

Final Expense eApp

*with Point of Sale Underwriting
& Remote Signatures*



For use in NY only

Final Expense eApp

Easy to Use Electronic Application



- ▶ E-signature completed at the time of sale
- ▶ Designed for use with laptop, computer, or tablet with adequate screen size
- ▶ Available 7am to 1am Eastern Time
- ▶ *iPad users* – For best results, please use Google Chrome

Final Expense eApp Advantages



- ▶ eApp acts as a risk qualifier by immediately informing you of any changes in eligibility as you answer each question.
- ▶ For telephone sales, the remote signing capability provides a seamless experience.
- ▶ Point of Sale Underwriting is available for telesales or in-person sales, allowing you to get an immediate decision while you're speaking with the client.
- ▶ The application is submitted immediately upon signing so your policies can be issued and commissions paid quickly
- ▶ Use of eApp ensures that the correct application* and any required supplemental forms are fully completed

*Select the application for the **applicant's state of residence**. You must be licensed and appointed in the applicant's residence state.

Final Expense eApp Required Disclosure Documents

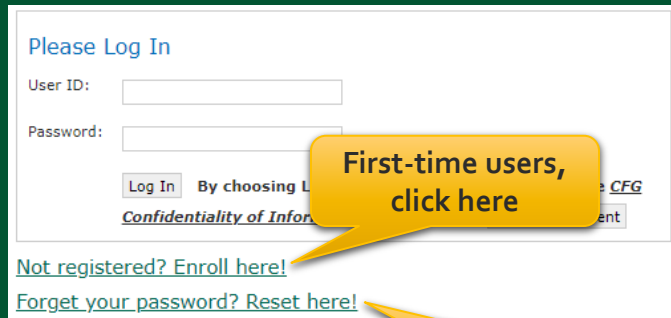
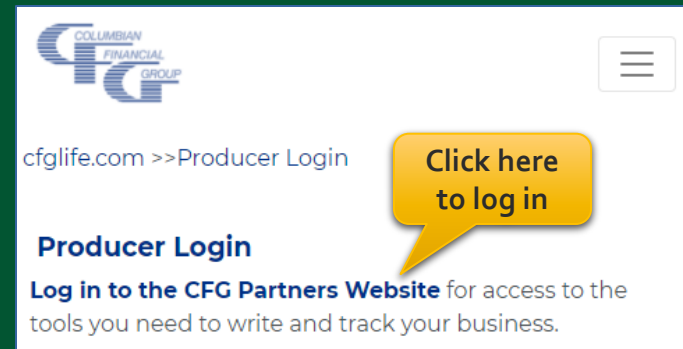


- ▶ **For in-person sales**, the eApp Disclosure Packet contains any disclosures you may need for the sale. You must leave a fully completed paper copy of any required forms with the applicant. eApp Disclosure Packets for each state are available online or may be ordered from General Services. Please request Form No. 5354CFG-NY.
- ▶ **For telesales**, any required disclosure documents are included in the application documents that are provided electronically to the applicant, so there is no need to provide a paper copy.

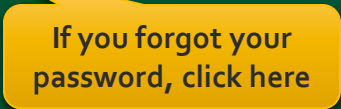
Final Expense eApp How to Access



To access eApp, go to cflife.com/producer-login/ and select Log in to the Partners Website.



To register or reset your password, you'll need to provide your **6-digit** agent number, the last four digits of your tax ID and one of the following: date of birth, zip code, telephone number or email address.



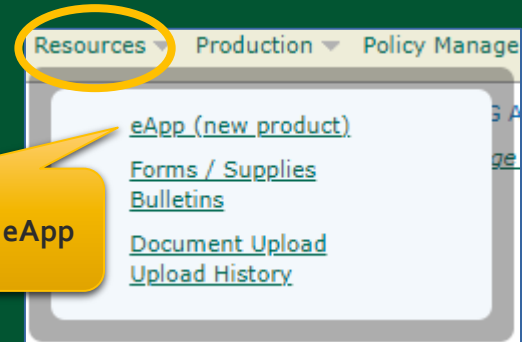
Final Expense eApp

Starting a New Application



On the Partners Website:

- Select eApp from the Resources menu
- Select New eApp
- Select the application state and product.

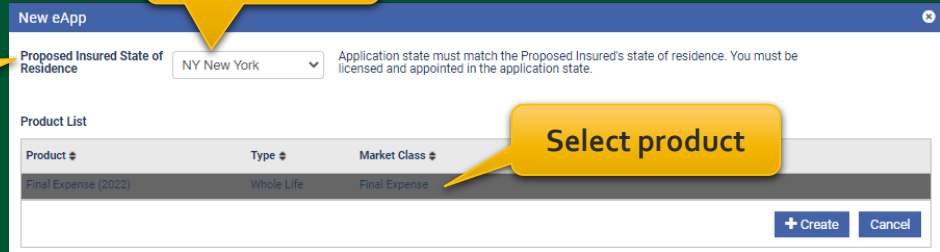


Select Resources / eApp



Select state

Application state must match the Proposed Insured's state of residence



Select product

Please note: Do not run a "test case" on yourself or anyone else, as it will count as an active application.

