

# Final Expense eApp

*with Point of Sale Underwriting  
& Remote Signatures*



# 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 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 policy 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 followed by your state abbreviation.
- ▶ **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.\*

\*In the states below, the following must be mailed to the applicant within three days after the sale.

**California** (*if the applicant is age 65 or older*)

- 4541CFG Important Notice Regarding the Sale or Liquidation of Assets
- *If MediCal eligibility is discussed* - 4540CFG Notice Regarding Standards for MediCal Eligibility

**Georgia** - Life Insurance Buyer's Guide 584 GA

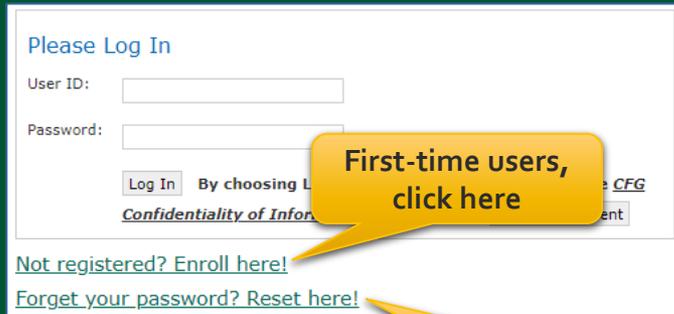
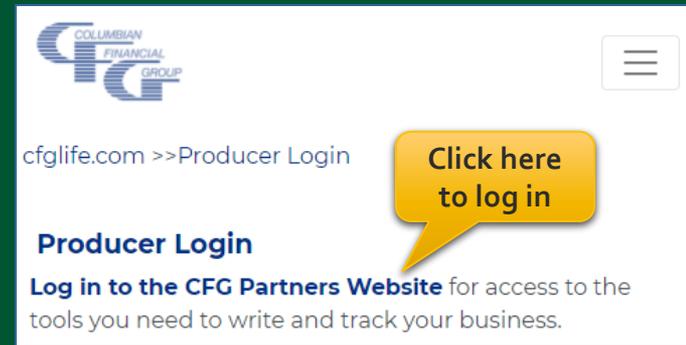
**Illinois** - Life Insurance Buyer's Guide 584 IL

**Washington and Wisconsin** - Life Insurance Buyer's Guide 584 Model

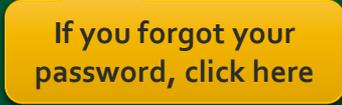
# Final Expense eApp How to Access



To access eApp, go to [www.cfglife.com/producer-login/](http://www.cfglife.com/producer-login/) and select Log in to the Partners Website.



To register or reset your password, you'll need to provide **the first 6-digits** of your 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.



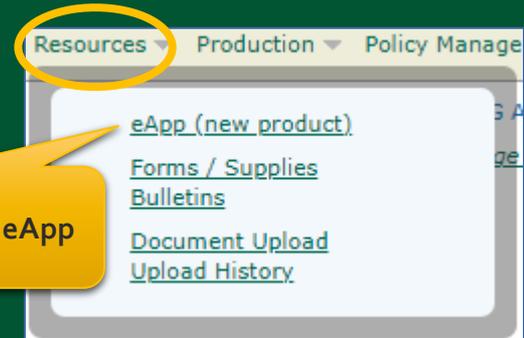
# Final Expense eApp

## 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 New eApp



Select state

Application state must match the Proposed Insured's state of residence and you must be licensed in that state.

A screenshot of the "New eApp" form. The "Proposed Insured State of Residence" dropdown is set to "AZ Arizona". A yellow callout box points to this dropdown. Below it is a "Product List" table with columns for Product, Type, and Market Class. A yellow callout box points to the "Final Expense (2022)" row in the table.

Product	Type	Market Class
Final Expense (2022)	Whole Life	Final Expense

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 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, indicating it is still eligible. A yellow callout bubble points to this plan with the text "Color indicates eligibility".

The main content area is titled "Health History and Policy Information" and contains various input fields for personal information (Height, Weight, Date of Birth, Age) and a series of medical history questions. A yellow callout bubble points to the "Still eligible for Elite and Select" text, which appears above the plan selection list.

A warning message is displayed at the bottom of the form, stating: "Client's answer makes a plan unavailable. Use Home Button to return to Dashboard." This message is highlighted by a yellow callout bubble with the text "Warning message appears". Below the warning message are two buttons: "Continue" and "Lock Application". A yellow callout bubble points to the "Continue" button with the text "Select 'Continue' to return to the application or 'Lock Application' to discontinue".

