## **REQUEST TO VOLUNTARILY ABANDON PROPERTY**

If you want to permanently abandon your investment interest, please complete and return this form to:

NorthStar Client Services, LLC P. O. Box 23226 Waco, Texas 76702 by email to: phtclientservices@northstarlife.com

Purchaser ID Number (as	found on all documentation):	
Name / Entity Name:		(name on the account)
Contact Name:		(person completing form, if other than above)
Accountholder Address:		
Email:	Phone:	
Taxpayer ID / Social Securit	ty Number (or last four digits of	only):
For Continuing Fractional abandoning:	Interests please fill in the in	formation below for each CFH interest you are
Funding ID:	Policy ID:	Amount:
Funding ID:	Policy ID:	Amount:
Funding ID:	Policy ID:	Amount:
For PHT Units or IRA Par	tnership Units, please fill in	the number of each you are abandoning:
PHT Units	IRA Partnership Units	
For NIRAN notes, please s	tate the principal amount of	the note you are abandoning: \$
If you have additional positi	ons you would like to abandon	, please attach another sheet to this one.
above to the Life Partner I hereby acknowledge th	s Position Holder Trust or to at neither the Trustee, nor made any effort to attempt	erest(s) in the policy or policies interests identified the Life Partners IRA Holder Partnership, LLC. t anyone on his staff, or anyone at NorthStar to convince me to abandon these positions and
Signature:	Dat	e:
Drinted Name:		