Final Expense eApp Definition of Replacement



In New York, eApp cannot be used if a replacement is occurring.

If any question on the Definition of Replacement is answered “Yes,” you will need to complete a paper application, using the replacement process required by NY Reg 60. Refer to the New York Reg 60 Instructional Kit, Form No. 2570NY, for detailed instructions.

Definition of Replacement – Form No. 2207NY

In order to determine whether you are replacing or otherwise changing the status of existing life insurance policies or annuity contracts, and in order to receive the valuable information necessary to make a careful comparison if you are contemplating replacement, the agent or broker is required to ask you the following questions and explain any items that you do not understand.

As part of your purchase of a new life insurance policy or a new annuity contract, has existing coverage been, or is it likely to be:

Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the life insurance policy or annuity contract, or otherwise terminated? Yes No

Changed or modified nonforfeiture benefits, dividends, or accumulations, dividends, or interest? Yes No

Changed or modified benefit or in the payment of annuity? Yes No

Reissued with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies? Yes No

Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies? Yes No

Continued with a stoppage of premiums payments or reduction in the amount of premium paid? Yes No

If you have answered yes to any of the above questions, a replacement as defined by New York insurance regulation 60 has occurred or is likely to occur and your agent or broker is required to provide you with the important notice regarding replacement or change of life insurance policies or annuity contracts. You will also receive a completed disclosure statement no later than the time your new policy or new contract is delivered.

To be answered by the agent:

To the best of my knowledge, a replacement is involved in this transaction. Yes No

Next

If any question is answered “Yes,” eApp will not continue

Final Expense eApp Eligibility Changes



The application acts as a risk qualifier. If an answer would cause a change in eligibility, a warning message will appear and the status bar will turn yellow or red for the affected plan(s).

The screenshot displays the "Final Expense (2022)" application interface. On the left, a sidebar lists plan options: Classic Elite, Classic Select, and Classic Advantage. The Classic Advantage plan is highlighted in green, with a callout stating "Color indicates eligibility". The main area shows "Health History and Policy Information" with fields for Height (5 Ft, 3 In, 120 Lbs), Date of Birth (01/01/1975), and Age (46). A warning message is displayed at the bottom, stating "Client's answer makes a plan unavailable. Use Home Button to return to Dashboard." and includes "Continue" and "Lock Application" buttons. A callout points to the warning message, stating "Warning message appears". Another callout points to the Classic Advantage plan, stating "Client is too young for Classic Advantage". A third callout points to the Classic Elite and Classic Select plans, stating "Still eligible for Elite and Select". A fourth callout points to the "Continue" button, stating "Select 'Continue' to return to the application or 'Lock Application' to discontinue".

Final Expense eApp Premium Details



After making face amount and rider selections, calculator will display premiums for all modes.

The screenshot shows the "Premium Details" section of the app. On the left, there is a green sidebar with three options: "Classic Elite" (checked), "Classic Select" (checked), and "Classic Advantage" (checked). Below this is a table of premium details for the selected mode. The main area contains form fields for "Gender" (Female), "Plan of Insurance" (Classic Elite), and "Amount of Insurance (Face Amount)" (\$25,000). There are also checkboxes for "Automatic Premium Loan", "Accidental Death Benefit", "Children's Term Insurance Rider" (checked), and "Accelerated Death Benefit" (checked). Below these are dropdowns for "Number of children" (1) and "Number of units" (\$2,500). At the bottom, there are "Calculate" and "Details" buttons, and a "Next" button.

Mode	Monthly (EFT)	Quarterly	Semi-Annual	Annual
Classic Elite	\$56.20	\$171.18	\$335.91	\$645.98

Tap or click to calculate premiums

Tap or click for premium details

Tap or click to continue

Classic Elite	Monthly (EFT)	Quarterly	Semi-Annual	Annual
Base Policy	\$55.68	\$169.59	\$332.79	\$639.98
Children's Term Insurance Rider	\$0.52	\$1.59	\$3.12	\$6.00
Accelerated Death Benefit - Terminal Illness	No charge	No charge	No charge	No charge

Final Expense eApp Proposed Insured Screen



When the Health History and Policy Information is complete, enter the client's first and last name to proceed. Do not include a middle name, middle initial or suffix in this area.