Another yellow callout bubble points to the "Classic Advantage" plan, which is now marked with a red question mark icon, with the text "Client is too young for Classic Advantage".

# 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 list of premium modes: Classic Elite (checked), Classic Select (checked), and Classic Advantage (checked). Below this is a table showing premium amounts for each mode: Monthly (EFT) at \$56.20, Quarterly at \$171.18, Semi-Annual at \$335.91, and Annual at \$645.98. A "Calculate" button is at the bottom left, and a "Details" button is at the bottom right. The main form area contains 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" (Yes/No), "Accidental Death Benefit", "Children's Term Insurance Rider" (checked), and "Accelerated Death Benefit" (checked). Fields for "Number of children" (1) and "Number of units" (\$2,500) are also present. A "Next" button is at the bottom right.

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

**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

**Proposed Insured Information**

First Name  Middle Name  Last Name  Suffix   
  
II  
III  
IV  
Jr.  
Sr.

Gender  Date of Birth  Age

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

**Contact Information**

Phone Number  Phone Number Type  eMail

Street  Apt/Suite

City  State  Zip Code

**Address Verification**

Address not validated. Please ensure that address is correct.

2 of 10

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

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](#)

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**Primary Beneficiary #1**

Beneficiary Type

First Name  Middle Name  Last Name  Suffix

Relationship to Proposed Insured  Date of Birth

Social Security No.  Or Green Card

Contact Information

Phone Number  Phone Number Type

Street  Apt/Suite  [Reuse Address](#)

City  State  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", "Contact Information" section with "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

**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



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.

Replacement forms will be automatically generated if required, depending on the answers to replacement questions.

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



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

**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 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.

## 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

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.

## 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 for the state of application (Form No. 5354CL-XX). 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. If needed, 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?

[Previous](#) 9 of 10 [Next](#)

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

9 of 9

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	×	<a href="#">Sign</a>
Frank Smith	Owner	×	<a href="#">Sign</a>
Columbian Representative	Licensed Agent	×	<a href="#">Sign</a>

[Cancel Signing](#)

[Previous](#)

10 of 10

[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 Authorization was selected, the Proposed Insured must first sign.

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. A yellow callout bubble points to the input field with the text: "Signature may be typed or applied with a mouse, stylus or fingertip." Below the input field, it says "Maximum length in characters is 60 (0 of 60 used)." There are three buttons at the bottom of the dialog: "Clear", "Ok", and "Close". Below the dialog box, a portion of a form is visible. It contains several paragraphs of text, including "I understand a telephone interview may be necessary..." 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 a line for "Signature of Proposed Insured" and an "X" mark.

# Final Expense eApp In-Person POS Decision



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

Finish

Please wait while your POS decision is processed...

Most decisions delivered within 37 seconds.

Previous 10 of 10 Next

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

# 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

Once the signer agrees to use their electronic signature, they can review the document before signing.

<b>APPLICATION FOR INDIVIDUAL TERM LIFE INSURANCE POLICY</b>		<b>COLUMBIAN LIFE INSURANCE COMPANY</b>			
		HOME OFFICE: CHICAGO, IL ADMINISTRATIVE SERVICE OFFICE: 4704 VESTAL PARKWAY EAST PO BOX 1381 • BINGHAMTON, NY 13902-1381 (800) 423-9765 / www.cflife.com			
<b>1. PROPOSED INSURED</b>					
First Name Jane	Middle Initial	Last Name Doe	Social Security No./Green Card No. 123-45-6789	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
Date of Birth (MM/DD/YYYY) 01/01/1972	Age (Last Birthday) 49	State (USA) / Country of Birth AZ Arizona / United States	Phone Number <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (123) 456-7890		

I consent to the use of my electronic signature, and understand that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

11/15/2021 Date of Application	X Electronic Signature of Proposed Insured	11/15/2021 (Date)
Anywhere, AZ Signed At (City, State)	X Electronic Signature of Owner (if other than Insured)	11/15/2021 (Date)
	X Electronic Officer Signing for Corporation, Partnership, or Trust & Title	11/15/2021 (Date)

Signers click on each flag to apply their signature.

**Enter signature for Jane Doe**

Signature option:  Keyboard/Keypad  Mouse/Stylus/Finger

Maximum length in characters: 150 (used).

