

**H. THOMAS MORAN, II, RECEIVER FOR
THE ASSETS OF LIFETIME CAPITAL, INC.
AND RELATED ENTITIES**

**OFFICIAL COURT-APPROVED
PREMIUM PAYMENT CLAIM FORM**

SUBMIT FORM TO:
H. Thomas Moran, II
LifeTime Capital Receiver
PO BOX 16338
Oklahoma City, OK 73113

Please file a **separate** Policy Premium Claim Form for the *total amount* of Premium Payments made on *each* Policy. You may copy this form or download additional copies from Receiver's website at www.lifetimereceiver.com.

Please do not include Investment Amounts on this Form. To make claim(s) for Investment(s) with LifeTime, use the "INVESTMENT ONLY" Claim Form.

PART 1. ORIGINAL INVESTOR INFORMATION: Please provide the following information for the LifeTime Investor by whom, or on whose behalf, the Premium Payments claimed here were made. If the Premium Payments were made by a Trust, please skip this section and go to Trust section below.

INTERNAL USE ONLY:

Claim Number:

Date Received:

| | | | | |
|-------------------------------|---------|------------------|--------|---------------------------------|
| Original Investor NAME: | (First) | (Middle Initial) | (Last) | SOCIAL SECURITY OR TAX I.D. NO. |
|-------------------------------|---------|------------------|--------|---------------------------------|

STREET ADDRESS:

| | | | |
|-------|--------|------|----------|
| CITY: | STATE: | ZIP: | COUNTRY: |
|-------|--------|------|----------|

| | | | | |
|--|----------------|----------------|-------------------------|-------------|
| PHONE NUMBERS: (Area Code & Number) | DAYTIME () | EVENING () | CELLULAR/MOBILE: () | FAX: () |
|--|----------------|----------------|-------------------------|-------------|

| | |
|-----------------|--------------------------------|
| E-MAIL ADDRESS: | ALTERNATE CONTACT INFORMATION: |
|-----------------|--------------------------------|

JOINT INVESTOR: If this Investment Claim is for Premium Payment(s) made in more than one name, please provide the following information for each additional Investor(s). (If there are more than two Investors, please use a copy of this form to provide the required information for each Investor.)

| | | | |
|---------|------------------|--------|---------------------------------|
| (First) | (Middle Initial) | (Last) | SOCIAL SECURITY OR TAX I.D. NO. |
|---------|------------------|--------|---------------------------------|

NAME:
STREET ADDRESS:

| | | | |
|-------|--------|------|----------|
| CITY: | STATE: | ZIP: | COUNTRY: |
|-------|--------|------|----------|

| | | | | |
|--|----------------|----------------|------------------------|------------|
| PHONE NUMBERS: (Area Code & Number) | DAYTIME () | EVENING () | CELLULAR/MOBILE () | FAX () |
|--|----------------|----------------|------------------------|------------|

| | |
|-----------------|--------------------------------|
| E-MAIL ADDRESS: | ALTERNATE CONTACT INFORMATION: |
|-----------------|--------------------------------|

PREMIUM PAYMENTS MADE BY A TRUST: If premium payments were made to LifeTime Capital by a Trust, please provide the following information. PLEASE ATTACH COPIES OF 1) THE *CURRENT* MEMORANDUM (or AFFIDAVIT) OF TRUST, or the TRUST AGREEMENT AND ALL AMENDMENTS THERETO; AND 2) ANY AFFIDAVITS OF SUCCESSOR TRUSTEE(S); AND 3) EVIDENCE OF TRUSTEE AUTHORITY FOR THE TRUST DESCRIBED BELOW:

NAME OF TRUST:

| | | |
|----------------|-------------------|----------------|
| DATE OF TRUST: | TRUST TAX ID NO.: | TYPE OF TRUST: |
|----------------|-------------------|----------------|