Risk Qualifier Status

Based on the information entered, this client may be eligible for a Final Expense plan. To continue with the application process, please enter the client's name and confirm that the information previously entered is true and correct, as these answers will become part of the application.

First Name Last Name

A middle name or suffix can be added on this screen.

Final Expense (2022)

- Health History and Policy Information
- Proposed Insured**
- Beneficiaries
- Owner
- Payment Information
- Miscellaneous
- Report of Licensed Agent
- eApp Review
- Finish

Classic Elite
 Classic Select
 Classic Advantage

Premiums Details

Monthly (EFT)	\$55.68
Quarterly	\$169.59
Semi-Annual	\$332.79
Annual	\$639.98

Proposed Insured Information

First Name Middle Name Last Name Suffix

Gender Date of Birth Age

Social Security No. Or Green Card State (USA)/Country of Birth

Contact Information

Phone Number Phone Number Type eMail

Street Apt/Suite

City Pres

Ad

Address Verification

Address not validated. Please ensure that address is correct.

The state of application must match the Proposed Insured's resident state. If the resident state differs from that shown, please select the Home button and create a new eApp for the correct state.

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eApp will check for valid address. If not validated, you may correct or accept the address entered.

Final Expense eApp Beneficiary Screen



Final Expense (2022)

- ✓ Health History and Policy Information
- ✓ Proposed Insured
- ✗ Beneficiaries**
- ✗ Owner
- ✗ Payment Information
- ✗ Miscellaneous
- ✗ Report of Licensed Agent
- ✗ eApp Review
- ✗ Finish

Classic Elite

Classic Select

Classic Advantage

Premiums Details

Monthly (EFT)	\$55.68
Quarterly	\$169.59
Semi-Annual	\$332.79
Annual	\$639.98

[Calculate](#) [Details](#)

Primary Beneficiary #1

Beneficiary Type
Individual

First Name: John Middle Name: Last Name: Doe Suffix: Select

Relationship to Proposed Insured: Spouse Date of Birth: MM/DD/YYYY

Social Security No. Or Green Card

Contact Information

Phone Number: Phone Number Type: Home

Street: Apt/Suite: [Reuse Address](#)

City: State: Select Zip Code: [Validate Address](#)

Beneficiary %

[+Add Primary Beneficiary](#)

Contingent Beneficiary

[+Add Contingent Beneficiary](#)

Tap or click to add a beneficiary

Tap or click to add a contingent beneficiary

Final Expense eApp Owner Screen



Select an owner from a previously entered name or select "Other" to name a different owner.

A screenshot of the "Owner" screen in the eApp. The "Owner is" dropdown menu is open, showing a list of names: "Jane Doe", "John Doe", and "Other". The "Role" is set to "Proposed Insured". At the bottom, there are "Previous" and "Next" buttons, and a page indicator "4 of 10".

If "Other" is selected, the section expands to collect information.

A screenshot of the "Owner" screen with the "Other" option selected in the "Owner is" dropdown. The form is expanded to include several fields: "Owner Type" (Individual), "First Name", "Middle Name", "Last Name", "Suffix" (with a "Select" dropdown), "Relationship to Proposed Insured" (with a "Select" dropdown), "Social Security No.", "Green Card", "Street", "Apt/Suite", "City", "State" (with a "Select" dropdown), and "Zip Code". There are "Reuse Address" and "Validate Address" buttons. At the bottom, there are "Previous" and "Next" buttons, and a page indicator "4 of 10".

Final Expense eApp Payment Information



Final Expense (2022)

- ✓ Health History and Policy Information
- ✓ Proposed Insured
- ✓ Beneficiaries
- ✓ Owner
- ✗ Payment Information**
- ✗ Miscellaneous
- ✗ Children Proposed
- ✗ Report of License
- ✗ eApp Review
- ✗ Finish
- ✓ Classic Series

Payment Information

Payor is
Jane Doe

Role: Proposed Insured

Payment Frequency

Effective Date
12/10/2021

Payment Frequency
Monthly

Draft initial premium from the account below at a future date. (The first draft must be within 35 days of the application date). If you select an initial premium draft date in the future, you will not have potential coverage until that date under the Conditional Receipt.

Immediate Draft - Draft initial premium upon receipt of the application at Columbian's office, from the account below. **Please note that your bank account may be debited the same day your agent submits this authorization.**

Select a payor from the drop down or select "Other" to name a different payor.

Change the effective date if backdating or if the initial premium is to be drafted at a future date .

If a future effective date is entered, only this option is available.

Select a payment frequency.

If not future dating, only this option is available.