Signature can be typed or signed with a mouse, stylus or fingertip.

# 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

**For telephone sales, answer Yes.**

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

**Previous** 9 of 9 **Next**

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, including yourself. If POS was selected, the client will first sign the POS authorization.

**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 spaces

<b>Jane Doe (Insured)</b> Access Code <input type="text" value="JDoe2022"/>	<b>Assign a simple access code and share it with the signer. They will need it to access the document.</b>	<b>Email Address</b> <input type="text" value="janedoe@mail.com"/>	<b>Re-Enter eMail</b> <input type="text" value="janedoe@mail.com"/>
<b>Columbian Representative (Licensed Agent)</b> Access Code <input type="text" value="CFGRep"/>	Agent Name <input type="text" value="Andrew Agent"/>	<b>Email Address</b> <input type="text" value="ColumbianRep@speed.net"/>	<b>Re-Enter eMail</b> <input type="text" value="ColumbianRep@speed.net"/>

10 of 10

# Final Expense eApp Remote Signatures



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

Each signer will apply their electronic signature (If POS Authorization was selected, the client will first sign the authorization).

If application 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.

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](#)

of my **electronic signature** or claim that my electronic signature is not legally binding.

**Electronic Signature**

Electronic Signature of Proposed Insured (Date)

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

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

**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.

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

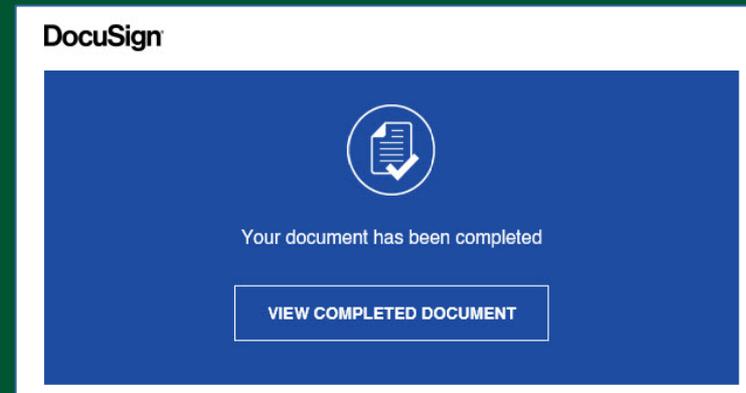
Send Email

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 Date of Application	<i>Jane Doe</i> X 20273124-947E-4D7A-A37D-FA041F2F7E5D Electronic Signature of Proposed Insured	11/15/2021 (Date)
Anywhere, AZ Signed At (City, State)	X _____ Electronic Signature of Owner (If other than Insured)	11/15/2021 (Date)
	X _____ Electronic Officer Signing for Corporation, Partnership, or Trust & Title	11/15/2021 (Date)
<b>11. REPORT OF LICENSED AGENT:</b>		
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 Signature of Licensed Agent (required)	11/15/2021 (Date)
Name of Licensed Agent (Print)	501009-19	100%
Columbian Representative	Agent Number	% of Commission (Enter 100% if you are NOT splitting commission)
Primary Agent Name	Agent Number	% of Commission (Amount of 1st and 2nd Agent must equal 100%)
Secondary Agent Name	Agent Number	% of Commission (Amount of 1st and 2nd Agent must equal 100%)

# Final Expense eApp Submitted Application



Finish

Application successfully submitted.  
Policy Number is 2050111780

Previous 10 of 10 Next

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: Submitted DoeBBD6A8 - 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 fast and easy!***

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

For underwriting assistance, call the Underwriting Team at (800) 423-9765 ext. 5904 weekdays 8:00am to 8:00pm Eastern.



Columbian Mutual Life Insurance Company  
Home Office: Binghamton, NY

Columbian Life Insurance Company  
Home Office: Chicago, IL  
Administrative Service Office: Binghamton, NY 13902

Columbian Life Insurance Company is not licensed in every state.

For agent use only. Not for use with consumers.

Refers to Policy/Rider Forms 1F607, 1F607-CL, 1F608-CL, 1F609, 1F609-CL, 1H884, 1H884-CL, 1H885, 1H885-CL, 1H915, 1H915-CL, 1H916 and 1H916-CL or state variation. Product specifications and availability may vary by state.

Form No. 5365CFG (1/23)