

# 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 immediately informing you of any changes in eligibility as you answer each question.
- ▶ For face-to-face sales, the Point of Sale Underwriting option provides a decision while you're with your client.
- ▶ For telephone sales, the remote signing capability provides a seamless experience.
- ▶ 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



The eApp Disclosure Packet contains any printed disclosures you may need for the sale.

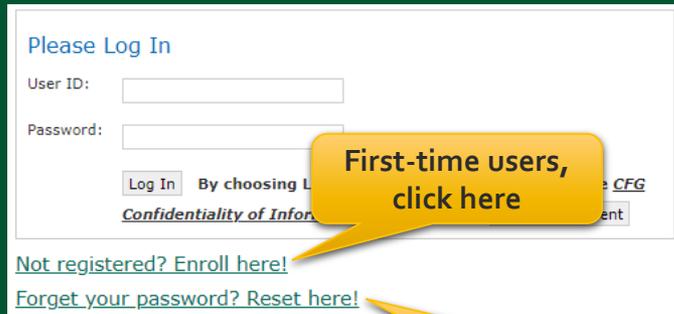
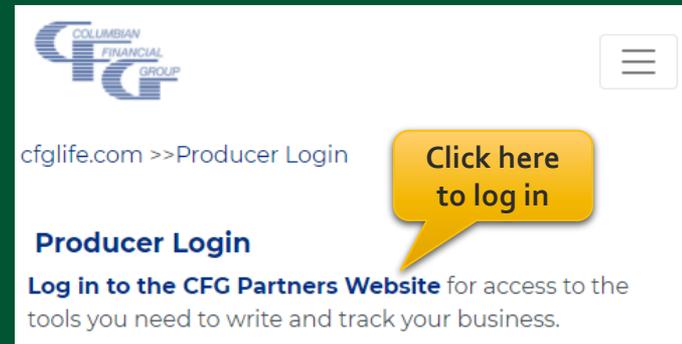
- ▶ For in-person sales, you must leave a fully completed paper copy of any required forms with the applicant.
- ▶ For telesales, you must mail the completed disclosure documents to the applicant within three days of the sale.
- ▶ When signing the eApp, you must certify that you have provided (or will provide) all required disclosure documents to the applicant in paper form.

eApp Disclosure Packets for your state are available online or may be ordered from General Services. Please request Form No. 5354CFG followed by your state abbreviation.

# 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 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.

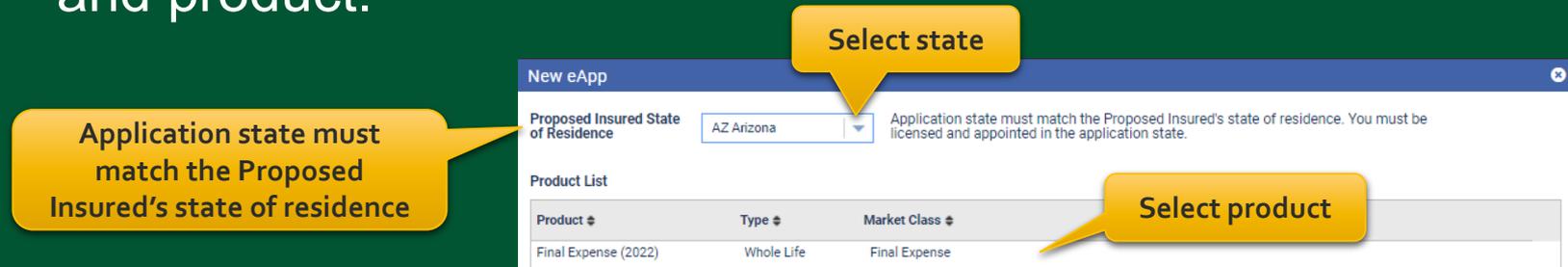
# Final Expense eApp

## Starting a New Application



On the Partners Website:

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



The screenshot shows the "New eApp" form with several callouts:

- Resources / eApp**: A callout pointing to the "eApp (new product)" link in the Resources menu.
- Select New eApp**: A callout pointing to the "New eApp" button.
- Select state**: A callout pointing to the "Proposed Insured State of Residence" dropdown menu.
- Select product**: A callout pointing to the "Product List" table.
- Application state must match the Proposed Insured's state of residence**: A callout pointing to the "AZ Arizona" selection in the state dropdown.