Final Expense eApp Payment Information



Subsequent Premium Payments

EFT Direct Bill (Not available for monthly Payment Frequency)

Choose a specific day (1st - 28th) Choose a specific week and day of the month

Select Week: Select Day: Beginning in the month of:

Bank Account Authorization

Transit / Routing Number (must have 9 digits): Financial Institution:

Checking Savings

Account Number (may have up to 17 digits): Re-enter Account Number (may have up to 17 digits):

SOCIAL SECURITY BENEFIT AUTHORIZATION: if checked, I authorize the Company to adjust the date of withdrawal from my bank account to match my Social Security Benefit Deposit

[Previous](#) 5 of 10 [Next](#)

Select a method for ongoing premium payments.

Select whether premiums will be paid on the same date each month or a specific week and day of the month.

Enter the bank information.

Select this option to have bank draft dates match Social Security deposits.

Final Expense eApp Miscellaneous Screen



If any replacement question is answered "Yes," the eApp process will stop. You will need to complete and submit paper copies of the following forms:

- Application Form No. A745NY
- Definition of Replacement Form No. 2207NY
- Request/Authorization for Release of Policy Information Form No. 2220NY

Warning

Columbian cannot accept replacements by eApp at this time. Please submit this application using the paper forms. Use Home Button to return to Dashboard.

Lock Application

Edit Answer

Columbian cannot accept replacements by eApp at this time. Please submit this application using the paper forms.

Special Requests/Remarks

Special Requests/Remarks:

Secondary Addressee

Electing Secondary Addressee

Final Expense eApp Miscellaneous Screen



Miscellaneous

Policy Delivery Options and Correspondence Preferences

Deliver To: Owner Agent

Policy Correspondence: US Mail Email

Replacement Questions - Primary Insured

Does any Proposed Insured have any existing life insurance or annuities? Yes No

Is this application for insurance intended to replace any life insurance or annuities now in force? Yes No

Agent Replacement

Does any Proposed Insured have any existing life insurance or annuities? Yes No

Is this insurance intended to replace, in whole or part, any life insurance or annuities? Yes No

Special Requests/Remarks

Special Requests/Remarks:

Levothyroxine 88mcg prescribed for hypothyroidism

Secondary Addressee

Electing Secondary Addressee

Select whether the policy should be mailed to the owner or to the agent for delivery to the owner.

Enter special requests/remarks here. If the Proposed Insured is taking prescribed medicine, enter the medication name and include the condition prescribed for.

Click here to add a third party to receive important notices.

Final Expense eApp Child Term Rider Coverage



Child Insured #1

First Name Middle Name Last Name Suffix

Date of Birth Or Age Gender

Street Apt/Suite

City Zip Code

Phone Number Phone Number Type

Social Security No.

Primary Beneficiaries for Child Insured #1

If no Beneficiary is named for any child, the Beneficiary will be the Insured of the base policy.

Contingent Beneficiary for Child Insured #1

If the Child Term Rider was selected, enter the required information.

If the applicant doesn't know the child's birthdate, enter the child's age.

Select a beneficiary from the drop down or click here to add a different beneficiary.

Final Expense eApp Child Health History



Answer all questions for all proposed insured children.

If any question is answered "Yes," a drop down will appear to identify which child the answer applies to.

The child will not be eligible for coverage.

Health History

Has **any child proposed for insurance** ever been diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or has any Proposed Insured Child tested positive for Human Immunodeficiency Virus (HIV)? Yes No

Has **any child proposed for insurance** ever used or received treatment, advice or counseling from a physician or other practitioner relating to the usage of alcohol, heroin, cocaine, narcotics, hallucinogens, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician? Yes No

Has **any child proposed for insurance** ever been diagnosed or treated (including taking medication) by a member of the medical profession for high blood pressure, heart or circulatory disorder, cancer, mental disorder, mental retardation, Down's Syndrome, muscular dystrophy, spina bifida, cystic fibrosis, kidney or liver disease, diabetes, sickle cell anemia, seizures, cerebral palsy, paralysis, had or been recommended for an organ transplant or been hospitalized for asthma or any respiratory disorder in the past twelve (12) months? Yes No

Select
Michael Doe - Child Insured
Mary Doe - Child Insured

Warning
Child is not eligible for coverage, please remove child from the application.

Delete Child Edit Answer

Final Expense eApp Report of Licensed Agent



Final Expense (2022)

- ✓ Health History and Policy Information
- ✓ Proposed Insured
- ✓ Beneficiaries
- ✓ Owner
- ✓ Payment Information
- ✓ Miscellaneous
- ✓ Children Proposed for Insurance
- ✗ Report of Licensed Agent**
- ✗ eApp Review
- ✗ Finish

- ✓ Classic Elite
- ✓ Classic Select
- ✓ Classic Advantage

Premiums Details	
Monthly (EFT)	\$57.20
Quarterly	\$174.23
Semi-Annual	\$341.89
Annual	\$657.48

Calculate
Details

Report of Licensed Agent

Name of Licensed Agent: Agent Number: Account Number:

% of Commission (Enter 100% if you are NOT splitting commission):

Is the agent related to the Proposed Insured or Owner? Select

Agent Address

Street:

City: State: Zip Code: Validate Address

Agent Phone: Phone Number Type:

I hereby affirm that all required disclosure documents related to this electronic application are being provided to the applicant. If sale is in person, I have provided the disclosures in paper format. If the sale is by telesale, the disclosures are automatically included in the application documents that are sent to the applicant for review and electronic signature. Agent, initial here to certify.

