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	e of Buyer/Assignor:	
	-		
	Bank Reference (Name, Add	ress & Phone No.)	
	-	· · · · · · · · · · · · · · · · · · ·	
	-		
	-		
	Attorney (Name, Address & F	Phone No.)	
	-		
	-		
4.	State and date of formation, i	f Buyer/Assignor is a entity.	
	, -		
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		n organization
6.	Attached Government issued	Identification(s) for seller(s) or Entity manager(s):	

Structured Installment Sale - Business Source of Funds (Continued) Metropolitan Tower Life Insurance Company

1.	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.	f a §501(c) organization, please provide proof of the organization's tax exempt status.			
	e funds are to come from a source other than the Buyer/Assignor, we require, in addition, a letter of intent from person who holds title to the funds.			
Ple	se complete and submit this questionnaire along with all requested documents.			
	nature of Buyer/Assignor Date Structured Installment Sale			