**Proposed Insured State of Residence**: AZ Arizona

Application state must match the Proposed Insured's state of residence. You must be licensed and appointed in the application state.

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

**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, with a callout stating "Color indicates eligibility". The main content 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.

Gender: Female | Plan of Insurance: Classic Elite | Amount of Insurance (Face Amount): \$25,000

Automatic Premium Loan:  Yes  No

Accidental Death Benefit

Children's Term Insurance Rider | Number of children: 1 | Number of units: \$2,500

Accelerated Death Benefit

Buttons: Calculate, Details, Next

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

OK

# Final Expense eApp Proposed Insured Screen



When the Health History and Policy Information is complete, enter the client's name to proceed.

**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
- ✗ Report of Licensed Agent
- ✗ eApp Review
- ✗ Finish

**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  State

**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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**Premiums Details**

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

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 Beneficiary Relationship



**Final Expense (2022)** Primary Beneficiary #1

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 ⚠

Beneficiary Type: Individual

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

Relationship to Proposed Insured: Domestic Partner

Social Security No. Or Green Card

Reuse Address

**Warning**  
The beneficiary's relationship to the proposed insured will be reviewed by Underwriting to establish insurable interest. The "yellow" Risk Qualifier status is not an indication of questionable insurability. Ok

eApp lets you know if the beneficiary's relationship to the proposed insured will require review for insurable interest

# 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 "4 of 10" indicator.

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 also "Reuse Address" and "Validate Address" buttons. At the bottom, there are "Previous" and "Next" buttons, and a "4 of 10" indicator.

# 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

**Payment Information**

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

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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  State  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

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



Report of Licensed Agent

Name of Licensed Agent: Columbian Representative  
Agent Number: 501009  
Account Number: 19  
% of Commission (Enter 100% if you are NOT splitting commission): 100%

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

Agent Address

Street: PO Box 1381  
City: Binghamton  
State: NY New York  
Zip Code: 13902  
Validate Address

Agent Phone: [Redacted]  
Phone Number Type: Work

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

I hereby affirm that I have provided required disclosure documents related to this electronic application to the applicant in paper form. Agent, initial here to certify.

Authorization & Acknowledgement

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

City: [Redacted]  
State: AZ Arizona

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

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Provide the eApp Disclosure Packet for the state of application, Form No. 5354CL-XX. For remote sales, you must mail the packet within three days of application.

# 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

<b>Proposed Insured :</b>	Jane Doe
<b>Gender :</b>	Female
<b>Plan :</b>	Classic Elite
<b>Policy Effective Date: :</b>	12/10/2021
<b>Policy Face Amount :</b>	\$25,000
<b>Billing Method :</b>	Electronic Funds Transfer
<b>Payment Frequency :</b>	Monthly
<b>Initial Premium Amount :</b>	\$56.20
<b>Subsequent Premium Payment :</b>	\$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 will allow the policy to be issued without a signed amendment if the policy issued differs from the plan applied for.

# Final Expense eApp Finish Screen



## 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.

**Please use your full name when entering the electronic signature.**

Was the application completed by phone?

Yes  No

Signing options are based on whether the application was completed by phone or in person.

PRINT

Sign and Submit

POS Authorization

Remote signing

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If the application was completed in person, you may sign and submit or sign and get an immediate underwriting decision.

If the application was completed by phone, click Remote signing to obtain signatures via DocuSign.

# Final Expense eApp In-Person Signature Process



## 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](#)

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# Final Expense eApp In-Person Signature Process



## 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 Point of Sale Decision 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 at the bottom of the dialog. A yellow callout bubble points to the "Mouse/Stylus/Finger" option with the text: "Signature may be typed or applied with a mouse, stylus or fingertip." Below the dialog box, a portion of an authorization form is visible. It contains several paragraphs of text, including "I understand a telephone interview may be necessary..." and "I have read and understand this Authorization." 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 Point of Sale Underwriting Decision



Finish

Please wait while your POS decision is processed...