Agent State License ID No. (in jurisdictions where required):

Authorization & Acknowledgement

City and state where the application will be signed by the Proposed Insured.

City: State:

Agent must be licensed and appointed in the signature state in order for the policy to be issued.

For in-person sales, provide any required disclosures from the eApp Disclosure Packet (Form No. 5354CFG-NY). For telesales, the disclosures are included in the PDF file that is sent to the applicant for review and signature.

Final Expense eApp

Summary of Coverage Applied For



Review the summary before proceeding. You may return to the application to make any corrections before obtaining signatures.

Summary of Coverage Applied For

Proposed Insured :	Jane Doe
Gender :	Female
Plan :	Classic Elite
Policy Effective Date: :	12/10/2021
Policy Face Amount :	\$25,000
Billing Method :	Electronic Funds Transfer
Payment Frequency :	Monthly
Initial Premium Amount :	\$56.20
Subsequent Premium Payment :	\$56.20

Check here if you are willing to accept any plan shown below, for which you qualify based on this application. The insurance for which you qualify may have a return of premium death benefit for the first two (2) years, a face amount less than indicated on this application and riders may not be available.

Adjust the face amount to match premium?

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Checking this box allows the policy to be issued without a signed amendment if the policy issued differs from the plan applied for.

Check this box if the face amount should be adjusted to match the premium if the policy issued differs from the plan applied for.

Final Expense eApp In-Person Signatures



Finish

Application entries are complete. Please sign and submit the application by clicking the button below. The application forms shown below have been filled out with the answers you provided on the previous screens. Please review the forms and verify that the information on them is correct.

If any of the information on the forms is not correct, you may click the "Decline" button to return to the application entry screen and the forms shown below will be discarded.

Pay special attention to the portions of the forms where your signatures are requested.

After you review the forms, you will be asked to accept the terms of this application by signing your name electronically.

Please use your full name when entering the electronic signature.

Was the application completed by phone?

Yes No

For in-person sales, answer No.

PRINT

Sign and Submit

POS Authorization

Remote signing

Previous

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Next

Select Sign and Submit to submit for underwriting or POS Authorization to get an immediate underwriting decision while you're with the client.

Final Expense eApp In-Person Signatures



Finish

All required information has been entered. Your application is In Good Order.

Signature(s) are required from Jane Doe. Please pass control to that person.

Tap or click to begin the signing process.

Name	Signee	Checklist	
Jane Doe	Insured	×	Sign
Frank Smith	Owner	×	Sign
Columbian Representative	Licensed Agent	×	Sign

[Cancel Signing](#)

[Previous](#)

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[Next](#)

Final Expense eApp In-Person Signatures



Signature ceremony for Jane Doe

All parties to this application for insurance, please sign your names on the indicated lines below.

You agree that you have read this entire form completed with your answers to the questions and that the answers are complete and true to the best of your knowledge and belief.

You agree that by signing your name on this electronic application where indicated below, you are signing this form indicating your agreement to be bound to the terms and conditions in this form.

You agree that signing your name electronically is your legal signature on this document.

Please use your full name when entering the electronic signature.

I agree

Confirm

Signers must
agree and confirm

Final Expense eApp In-Person POS Authorization



If POS decision was selected, the Proposed Insured must authorize.

The image shows a screenshot of a software interface. At the top, a dialog box titled "Enter signature for Jane Doe" is open. It contains a "Signature option:" section with two radio buttons: "Keyboard/Keypad" (which is selected) and "Mouse/Stylus/Finger". Below this is a text input field and a note: "Maximum length in characters is 60 (0 of 60 used)". There are "Clear", "OK", and "Close" buttons. A yellow callout bubble points to the "Mouse/Stylus/Finger" option with the text: "Signature may be typed or entered using a mouse, stylus or fingertip. *Written signature must resemble the actual signature. A simple line or dot is not acceptable.*". Below the dialog box, a portion of an authorization form is visible. It contains several paragraphs of text, including "I have read and understand this Authorization." and "I consent to the use of my electronic signature...". At the bottom of the form, there is a "Sign" button with a downward arrow, and a date field showing "12/10/2021". A yellow callout bubble points to the "Sign" button with the text: "After reviewing the authorization, the signer clicks on the 'Sign' flag to bring up the signature box." The form also has fields for "Signature of Proposed Insured" and "Date".

