



RECORDS & INFORMATION RELEASE

Dear Attorney _____:

As part of our underwriting process, we must obtain certain information regarding your claim or lawsuit from your attorney.

Please sign this Release where indicated, authorizing your attorney to share information about your claim or lawsuit with us.

I/We, the undersigned, hereby request and authorize your firm to cooperate and release to LawFunds, LLC, any and all information and documents pertaining to my/our current claim or lawsuit, including information that may otherwise be deemed privileged pursuant to the attorney-client and/or work product privileges. I additionally request and instruct you to share your candid opinion(s) regarding my/our claim or lawsuit with LawFunds, LLC, its representatives and agents.

I/We acknowledge and represent that I/we understand that such disclosure to LawFunds, LLC may result in a waiver of the attorney-client and/or work-product privileges, subjecting any disclosed information or documents to the possibility of compelled production by my/our adversaries in the claim or lawsuit. I/We accept this risk of disclosure.

A copy of this release bearing the signature of the undersigned may be deemed to be the equivalent of the original.

Thank you.

FOR INDIVIDUALS

Print Name

Date

Signature

Social Security Number

FOR ENTITIES

Entity Name

Tax Identification Number

By (Print Name)

Date

Signature