

# 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 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



- ▶ **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

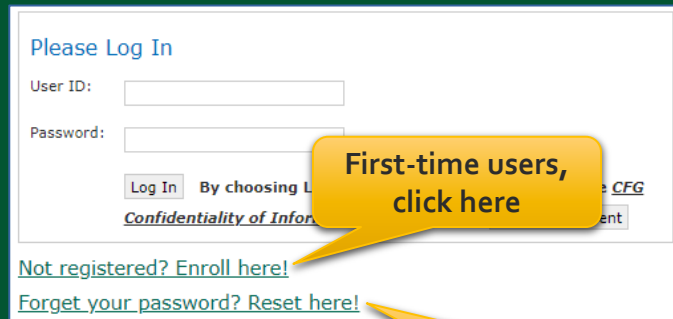
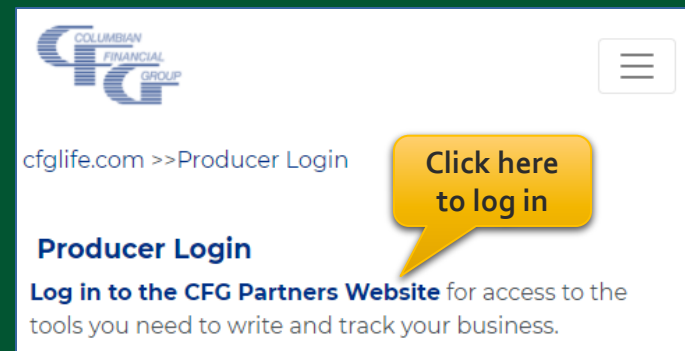


# Final Expense eApp

## 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 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.

If you forgot your password, click here



# 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 Partners Website interface with several callouts indicating the steps to start a new application:

- Select Resources / eApp**: Points to the "Resources" dropdown menu in the top navigation bar.
- Select New eApp**: Points to the "New eApp" button in the "Resources" dropdown menu.
- Select state**: Points to the "Proposed Insured State of Residence" dropdown menu, which is currently set to "AZ Arizona".
- Select product**: Points to the "Product List" table, which shows the following data:

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

**Application state must match the Proposed Insured's state of residence**: A callout pointing to the "Proposed Insured State of Residence" dropdown menu.

**Application state must match the Proposed Insured's state of residence. You must be licensed and appointed in the application state.**: A message displayed below the state dropdown menu.

**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. The left sidebar lists various sections, with "Health History and Policy Information" selected. The main content area shows a form for "Health History and Policy Information" with fields for Height (Ft), Height (In), Weight (Lbs), Date of Birth, and Age. The form includes several questions regarding medical history and current health status. A warning message is displayed at the bottom, stating: "Client's answer makes a plan unavailable. Use Home Button to return to Dashboard." The warning message has "Continue" and "Lock Application" buttons. The status bar at the bottom indicates eligibility for Classic Elite, Classic Select, and Classic Advantage. A yellow speech bubble points to the status bar, stating "Color indicates eligibility". Another yellow speech bubble points to the warning message, stating "Warning message appears". A third yellow speech bubble points to the "Continue" button, stating "Select 'Continue' to return to the application or 'Lock Application' to discontinue". A fourth yellow speech bubble points to the "Classic Advantage" status, stating "Client is too young for Classic Advantage". A fifth yellow speech bubble points to the "Classic Elite" and "Classic Select" status, stating "Still eligible for Elite and Select".

**Final Expense (2022)**

**Health History and Policy Information**

Height (Ft) 5 Height (In) 3 Weight (Lbs) 120

Date of Birth 01/01/1975 Age 46

Are you currently hospitalized, confined to a nursing home, hospice, bed, assisted living facility, convalescence home, institutionalized, receiving home health care, or confined to a wheelchair due to illness or disease?

Have you ever been diagnosed by a member of the medical profession as having or tested positive for Human Immunodeficiency Virus (HIV), or having an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or have you been diagnosed by a member of the medical profession as having a terminal medical condition that is expected to result in death within the next twelve (12) months?

