



CLAIMANT REQUEST FORM

I, _____, request for Life Options of West Tn. Inc. to perform the following: _____

On this _____ day of _____, 20__

I understand that Company believes that this request may not be in your best interest, but will grant your request as all other major financial obligations have been fulfilled at this time.

Also, by signing this document below, I agree to not hold Life Options of West Tn. Inc. responsible or liable for this request in the event that it does not lead to my desired outcome or better way of life.

Client Signature

Date

Representative of Life Options W.Tn.Inc.

Date