

Structured Installment Sale Business Source of Funds

Metropolitan Tower Life Insurance Company

1. Name of Buyer/Assignor: _____

2. Address of Buyer/Assignor: _____

Phone number: _____

3. Citizenship and tax residence of Buyer/Assignor: _____

Bank Reference (Name, Address & Phone No.)

Attorney (Name, Address & Phone No.)

4. State and date of incorporation, if Buyer/Assignor is a corporation. _____

5. Is this Buyer/Assignor: (check each box that applies)

an individual

an Insurance Company or subsidiary or affiliate of one

an organization qualified under §501(c) of the Internal Revenue code, or similar foreign organization

a government or a subdivision, agency or instrumentality of one

6. Date of birth, if individual: _____

7. Anticipated dates(s) and amount(s) of payments to Metropolitan Tower Life Insurance Company.

Date

Amount

8. To whom is Metropolitan Tower Life Insurance Company to make payment.
(Give all information specified in question 1 through 6 above.)

9. What is the purpose of the transaction? _____

10. From whom will funds be transmitted to Metropolitan Tower Life Insurance Company?

11. How will funds be transmitted to Metropolitan Tower Life Insurance Company?

12. What is the source of the funds, and who holds title to them?

13. What is the business of the Buyer/Assignor? _____

14. How long has this business been conducted? _____

15. Where is this business primarily conducted? _____

16. What is the role of the person submitting this questionnaire? (i.e. broker, agent etc.)

17. Any additional information that may help us to evaluate this request.

18. If a §501(c) organization, please provide proof of the organization's tax exempt status.

If the funds are to come from a source other than the Buyer/Assignor, we require, in addition, a letter of intent from the person who holds title to the funds.

Please complete and submit this questionnaire along with all requested documents.

**Signature of Buyer/Assignor
For Structured Installment Sale**

Date