Final Expense eApp In-Person POS Decision



Finish

Please wait while your POS decision is processed...

Most decisions delivered within 37 seconds.

Previous 10 of 10 Next

Loading...

This screenshot shows a loading screen for the POS decision. At the top, it says "Finish" and "Please wait while your POS decision is processed...". A yellow callout bubble points to the text "Most decisions delivered within 37 seconds." Below this, there are navigation buttons for "Previous", "10 of 10", and "Next". At the bottom, there is a loading spinner icon and the text "Loading...".

Finish

Client Name: Jane Doe
Plan: Classic Elite
Status: Approved!

The policy will be issued as applied for. Please be sure to tap or click the Submit button or the application will be considered withdrawn. Thank you for your business.

Coverage amount may be reduced if the Insured has existing coverage with Columbian.

Be sure to sign and submit the application.

Sign and Submit

This screenshot shows the final decision screen. It displays the client's name as "Jane Doe", the plan as "Classic Elite", and the status as "Approved!" with a green checkmark icon. Below this, there is a paragraph of text: "The policy will be issued as applied for. Please be sure to tap or click the Submit button or the application will be considered withdrawn. Thank you for your business." and a smaller line of text: "Coverage amount may be reduced if the Insured has existing coverage with Columbian." A yellow callout bubble points to the text "Be sure to sign and submit the application." At the bottom right, there is a blue button labeled "Sign and Submit".

Final Expense eApp In-Person Application Signatures



Signature ceremony for Jane Doe

All parties to this application for insurance, please sign your names on the indicated lines below.

You agree that you have read this entire form completed with your answers to the questions and that the answers are complete and true to the best of your knowledge and belief.

You agree that by signing your name on this electronic application where indicated below, you are signing this form indicating your agreement to be bound to the terms and conditions in this form.

You agree that signing your name with your finger, stylus, or mouse is your legal signature on this document.

Please use your full name when entering the electronic signature.

I agree

Confirm

APPLICATION TERM LIFE INSURANCE (900) 423-9765 / www.cignae.com

1. PROPOSED INSURED						
First Name	Middle Initial	Last Name	Social Security No./Green Card No.	Sex		
Jane		Doe	123-45-6789	<input type="checkbox"/> M <input checked="" type="checkbox"/> F		
Date of Birth (MM/DD/YYYY)	Age (Last Birthday)	State (USA) / Country of Birth	Phone Number	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
01/01/1972	49	AZ Arizona / United States	(123) 456-7890			

The signer agrees to use their electronic signature, then reviews the application and disclosure forms, including the Definition of Replacement, before signing.

Enter signature for Jane Doe

Signature option: Keyboard/Keypad Mouse/Stylus/Finger

Maximum length in characters is 60 (0 of 60 used).

Clear

Signature can be typed or signed. *Written signature must resemble the actual signature. A simple line or dot is not acceptable.*

The signature is applied.

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

Date of Applicant: 246c2d4b-e4b2-4e18-9911-a2e896ccbbe3

Date: 04/17/23 Signature of Agent or Broker: _____

COLUMBIAN MUTUAL
LIFE INSURANCE COMPANY

HOME OFFICE: BINGHAMTON, NY
4704 VESTAL PARKWAY EAST • VESTAL, NY 13850
PO BOX 1381 • BINGHAMTON, NY 13902-1381

**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE
OF NEW YORK DEFINITION OF REPLACEMENT**

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED? YES ___ NO X
- (2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES? YES ___ NO X
- (3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE? YES ___ NO X
- (4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES? YES ___ NO X
- (5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES? YES ___ NO X
- (6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR PREMIUM PAID? YES ___ NO X

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, NEW YORK INSURANCE REGULATION 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

Date: 04/17/23 Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: YES ___ NO X

Date: 04/17/23 Signature of Agent or Broker: _____

Form No. 2207NY (Rev. 03/2018)

The signer clicks the flag to sign.

Final Expense eApp Remote Signatures



Finish

Application entries are complete. Please sign and submit the application by clicking the button below. The application forms shown below have been filled out with the answers you provided on the previous screens. Please review the forms and verify that the information on them is correct.

If any of the information on the forms is not correct, you may click the "Decline" button to return to the application entry screen and the forms shown below will be discarded.

Pay special attention to the portions of the forms where your signatures are requested.

After you review the forms, you will be asked to accept the terms of this application by signing your name electronically.

Please use your full name when entering the electronic

Was the application completed by phone? Yes No

PRINT **Sign and Submit** **POS Authorization** **Remote signing**

Previous 9 of 9 **Next**

For telephone sales, answer Yes.

