

Structured Installment Sale Real Estate 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. From whom will funds be transmitted to Metropolitan Tower Life Insurance Company?

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

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

12. Where is this property located?

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

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

15. 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

