or authorizes or to a new owner. However, we require any such affiliate, third party service provider or new owner to agree to safeguard the information, maintain its confidentiality, use the information only for the intended purpose, and abide by applicable law.

We employ and maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard our consumers’ nonpublic personal information and restrict its disclosure to those in the Company, its contractors, affiliates or third party service providers who need to know such information in order to provide those products and services a consumer requests.

Employees and contractors are required to comply with all Company policies and procedures regarding the use, safeguarding, retention, and destruction of consumer nonpublic personal information, both in hard copy or paper form and in electronic form, including electronic images.

The Company will dispose of its records that contain nonpublic personal information by modifying the information to make it unreadable or undecipherable. We may make nonpublic personal information unreadable or undecipherable by erasing, shredding, or other means. We may also dispose of nonpublic personal information by contracting with a third party vendor engaged in the business of disposing of records (in the same manner described above) that contain nonpublic personal information.

We are committed to protecting our consumers’ nonpublic personal information in every transaction, at every level of our organization. The Company, its employees, contractors, affiliates and third party service providers will maintain both consumer and business information in a secure, private, and confidential environment, and will strive to protect all such information from improper use or distribution.



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FLAG FAQ'S (FREQUENTLY ASKED QUESTIONS)

Fighting a serious illness presents more than enough complications in your life. That's why we are committed to keeping every aspect of the FLAG program as simple and up-front as possible. We want you to clearly see that there are no hidden costs, requirements, or stipulations attached to receiving your financial assistance. The more you know about how FLAG works, the better you and your family can make a timely and informed financial decision. Attached are some of the most frequently asked questions we receive...but if you have any of your own, don't hesitate to call us toll-free at 866-459-1271, or you can email your question to info@fifthseasonfinancial.com. We look forward to helping you!

THE FLAG PROGRAM

Question: How does the FLAG (Funds for Living And Giving) program work?

Answer: Fifth Season has pioneered an innovative financial solution for individuals with advanced stage illnesses, utilizing an asset that many own but don't realize they can access for cash: their life insurance policy. Fifth Season will review your existing life insurance policy and determine if it can be used as collateral for an advance. Concurrently, our consulting oncologists and physicians will confidentially review your medical records to assess your medical status. If you qualify, Fifth Season will offer you immediate funds, and will take over premium payments for your policy. We'll forward a detailed breakdown on how the advance is ultimately repaid, which does not need to occur in your lifetime.

Question: How is the amount of the FLAG advance determined?

Answer: The amount of the advance is based on several factors, including:

- The projected life expectancy of the insured
- The net death benefit of the life insurance policy
- The projected amount of remaining life insurance policy premium payments
- The type of policy and specific life insurance company

Once Fifth Season considers all factors, the advance you may receive is generally between 35 and 70 percent of the policy's death benefit.

Question: Are there any restrictions on how I use the proceeds of my advance?

Answer: No - there are no restrictions on how you use the funds advanced to you. The money is yours to use as you wish.

Question: How will I repay the FLAG advance?

Answer: All advances, interest, origination fees and premium payments are repaid to Fifth Season out of the life insurance policy's death benefit. After that, all surplus funds are paid to your designated beneficiaries.

Question: How long does the FLAG process take?

Answer: There are several stages to the process. Generally, Fifth Season can provide you with a formal offer letter within three days of receiving a complete set of medical records and a verification of the eligibility of your life insurance policy (note: our internal team will help assemble these for you with your approval). Once you accept the offer, we will need to change the life insurance policy's ownership and beneficiary status to Fifth Season (or, in some cases, collaterally assign the policy to Fifth Season). This part of the process can take up to four weeks. Once confirmation is received from the life insurance carrier, we can generally advance funds within 48 hours.

Question: How will I receive my FLAG advance?

Answer: Once approved and processed, you will receive your advance in one lump sum either by check or direct wire transfer to your bank account.

Question: Who pays the premiums on my life insurance policy?

Answer: Fifth Season is responsible for paying all remaining premiums on the life insurance policy. The premiums paid by Fifth Season will be added to the principal balance of the advance. In some cases, the terms of the insurance policy do not allow Fifth Season to pay premiums directly, in which case Fifth Season will reimburse the premium amount paid by the insured.

Question: Are there fees associated with the FLAG advance?

Answer: There are no application fees or out of pocket expenses with the FLAG program. If you accept the FLAG proposal, a management fee as specified in your FLAG proposal document will be added to your balance. This fee will vary based on your state of residence and other factors but is generally 3% of the face amount. There is an interest rate of 17% compounded daily, but (like the management fee) it can vary based on state regulations. Along with premium payments, the management fee and interest are repaid entirely out of the life insurance death benefit, so there are no out-of-pocket costs to the insured.

Question: Will I have to pay taxes on the advance?

Answer: The funds advanced under the FLAG program are generally not taxable. However, since each individual situation is unique, and Fifth Season does not provide tax, legal or financial advice, we recommend you speak with your legal, tax or estate planning advisor.

Question: What happens to my life insurance policy proceeds?

Answer: In order for Fifth Season to simplify the payment of your policy premiums and maintenance of your life insurance policy, the policy is transferred or collaterally assigned to Fifth Season. When the life insurance policy matures, the insurance carrier will pay the policy death benefit to Fifth Season (in most cases). Fifth Season will then use those proceeds to repay the outstanding balance and will return any surplus proceeds to your designated beneficiary. Should the amount owed ever exceed the outstanding balance, neither you nor your family are responsible to repay any shortfall on the advance.

Question: Can I choose to pay back my advance early?

Answer: Yes. If your financial situation changes, you can choose to pay back your advance (and costs incurred during the period, like premiums and management fees) at any time without any prepayment penalties to retain your full death benefit.

QUALIFICATION

Question: Do I qualify for the FLAG program?

Answer: Once an application is submitted, we consider a number of different factors to determine if you qualify, but there are three key requirements:

- You have been diagnosed with a life-threatening or advanced stage illness, such as a late-stage (Stage III or IV) cancer (generally with distant metastasis)
- You own a life insurance policy with a total death benefit of at least \$50,000, issued by a U.S.-based life insurance company
- You are a permanent resident of the United States

Question: What types of life insurance policies will Fifth Season accept?

Answer: We can accept individual, group and employer-provided term or whole life insurance policies, and no cash surrender value is required. There are several requirements for eligibility, including:

- Your life insurance policy must be issued by a U.S.-based life insurance company
- Your policy must be transferable or collaterally assignable to Fifth Season
- Your policy must have been issued at least two years ago
- You must have one or more life insurance policies with a total death benefit of at least \$50,000

Question: If I'm unemployed or don't have a good credit rating, can I still qualify?

Answer: Your credit rating, repayment ability and employment status are not factors we consider. Your medical history and the details of your life insurance policy are the primary factors for consideration.

Question: What if my medical status changes?

Answer: If you encounter a more rapid disease progression, it may be possible to increase the advance amount upon re-evaluation. Should your medical condition unexpectedly improve or stabilize, your obligations and Fifth Season's obligations do not change.

FLAG

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PRIVACY

Question: Who will have access to my medical information?

Answer: All information concerning your medical condition will remain strictly confidential. Access to your medical information is strictly controlled and limited to Fifth Season employees, consulting oncologists and physicians, other Fifth Season advisors who are subject to confidentiality obligations, and those other persons specified in the Confidentiality Agreement. **Fifth Season is fully compliant with HIPAA (Health Insurance Portability and Accountability Act) regulations and standards, and is committed to protecting your privacy.**