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## **Final Expense New York**

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**TELESALES WITH  
DOCUSIGN**

***Complete  
application in  
DocuSign***

***Send for  
electronic  
signature***

***Application  
automatically  
submitted***

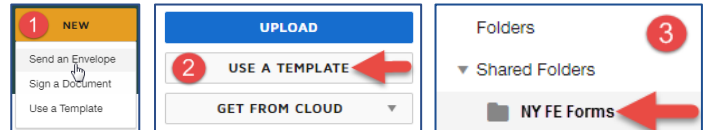


## Getting Started on DocuSign

1. Complete the DocuSign User Request form and email it to [Christine.Clifton@cfglife.com](mailto:Christine.Clifton@cfglife.com).
2. You will receive an email from DocuSign asking you to activate your account. Tap or click the **ACTIVATE** button and complete the account registration process.
3. Select **Edit** in the **MY DOCUSIGN ID** section to personalize your profile.

## Preparing the DocuSign Envelope

1. Select **New**, then select **Send an Envelope**.
2. Select **USE A TEMPLATE**.
3. Select **Shared Folders / NY FE Forms**.



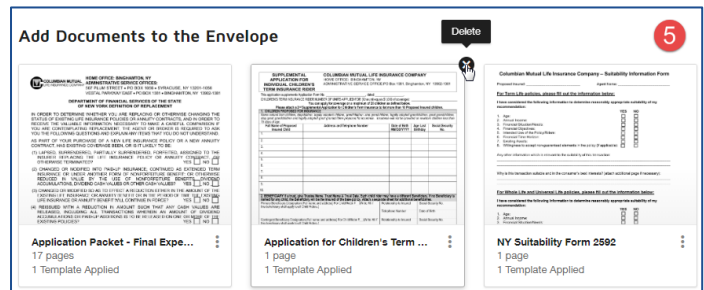
4. Select the appropriate template, depending on who will be signing the application.
  - If applying for a Children's Term Rider for a child over 14 ½, select the appropriate subfolder for templates that include up to two child signatures.



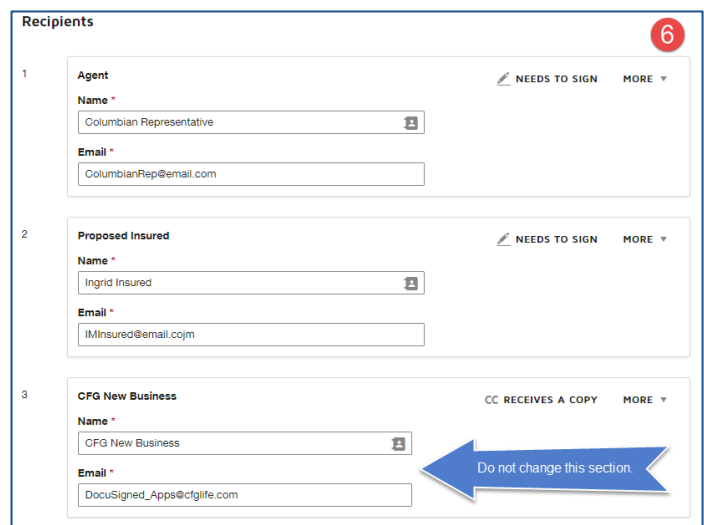
After you have made the template selection, click **ADD SELECTED**.

5. The template includes:
  - Application Packet (including disclosures)
  - Application for Children's Term Rider
  - New York Suitability Information Form

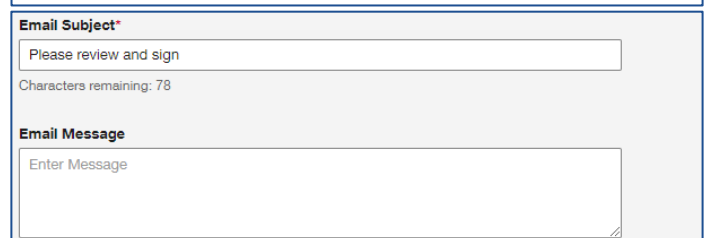
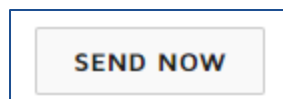
If you do not need the Application for Children's Term Rider or the Suitability Information Form, hover over the form and click the **X** to delete it from the envelope.



6. Enter the name and email address of each recipient.
  - As Agent, you must be the first recipient so you can complete the documents.
  - Enter the name(s) and email address(es) of the Proposed Insured and any additional recipients in the appropriate sections.
  - Do not change the name or email address for CFG New Business. This will ensure that the application is automatically submitted to the Company when it is fully signed.



If desired, you may change the preset Email Subject or enter an Email Message for the recipients. When ready, click the **SEND NOW** button.