Have you ever been recommended by a member of the medical profession for an organ or bone marrow transplant, or ever had a heart, lung, liver or bone marrow transplant, or ever had an amputation due to disease or, within the last twelve (12) months, received kidney dialysis?

Have you ever been diagnosed by a member of the medical profession with, or received treatment for, mental retardation, Down's Syndrome, cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, sickle cell anemia, or Huntington's Disease?

Have you ever been diagnosed or treated (including taking medication) by a member of the medical profession with congestive heart failure, Alzheimer's disease, dementia or Lou Gehrig's disease (ALS), or received a cardiac defibrillator implant (except pacemaker implant)?

During the last twenty-four (24) months, have you been diagnosed or treated (including taking medication) by a member of the medical profession for any form of cancer, including, leukemia, melanoma or any other internal cancer (other than basal cell skin cancer)?

**Warning**

Client's answer makes a plan unavailable. Use Home Button to return to Dashboard.

**Continue** **Lock Application**

**Color indicates eligibility**

**Still eligible for Elite and Select**

**Warning message appears**

**Client is too young for Classic Advantage**

**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, a green sidebar lists three options: "Classic Elite", "Classic Select", and "Classic Advantage", all with checkmarks. Below this, a table shows premium amounts for different payment frequencies: 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 of this section. The main 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. Three yellow callout boxes with arrows point to the "Calculate" button, the "Details" button, and the "Next" button, with text: "Tap or click to calculate premiums", "Tap or click for premium details", and "Tap or click to continue" respectively.

Payment Mode	Premium
Monthly (EFT)	\$56.20
Quarterly	\$171.18
Semi-Annual	\$335.91
Annual	\$645.98

**Premium Details**

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 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

Gender  Date of Birth  Age

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

Phone Number  Phone Number Type  eMail

Street  Apt/Suite

City  State  Zip Code

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.

## Address Verification

Address not validated. Please ensure that address is correct.

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# 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. Green Card Or

**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.

Owner

Owner is

Role: Proposed Insured

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Jane Doe  
John Doe  
Other

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

Owner

Owner is Other Role: Other

Owner Type Individual

First Name Middle Name Last Name Suffix Select

Relationship to Proposed Insured Social Security No. Green Card Or

Contact Information

Street Apt/Suite Reuse Address

City State Zip Code Validate Address

Previous 4 of 10 Next



# Final Expense eApp Payment Information



## Final Expense (2022)

✓ Health History and Policy Information

✓ Proposed Insured

✓ Beneficiaries

✓ Owner

✗ **Payment Information**

✗ Miscellaneous

✗ Children Proposal

✗ Report of License

✗ eApp Review

✗ Finish

✓ **Classic**

### Payment Information

Payor is

Jane Doe

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

Role: Proposed Insured

### Payment Frequency

Effective Date

12/10/2021

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.

Payment Frequency

Monthly

Select a payment frequency.

If not future dating, only this option is available.

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.**



# 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

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

### 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

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

### 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

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.

### Secondary Addressee

☐ Electing Secondary Addressee



# 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.

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)

## Report of Licensed Agent

✓ 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

Name of Licensed Agent

Columbian Representative

Agent Number

501009

Account Number

15

% 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

Phone Number Type

Work

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

AZ Arizona

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

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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?

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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 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 screenshot shows a web form titled "Enter signature for Jane Doe". It has two radio buttons for "Signature option": "Keyboard/Keypad" (selected) and "Mouse/Stylus/Finger". Below the radio buttons 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 is a label "Maximum length in characters is 60 (0 of 60 used)." At the bottom of the form are three buttons: "Clear", "Ok", and "Close".

