

Date: _____

Re: Annual Certification of Anti-fraud Initiatives
Name of Individual Broker or Broker Company's Name: _____
Virginia License No. _____

This letter is to certify that _____ has implemented and operated anti-fraud initiatives reasonably calculated to detect, prosecute, and prevent fraudulent viatical settlement acts [or life settlement acts] in compliance with § 38.2-6011.E of the Code of Virginia from the date of [its, his or her] initial licensure as a viatical settlement broker [or life settlement broker] in Virginia to the present. _____ further certifies that [it, he or she] will maintain the operation of these anti-fraud initiatives while [it, he or she] continues to be licensed as a Virginia viatical settlement broker [or life settlement broker]. An updated copy of the anti-fraud plan for [company or individual] is available upon request.

Sincerely,

[Name of Responsible Person signing for Broker Company
or signature of Individual Broker]

State of _____
City/County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

[Name Broker Company/Responsible Party signing for Company or Individual Broker's Name]
Street Address: _____

City: _____, State: _____, Zip Code: _____

Phone No.: _____

Email Address: _____