

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE: _____)	Chapter 11
LIFE PARTNERS HOLDINGS, INC., <i>et al.</i> ,)	Case no. 15-40289-rfn-11
Debtors,)	Jointly Administered
_____)	

PLAN PREFERENCE FORM

You should have already received ballots for: the plan proposed by the Chapter 11 Trustee (H. Thomas Moran) and the Official Committee of Unsecured Creditors [Dkt. No. 2498] (the “**Joint Plan**”), and the plan proposed by Transparency Alliance LLC [Dkt. No. 2671] (the “**Transparency Plan**”). If you have voted to accept both Plans, or if you intend to vote to accept both Plans, please use this Plan Preference Form to indicate which of the two Plans you prefer. You may indicate your preference in Item 1 below.

ITEM 1. Indication of Plan Preference.

Please check the box above the Plan that you prefer. Please only check one of the two boxes. Forms that check both boxes will be disregarded.

<input type="checkbox"/>	<input type="checkbox"/>
The Joint Plan	The Transparency Plan

ITEM 2. Acknowledgements and Certification. By returning this Plan Preference Form, the undersigned certifies that (i) it is the owner and holder of a Claim(s) in the *Life Partners Holdings, Inc.* bankruptcy case, and/or (ii) it has full power and authority to vote to accept or reject the both the Joint Plan and the Transparency Plan in the name of the owner and Holder of a Claims(s) in the *Life Partners Holdings, Inc.* bankruptcy case.

Signature: _____

Print or Type Name of Claimant: _____

Address: _____

Day Time Phone No: _____

ITEM 3. Instructions. To properly complete this Plan Preference Form, you must follow the procedures described below:

1. Complete item 1 above by checking the box above the Plan that you prefer. Please only check one of the two boxes. Forms that check both boxes will be disregarded.
2. Provide your name, mailing address, and a daytime telephone number in the spaces designated in Item 2.
3. If you are completing the Plan Preference Form on behalf of another entity, you should indicate your relationship with such entity and the capacity in which you are signing and, if requested, submit satisfactory evidence of your authority to so act (*e.g.*, a power of attorney or a certified copy of board resolutions authorizing you to so act).
4. Sign and date the Plan Preference Form.
5. Return your completed Plan Preference Form using the enclosed pre-addressed return envelope or as follows:

If by First Class Mail to: Life Partners Holdings Preference Election c/o Epiq Bankruptcy Solutions, LLC P.O. Box 4419 Beaverton, OR 97076-4419	If by Overnight Courier or by Hand Delivery: Life Partners Holdings Preference Election c/o Epiq Bankruptcy Solutions, LLC 10300 SW Allen Blvd Beaverton, OR 97005
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6. You may also return your completed Plan Preference Form by facsimile at the following number: 1-844-462-9564
7. **Your signed and dated Plan Preference Form must be actually received by 11:59 p.m. (Prevailing Pacific Time) on Tuesday, August 23, 2016.**
8. If you have any questions regarding this Plan Preference Form or these instructions, please contact either:

Epiq Bankruptcy Solutions, LLC (the Debtors' Balloting Agent), by phone at (866) 841-7869 or via email to LPVOTE@epiqsystems.com.

or

Prime Clerk, LLC (Transparency's Balloting Agent), by phone at (855) 252-4427 (toll free) or via email to at lifepartnersballots@primeclerk.com; include "Life Partners" in the subject line.