## Completing the Application

You will receive an email from DocuSign asking you to review and sign the documents. Complete and sign the application, and apply your electronic signature at each signature flag.

- Fields outlined in red are required; fields outlined in grey are optional.
- If any question on the Definition of Replacement is answered "Yes," discontinue the DocuSign process. A paper application must be used if a replacement is occurring.
- When finished, click the **FINISH** button. DocuSign will automatically send an email to the Proposed Insured for review and signature.

DocuSign Envelope ID: 5D2DF07D-6296-419B-91C3-F6B21E979486

**COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**  
 HOME OFFICE: BINGHAMTON, NY  
 ADMINISTRATIVE SERVICE OFFICE: 4704 VESTAL PARKWAY EAST  
 PO Box 1361, Binghamton, NY 13902-1361  
 (800) 423-9765 / www.cmlife.com

**APPLICATION FOR INDIVIDUAL WHOLE LIFE INSURANCE POLICY**

**1. PROPOSED INSURED**

First Name Ingrid	Middle Initial M	Last Name Insured	Social Security No./Green Card No. E55-55-5555	Sex <input type="radio"/> M <input type="radio"/> F
Date of Birth (mm/dd/yyyy) 08/17/1958	Age (last birthday) 61	State (USA) / Country of Birth NY	Phone Number - Home 555-555-1212	Work / Cell
Home Address/Apt. #, Street 1313 Mockingbird Lane	City Anywhere	State NY	Zip Code 12345	Email MInsured@email.com
Answer only for ages 18-35: Do you have a Driver's License? <input type="radio"/> YES <input type="radio"/> NO If YES, please provide your Driver's License No. and State.		Driver's License No. 12345	State NY	WEIGHT 120 lbs. HEIGHT 5 ft 8 in.

**2. BENEFICIARY** For multiple Primary or Contingent Beneficiaries, provide additional beneficiary information including % share in Section 7 Special Requests/Remarks on Page 3.

PRIMARY BENEFICIARY First Name Iving	Middle Initial Insured	Last Name Insured	Relationship to Proposed Insured Spouse
Date of Birth (mm/dd/yyyy)	Social Security No./Green Card No.	Phone Number - Home	Work / Cell
Street Address	City	State	Zip Code

## Client Signatures

The Proposed Insured will review the document and sign at each signature flag, then click the **FINISH** button.

*Note: If a correction needs to be made after the client reviews the documents, go to the Manage page in your DocuSign account and select the envelope. From the action menu, select **Correct**. Make the correction, then select the **CORRECT** button to reissue the document to the client. Corrections cannot be made to an envelope that is complete or has been declined.*

Options Relating to Underwriting Your Application.

<input checked="" type="checkbox"/> Sign	7/17/2020
Signature of Proposed Insured	(Date)
<input checked="" type="checkbox"/> Signature of Owner (if other than Insured)	(Date)

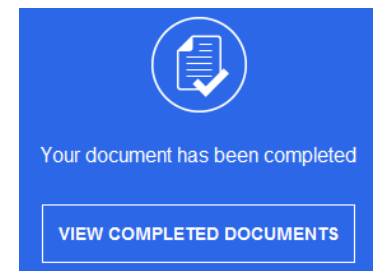
Status	Last Change	Folder	
Waiting for Others	6/25/2020 01:25:16 pm	Sent	RESEND
Waiting for Others	6/17/2020 02:18:56 pm	Sent	Move Correct Create a Copy

If additional signatures are required for a separate Owner, Payor, or Insured Children over 14 ½, the document will be automatically be sent to the next recipient for signature. The signature flags for each recipient will display in the appropriate places for the party who is signing.

Once all signatures have been applied, you will receive an email notifying you that the document has been completed. You can click the link in the email to view, download or print the completed document.

### Please note:

- Do not fax, mail or upload the application to the Company. It will automatically be sent for processing.
- POS Underwriting is not available for applications completed through DocuSign.
- DocuSign cannot be used with eApp.



## Managing Envelopes

Log in to your DocuSign account any time to see the status of your envelopes.

- Action Required** - envelopes that are awaiting your action
- Waiting for Others** - envelopes that are waiting for others to act on. You may click this section to resend an envelope that is waiting for signatures.
- Expiring Soon** - envelopes that are due to expire within six days.
- Completed** - envelopes that have been completed in the last six months.

OVERVIEW	Last 6 Months
<b>Action Required</b>	-- >
<b>Waiting for Others</b>	2 >
<b>Expiring Soon</b>	-- >
<b>Completed</b>	10 >



**COLUMBIAN MUTUAL**  
**LIFE INSURANCE COMPANY**

HOME OFFICE: BINGHAMTON, NY

**[www.cfglife.com](http://www.cfglife.com)**

**800-305-1335**

For agent use in New York only.  
Not for use with consumers.

Form No. 2605 (Rev. 2/21)