Below the signature box, there is a paragraph of text: "Columbian Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB. I understand a telephone interview may be necessary to verify or supplement information given to the Company on this application. This interview may be made from the Administrative Service Office or from a consumer-reporting agency by a trained interviewer acting on the Company's behalf. A photocopy of this form will be as valid as the original; this authorization will be valid for two (2) years from the date shown below, or the time limit permitted by applicable law in the state where the policy is delivered or issued for delivery. You may revoke this authorization by contacting us at [PO Box 1381 Binghamton, NY 13902-1381] however, we retain the right to use any information obtained under your authorization prior to your revocation. I have read and understand this Authorization."

Below the paragraph is another paragraph: "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 my electronic signature is not legally binding."

At the bottom of the form, there is a "Sign" button with a downward arrow. 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." Below the "Sign" button is a line for "Signature of Proposed Insured" and a line for "Date". The date "12/10/2021" is entered in the date field.



# Final Expense eApp Point of Sale Underwriting Decision




Finish


Please wait while your POS decision is processed...

Most decisions delivered within 37 seconds.

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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.*

Sign and Submit

Be sure to sign and submit the application.



# 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.

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.cglife.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 Submitted Application



The application will be submitted after all signatures are applied.

Finish

Application successfully submitted.  
Policy Number is 2050111780

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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	Final Expense (2022)	Jane	Doe
Portfolio name: JDoeBBD6A8 - Last Saved: 12/10/2021 - Agent: Columbian Representative			
EApp #205011	Final Expense (2022)	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 information requested where your signatures are requested.

After you review the information, 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  Agent Name

Email Address  Re-Enter eMail

Email Address  Re-Enter eMail

10 of 10

**Assign a simple access code and share it with the signer. They will need it to access the document.**

**Enter the email address for each signer.**



# 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  
JDoe2022

VALIDATE

I NEVER RECEIVED AN ACCESS CODE

Hide Text

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

X  09/30/2021

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  
JDoe2022

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

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

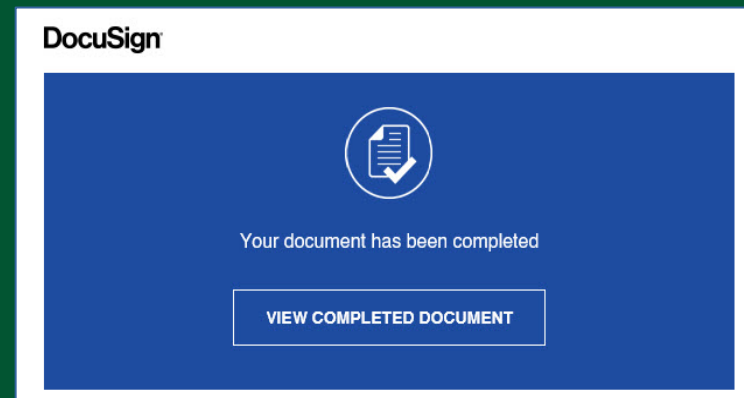
Cancel Signing Re-Send Email



# 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.

<u>11/15/2021</u> Date of Application		<i>Jane Doe</i> <input checked="" type="checkbox"/> 20273124-947E-4D7A-A37D-FA041F2F7E5D Electronic Signature of Proposed Insured	<u>11/15/2021</u> (Date)
<u>Anywhere, AZ</u> Signed At (City, State)		<input checked="" type="checkbox"/> _____ Electronic Signature of Owner (If other than Insured)	<u>11/15/2021</u> (Date)
		<input checked="" type="checkbox"/> _____ Electronic Officer Signing for Corporation, Partnership, or Trust & Title	<u>11/15/2021</u> (Date)

**11. REPORT OF LICENSED AGENT:**

Does any Proposed Insured have any existing life insurance or annuities? ☐ YES ☒ NO

Is this application for insurance intended to replace, in whole or part, any life insurance or annuities? ☐ YES ☒ 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 ☐ YES ☒ 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 Name of Licensed Agent (Print)		<input checked="" type="checkbox"/> _____ Signature of Licensed Agent (required)	<u>11/15/2021</u> (Date)
Columbian Representative Primary Agent Name	501009-19 Agent Number	100% % 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 Colombian easy and fast!***

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.