**Section 5701.EXHIBIT F Viatical Settlement Provider Certification (Form VSP-004)**

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| **Viatical Settlement Provider Certification** |

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| **This section should be completed by viatical settlement providers.** | |
|  | |
| Please check all forms submitted: | |
|  | |
| 🞎 | Viatical Settlement Provider Reporting Form – All States and Territories |
|  | |
| 🞎 | Viatical Settlement Provider Reporting Form – Illinois Transactions Only |
|  | |
| 🞎 | Individual Mortality Report – Illinois Transactions Only |
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| **I hereby certify that the information contained in the reports indicated above is true and accurate. I acknowledge that providing false and misleading information in the reports, or failing to divulge a fact material thereto, is sufficient grounds for administrative action by the Director and, potentially, applicable criminal penalties.** | |
|  | |
| |  |  |  |  | | --- | --- | --- | --- | |  |  | Date: | / / | | Signature of individual that prepared reports |  |  |  | | Print or type name |  | Date: | / / | | Signature of Authorized Representative |  |  |  | | Print or type name |  |  |  | | |
|  | |

(Source: Old EXHIBIT D renumbered to EXHIBIT F and amended at 39 Ill. Reg. 4975, effective March 23, 2015)