Most decisions rendered in less than two minutes.

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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.

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 X 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)

Signers click on each flag to apply their signature.

**APPLICATION FOR INDIVIDUAL TERM LIFE INSURANCE POLICY**

**COLUMBIAN LIFE INSURANCE COMPANY**  
HOME OFFICE: CHICAGO, IL  
ADMINISTRATIVE SERVICE OFFICE: 4704 VESTAL PARKWAY EAST  
PO BOX 1381 • BINGHAMTON, NY 13902-1381  
(800) 423-9765 / www.cflife.com

**1. PROPOSED INSURED**

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	

**Enter signature for Jane Doe**

Signature option:  Keyboard/Keypad  Mouse/Stylus/Finger

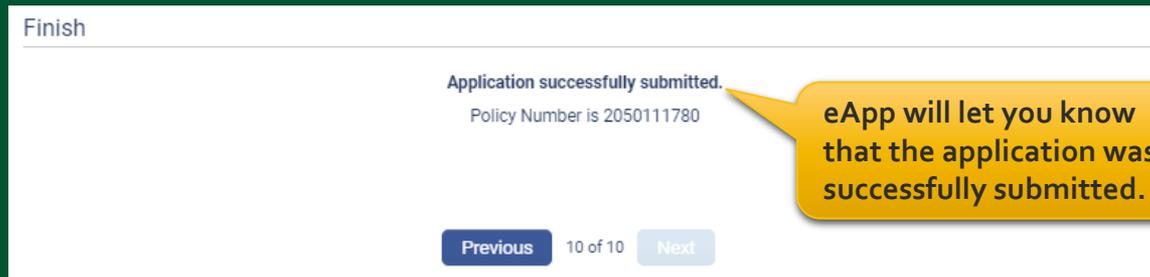
Maximum length in characters: 150 (used).

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

# Final Expense eApp 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.

# Final Expense eApp Remote Signature Process



## 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 areas where your signatures are requested.

After you review the application, you may 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

PRINT

Sign and Submit

POS Authorization

Remote signing

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Remote signing is available for applications completed by phone.

Tap or click

# Final Expense eApp Remote Signature Process



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

**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

**Jane Doe (Insured)**  
Access Code

**Columbian Representative (Licensed Agent)**  
Access Code

**Email Address**  **Re-Enter eMail**

**Email Address**  **Re-Enter eMail**

**Annotations:**  
- A yellow callout bubble points to the "JDoe2022" access code field with the text: "Share the access code with the signer. They will need it to access the document."  
- A yellow callout bubble points to the "jane.doe@mail.com" email address field with the text: "Enter the email address for each signer."  
- A yellow circle highlights the "Send Email" button.

# Final Expense eApp Remote Signature Process



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 all information is correct.

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.

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.

X

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

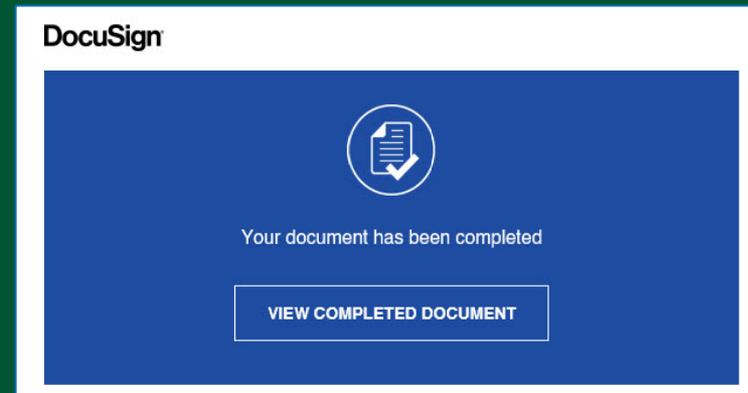
Status: Created  
Columbian Representative (Licensed Agent)  
Access Code

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

# Final Expense eApp Remote Signature Process



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)
<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	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%)

***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

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 (11/21)