If the Trust is a Revocable or Living Trust and the Grantor is living, please provide the following information:

| | |
|---------------------|----------|
| NAME OF GRANTOR(S): | COUNTRY: |
|---------------------|----------|

| | | | |
|-----------------|-------|--------|------|
| STREET ADDRESS: | CITY: | STATE: | ZIP: |
|-----------------|-------|--------|------|

| | | | | |
|----------------|-----------------|-----------------|-------------------------|-------------|
| PHONE NUMBERS: | DAYTIME: () | EVENING: () | CELLULAR/MOBILE: () | FAX: () |
|----------------|-----------------|-----------------|-------------------------|-------------|

| TRUST INFORMATION CONTINUED: | | | | | |
|--|-----------------------|-----------------|---|-----------------------|---------|
| NAME OF PRIMARY BENEFICIARY OF THE TRUST: | | | | | COUNTRY |
| STREET ADDRESS: | | | CITY: | STATE: | ZIP: |
| PHONE NUMBERS: | DAYTIME: () | EVENING: () | CELLULAR/MOBILE: () | FAX: () | |
| Trustee(s): | | | | | |
| NAME OF TRUSTEE (Please provide evidence of authority): | | | NAME OF CO-TRUSTEE, IF ANY (Please provide evidence of authority): | | |
| STREET ADDRESS: | | | STREET ADDRESS: | | |
| CITY: | | STATE: | CITY: | | STATE: |
| ZIP: | COUNTRY: | | ZIP: | COUNTRY: | |
| DAYTIME PHONE: () | EVENING PHONE: () | | DAYTIME PHONE: () | EVENING PHONE: () | |
| CELLULAR/MOBILE: () | FAX: () | | CELLULAR/MOBILE: () | FAX: () | |
| NAME OF SUCCESSOR TRUSTEE: | | | NAME OF SUCCESSOR CO-TRUSTEE, IF ANY: | | |
| STREET ADDRESS: | | | STREET ADDRESS: | | |
| CITY: | | STATE: | CITY: | | STATE: |
| ZIP: | COUNTRY: | | ZIP: | COUNTRY: | |
| DAYTIME PHONE: () | EVENING PHONE: () | | DAYTIME PHONE: () | EVENING PHONE: () | |
| CELLULAR/MOBILE: () | FAX: () | | CELLULAR/MOBILE: () | FAX: () | |
| (If there are more than two Co-Trustees or Successor Trustees, please use a copy of this form to list the additional Co-Trustees or Successor Trustees.) | | | | | |

NON-INVESTOR CLAIMANT INFORMATION: If the person making this Premium Payment Claim is the original LifeTime Capital Investor, please skip this section. If the person making this Premium Payment Claim is NOT the original LifeTime Capital Investor (e.g., successor to the original Investor pursuant to divorce or probate decree, etc.), please provide the following information about the person making this claim:

| | | | | |
|---|----------------|---|--------------------------------|------------|
| RELATIONSHIP TO LIFETIME CAPITAL INVESTOR: | | BASIS OF CLAIMANT RIGHT TO MAKE THIS CLAIM: <i>(You must attach <u>copies</u> of documentation showing this right as discussed in the Form Instructions.)</i> | | |
| (First) (Middle Initial) (Last) | | SOCIAL SECURITY OR TAX I.D. NO. | | |
| NAME: | | | | |
| CITY: | | STATE: | ZIP: | COUNTRY: |
| PHONE NUMBERS: <small>(Area Code & Number)</small> | DAYTIME () | EVENING () | CELLULAR/MOBILE: () | FAX () |
| E-MAIL ADDRESS: | | | ALTERNATE CONTACT INFORMATION: | |

If the Original Investor is deceased, please provide the date and location of death:

| | |
|---|--|
| DATE OF DEATH: | PLACE OF DEATH (City, County, State): |
| Did the deceased Original Investor have a Will? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, was a probate of the Estate filed? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, where was the probate conducted? | NAME OF PERSONAL REPRESENTATIVE OF THE ESTATE: |
| COUNTY: _____ STATE: _____ | STREET ADDRESS OF PERSONAL REPRESENTATIVE |
| PROBATE CASE NO.: _____ | CITY STATE ZIP |
| Has a Final Decree been filed in the Probate? <input type="checkbox"/> YES <input type="checkbox"/> NO | CONTACT PHONE NO. FOR PERSONAL REPRESENTATIVE () |
| If YES, date of Final Decree: _____ | |
| If NO, expected date of Final Decree: _____ | |

(GO TO NEXT PAGE TO CONTINUE FORM)

PART 2. DETAIL OF PREMIUM PAYMENTS. (You must attach *copies* of the supporting documents as discussed in the Form Instructions for each Premium Payment listed in this Section)

