

2023 Membership Application

European Life Settlement Association

INFORMATION

Name:

Position:

Organisation:

Email:

Website:

Address:

Country:

Phone:

Fax:

Mobile:

FIRST NOMINATING MEMBER

Name:

Company:

SECOND NOMINATING MEMBER

Name:

Company:

[Click here to read our code of conduct](#)

I have read the code of conduct and can satisfy it's requirements.

ROLE IN THE LIFE SETTLEMENT MARKET

- | | |
|---|---|
| <input type="checkbox"/> Fund/Product Designer | <input type="checkbox"/> Life Settlement Servicer |
| <input type="checkbox"/> Fund/Product Manager | <input type="checkbox"/> Medical Underwriter |
| <input type="checkbox"/> Fund/Product Distributor | <input type="checkbox"/> Trustee/Custodian |
| <input type="checkbox"/> Equity Investor | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Lender | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Financial Advisor/Agent | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Life Settlement Broker | <input type="checkbox"/> Auditor |
| <input type="checkbox"/> Life Settlement Provider | <input type="checkbox"/> Other: _____ |

CLIENT TYPE (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Regulated Financial Institution | <input type="checkbox"/> Unregulated Financial Institution |
| <input type="checkbox"/> Non-Financial Corporate | <input type="checkbox"/> High Net Worth Individual(s) |
| <input type="checkbox"/> Retail Investors (invest less than €125,000/£100,000/\$150,000 in a life settlement fund/product) | |
| <input type="checkbox"/> Other: _____ | |

Are you able to attend regular meetings?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Please provide a brief description of the types of business in which your organisation participates as it relates to life settlements. If more space is needed, please attach additional information to this application.

How many years has your organisation been involved in the life settlement industry?

In which countries do you engage in life settlement business?

Which regulatory bodies regulate your business (if none, please state “unregulated”)?

MEMBERSHIP CRITERIA

A company will not be considered for membership if it is currently the subject of a formal investigation by a regulatory body which alleges that the company has engaged in criminal or other illegal or unethical activities, or in activities which would violate ELSA's Code of Practice if such company had been an ELSA member. Further, a company will not be considered for membership if it has been the subject of such investigation in the past 12 months, and as a result of such investigation has admitted or been found to have been engaged in wrong doing in respect of that investigation.

Any company which has admitted or been found to have been engaged in wrong doing by a regulatory body will not be eligible for ELSA membership until at least 12 months from the date of such admission or finding, and the fact of such admission or finding will be a factor which the Membership Committee will consider in its decision as to whether such company should be admitted as an ELSA member.

Is the organization and/or are the principals of the organization currently the subject of any formal investigations by a regulatory body which alleges that the company has engaged in criminal or other illegal or unethical activities, or in activities which would violate ELSA's Code of Practice.

Yes

No

Has the organization and/or have the principals of the organization been the subject of such investigation in the past 12 months, and as a result of such investigation have admitted or been found to have been engaged in wrong doing in respect of that investigation.

Yes

No

Type of membership requested:

Full (voting)

Associate (non-voting)

FULL MEMBERSHIP

£5,000 p.a.

Full Membership of ELSA is available to companies with a registered office in Europe and/or which actively participate in the European life settlement industry as capital providers, service providers, and intermediaries.

Full Members will be eligible to sit on any committee of the association.

Full Members will have one vote only and shall designate a director, partner or senior employee who will be the voting member.

ASSOCIATE MEMBERSHIP

£4,000 p.a.

Associate Members are organisations not eligible to become a Full Member but with an interest in the European life settlement industry and ELSA's goals and objectives.

Associate Members can be invited to attend any ELSA committee but will not have voting rights.

MEMBERSHIP FEES

Contact Details

Name:

Address:

Phone:

Fax:

Email:

Fees can be paid by standing order or direct debit to:

ELSA

97 Fable
261c City Road
London
EC1V 1AP

Account No: 50257052

Sort code: 20 41 41

IBAN: GB64 BARC 20414150257052

SWIFT: BARCGB22xxx

(Add three x's when 11 digit number is required).

MEMBERSHIP APPLICATION

The undersigned hereby acknowledges that completing this application does not create a membership interest in ELSA and that membership will be contingent upon the affirmative vote of the association’s Membership Committee, whose decision shall be final. Further, the undersigned hereby certifies that the information contained in this application is truthful, accurate and complete.

If granted membership:

1. The undersigned will pay membership fees and other charges as may become due and payable in a timely manner.
2. The undersigned acknowledges and agrees that providing any false, misleading or incomplete information in the application shall be automatic grounds for denial of this application or cancellation of membership.

Name

Date

Signature

Company

For more information on any of the above please contact us on +44 (0) 203 490 0271 or admin@elsa-sls.org

Contact Details

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London EC1V 1AP

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