Select POS Authorization for an immediate underwriting decision or Remote signing to sign and submit for underwriting.

Final Expense eApp Remote Signatures



Enter the email address and assign an access code for each signer.

Finish

Each client will be required to enter their Access code to review and sign the necessary document(s). Confirm this access code with the client prior to sending the email for signing. The default value (other than blank) may be used for an Access code or a new value may be entered. The Access code entered here should be something easy for the client to remember, such as mother's maiden name, name of first pet, place of birth, etc.

Access codes must be:
6-50 characters in length
Cannot include <, >, &, # or

Jane Doe (Insured)
Access Code

Columbian Representative (Licensed Agent)
Access Code Agent Name

Email Address Re-Enter eMail

Email Address Re-Enter eMail

10 of 10

Share the access code with the signer. They will need it to access the document.

Enter the email address for each signer.

Each signer will receive an email from DocuSign and will enter their access code to review the document.

The sender has requested you enter a secret access code prior to reviewing the document. You should have received an access code in a separate communication. Please enter the code and validate it in order to proceed to viewing the document.

Access Code

[Hide Text](#)

Final Expense eApp Remote Signatures



Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

The signer agrees to use their electronic signature, then reviews the application and disclosure forms.

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

HOME OFFICE: BINGHAMTON, NY
4704 VESTAL PARKWAY EAST • VESTAL, NY 13850
PO BOX 1381 • BINGHAMTON, NY 13902-1381

DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:


(1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED? YES ___ NO X

(2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES? YES ___ NO X

(3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE? YES ___ NO X

(4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES? YES ___ NO X

(5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE CASH VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT IS BORROWED OR WITHDRAWN YES ___ NO X

DATE: 04/17/23 Signature of Applicant: 

DATE: _____ Signature of Applicant: _____

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: YES ___ NO X

DATE: 04/17/23 Signature of Agent or Broker: _____

Form No. 2207NY (Rev. 03/2018)

After reviewing the documents, the signer clicks the flag to sign.

Adopt Your Signature



Confirm your name, initials, and signature.

* Required

Full Name* Initials*

SELECT STYLE DRAW UPLOAD

PREVIEW

DocuSigned by:  DS 

EF0350921FA04F9...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

The signer adopts a signature style by selecting a font, drawing their signature or uploading a file.

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, NEW YORK INSURANCE REGULATION 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

DATE: 04/17/23 Signature of Applicant: 

DATE: _____ Signature of Applicant: _____

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: YES ___ NO X

DATE: 04/17/23 Signature of Agent or Broker: _____

Signature is applied to each document as the signer clicks on each signature flag.

Final Expense eApp Remote Signatures



If corrections are needed, the signer can select “Other Actions” and “Decline to Sign.”

On the eApp Finish screen, select “Cancel Signing.” This will unlock the application and allow you to make corrections before resending for signatures.

Finish

All required information has been entered. Your application is In Good Order.

Each client will be required to enter their Access code to review and sign the necessary document(s). Confirm this access code with the client prior to sending the email for signing. The default value (other than blank) may be used for an Access code or a new value may be entered. The Access code entered here should be something easy for the client to remember, such as mother's maiden name, name of first pet, place of birth, etc.

Access codes must be:
6-50 characters in length
Cannot include < , > , & , # or spaces

Status: Created
Jane Doe (Insured)
Access Code
JDoe2022

Status: Created
Columbian Representative (Licensed Agent)
Access Code
CFGRep

Waiting on signatures.

Cancel Signing Re-Send Email

If corrections are needed, click here and return to the eApp.

Final Expense eApp Telesale POS Decision



If POS was selected, the decision will be delivered while you're on the phone with the client.

Finish

Please wait while your POS decision is processed...

Previous 10 of 10 Next

Loading...

Client Name: Jane Doe
Plan: Classic Elite
Status: ✔ Approved!

The policy will be issued as applied for, subject to Home Office review of any existing CFG coverage.
Please be sure to tap or click the Submit button or the application will be considered withdrawn. Thank you for your business.

Remote signing

Previous 9 of 9 Next

When the decision is delivered, select the Remote signing to sign and submit the application.

Most decisions delivered within 37 seconds.