ASSIGNMENT OR PLACEMENT NUMBER of the Policy for which Premiums Paid: _____

If Premium Payments were made on more than one Policy, please complete one Premium Payment Claim Form for the total of payments made for each Policy.

| PREMIUM PAYMENT # 1 | PREMIUM PAYMENT # 2 | PREMIUM PAYMENT # 3 |
|--|--|--|
| DATE OF PAYMENT: | DATE OF PAYMENT: | DATE OF PAYMENT: |
| AMOUNT OF PREMIUM PAYMENT: \$ | AMOUNT OF PREMIUM PAYMENT: \$ | AMOUNT OF PREMIUM PAYMENT: \$ |
| <p>Did the original LifeTime Capital Investor make this payment?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "No," who made the Payment?</p> <p><input type="checkbox"/> "Non-Investor Claimant" listed on page 3 of this form.</p> <p><input type="checkbox"/> Other (explain relationship to Original Investor and why this person made the payment)</p> | <p>Did the original LifeTime Capital Investor make this payment?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "No," who made the Payment?</p> <p><input type="checkbox"/> "Non-Investor Claimant" listed on page 3 of this form.</p> <p><input type="checkbox"/> Other (explain relationship to Original Investor and why this person made the payment)</p> | <p>Did the original LifeTime Capital Investor make this payment?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "No," who made the Payment?</p> <p><input type="checkbox"/> "Non-Investor Claimant" listed on page 3 of this form.</p> <p><input type="checkbox"/> Other (explain relationship to Original Investor and why this person made the payment)</p> |
| PREMIUM PAYMENT # 4 | PREMIUM PAYMENT # 5 | PREMIUM PAYMENT # 6 |
| DATE OF PAYMENT: | DATE OF PAYMENT: | DATE OF PAYMENT: |
| AMOUNT OF PREMIUM PAYMENT: \$ | AMOUNT OF PREMIUM PAYMENT: \$ | AMOUNT OF PREMIUM PAYMENT: \$ |
| <p>Did the original LifeTime Capital Investor make this payment?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "No," who made the Payment?</p> <p><input type="checkbox"/> "Non-Investor Claimant" listed on page 3 of this form.</p> <p><input type="checkbox"/> Other (explain relationship to Original Investor and why this person made the payment)</p> | <p>Did the original LifeTime Capital Investor make this payment?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "No," who made the Payment?</p> <p><input type="checkbox"/> "Non-Investor Claimant" listed on page 3 of this form.</p> <p><input type="checkbox"/> Other (explain relationship to Original Investor and why this person made the payment)</p> | <p>Did the original LifeTime Capital Investor make this payment?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "No," who made the Payment?</p> <p><input type="checkbox"/> "Non-Investor Claimant" listed on page 3 of this form.</p> <p><input type="checkbox"/> Other (explain relationship to Original Investor and why this person made the payment)</p> |

PLEASE ATTACH COPIES OF BILLS/INVOICES AND PROOFS OF PAYMENTS (e.g. cancelled checks) FOR ALL PAYMENTS LISTED ABOVE.

Please make every effort to attach the necessary supporting documentation to this Claim Form to assist the Receiver and the Court to determine whether this Claim can be approved by the Court.

VERIFICATION OF CLAIMS: All claims submitted are subject to verification by the Receiver and approval by the Court. It is important to provide complete and accurate information to facilitate this effort. Claimants may be asked to supply additional information to complete this process. Failure to supply additional information in a timely manner may result in the Receiver's inability to verify your Claims(s) and the Court's decision to disallow your Claims(s) in whole, or in part.

Pursuant to 28 U.S. C. § 1746, I declare under penalty of perjury that the foregoing is true and correct and that any and all attached or enclosed documents are true and correct copies of the original documents.

INVESTOR, TRUSTEE, or OTHER LEGAL CLAIMANT
(Sign name) Executed on (Date) _____

INVESTOR, TRUSTEE, OR OTHER LEGAL CLAIMANT
(Print or type Name & Title)

JOINT INVESTOR or CO-TRUSTEE - (Sign name) Executed on (Date) _____

JOINT INVESTOR or CO-TRUSTEE - (Print or type name)

If more signatures are required, (e.g. for more than two trustees), please use a copy of this page to provide the required signatures.