Jane Doe (Insured) Access Code <input type="text" value="JDoe2022"/>	Email Address <input type="text" value="janedoe@mail.com"/>	Re-Enter eMail <input type="text" value="janedoe@mail.com"/>
Columbian Representative (Licensed Agent) Access Code <input type="text" value="CFGRep"/>	Agent Name <input type="text" value="Andrew Agent"/>	Email Address <input type="text" value="ColumbianRep@speed.net"/>
		Re-Enter eMail <input type="text" value="ColumbianRep@speed.net"/>

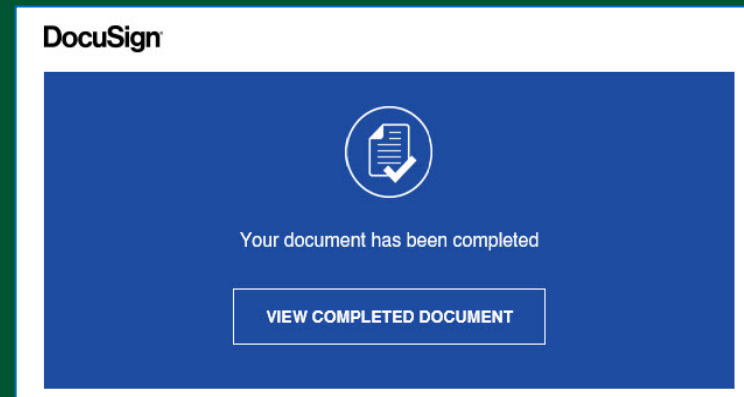
Send Email

Enter an email address and access code for each signer and send the email.

Final Expense eApp Remote Signatures



You will receive an email from DocuSign when all signatures are complete.



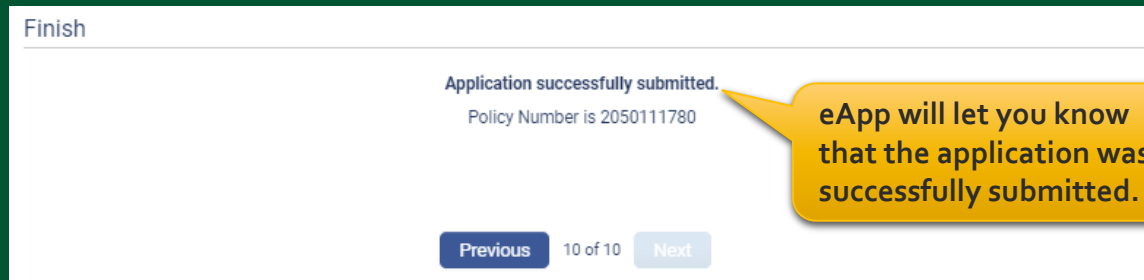
The signed application will automatically be submitted to the Company.

11/15/2021	<i>Jane Doe</i> X 20273124-947E-4D7A-A37D-FA041F2F7E5D	11/15/2021
Date of Application	Electronic Signature of Proposed Insured	(Date)
Anywhere, AZ	X	11/15/2021
Signed At (City, State)	Electronic Signature of Owner (If other than Insured)	(Date)
	X	11/15/2021
	Electronic Officer Signing for Corporation, Partnership, or Trust & Title	(Date)
11. REPORT OF LICENSED AGENT:		
Does any Proposed Insured have any existing life insurance or annuities? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Is this application for insurance intended to replace, in whole or part, any life insurance or annuities? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," submit any special forms required by the state in which the application is signed.)		
Is the agent related to the Proposed Insured or Owner? If "YES," please provide relationship <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
I hereby affirm that I personally solicited and completed this application and all answers given above are true and correct to the best of my knowledge. The application was signed in my presence.		
Columbian Representative	X <i>Columbian Representative</i> DF38EA38-F00C-4D3E-8854-7BAF1DB117D6	11/15/2021
Name of Licensed Agent (Print)	Signature of Licensed Agent (required)	(Date)
Columbian Representative	501009-19	100%
Primary Agent Name	Agent Number	% of Commission (Enter 100% if you are NOT splitting commission)
Secondary Agent Name	Agent Number	% of Commission (Amount of 1st and 2nd Agent must equal 100%)

Final Expense eApp Submitted Application



The application will be submitted after all signatures are applied.



eApp will let you know that the application was successfully submitted.

Recent Portfolios

Product	First Name	Last Name
Portfolio name: JDoeBBDC2F - Last Saved: 12/10/2021 - Agent: Columbian Representative		
EApp #103964	Jane	Doe
Portfolio name: JDoeBBD6A8 - Last Saved: 12/10/2021 - Agent: Columbian Representative		
EApp #205011	Jane	Doe

The application will show as "Submitted" in your portfolio.

Tap or click to download PDF of completed application.

Dignified Choice® Final Expense eApp with Risk Qualifier, Point of Sale Underwriting and Remote Signatures makes doing business with Columbian easier than ever!

If you need assistance, please call our Sales Support Team at
(800) 423-9765 ext. 7582 weekdays 8:00am to 4:30pm Eastern



Columbian Mutual Life Insurance Company
Home Office: Binghamton, NY

For agent use only. Not for use with consumers.
Refers to Policy/Rider Forms 1F607A, 1F609A, 1H884A, 1H915B and 1H916B.

Form No. 5365CFG-NY (4/23)