

SafeShield[®] eApp

*with Risk Qualifier, Point of Sale
Underwriting & Remote Signatures*



SafeShield® 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

SafeShield® 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.

SafeShield[®] 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.

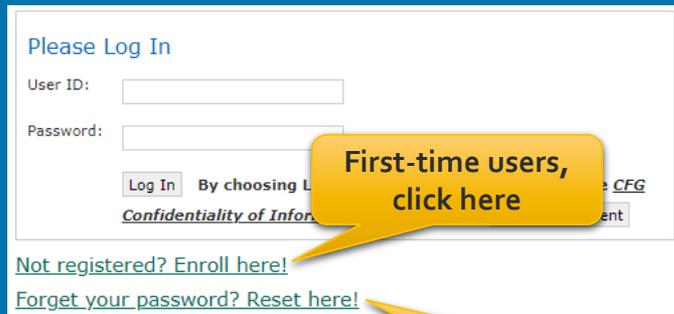
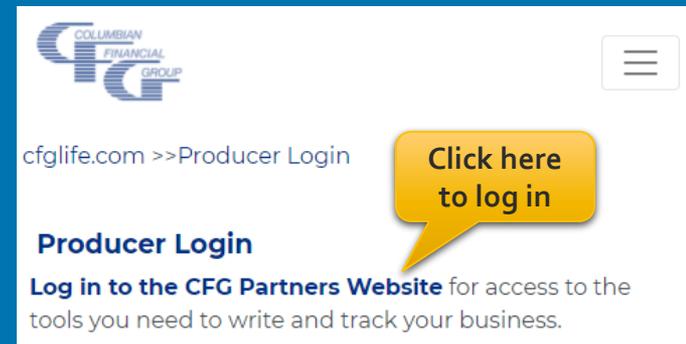
eApp Disclosure Packets for your state are available online or may be ordered from General Services. Please request Form No. 6199-CL followed by your state abbreviation.

SafeShield® eApp

How to Access



To access eApp, go to 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.

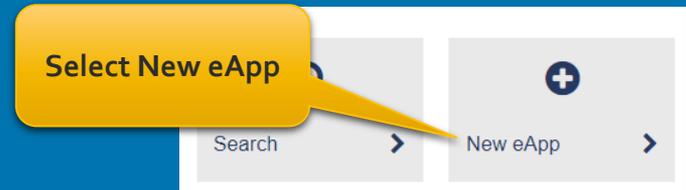
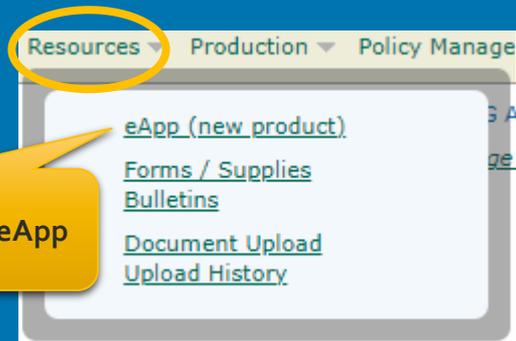
SafeShield® eApp

Starting a New Application



On the Partners Website:

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



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

New eApp

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

Product List

Product	Type	Market Class
SafeShield (2022)	Term Life	Simplified Issue Term

Select state

Select product

SafeShield® eApp Risk Qualifier



The application acts as a risk qualifier. If an answer would cause a change in eligibility, the responsive status bar will turn yellow or red.

SafeShield (2022)

Health History and Policy Information

- ✗ Health History and Policy Information
- ✗ Proposed Insured
- ✗ Beneficiaries
- ✗ Owner
- ✗ Payment Information
- ✗ Miscellaneous
- ✗ Report of Licensed Agent
- ✗ eApp Review
- ✗ Finish
- ✔ Health History and Policy Information**
- Premiums Details
 - Monthly (EFT) \$--
 - Quarterly \$--
 - Semi-Annual \$--
 - Annual \$--

Health History and Policy Information

Height (Ft) Height (In) Weight (lbs)

Are you currently employed? Yes No

Occupation Other - Occupation

Have you ever been diagnosed by a member of the medical profession as having or tested positive for Human Immunodeficiency Virus (HIV), 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? Yes No

Are you currently:

a. Using a catheter, bedridden, confined to hospital, nursing home or other medical facility? Yes No

b. ...in organ or bone marrow transplant, or ever had or received treatment or required follow-up for a heart, lung, liver, kidney or bone marrow transplant, or ever had or received treatment or required follow-up for an amputation due to disease, or within the last twelve (12) months, received kidney dialysis? Yes No

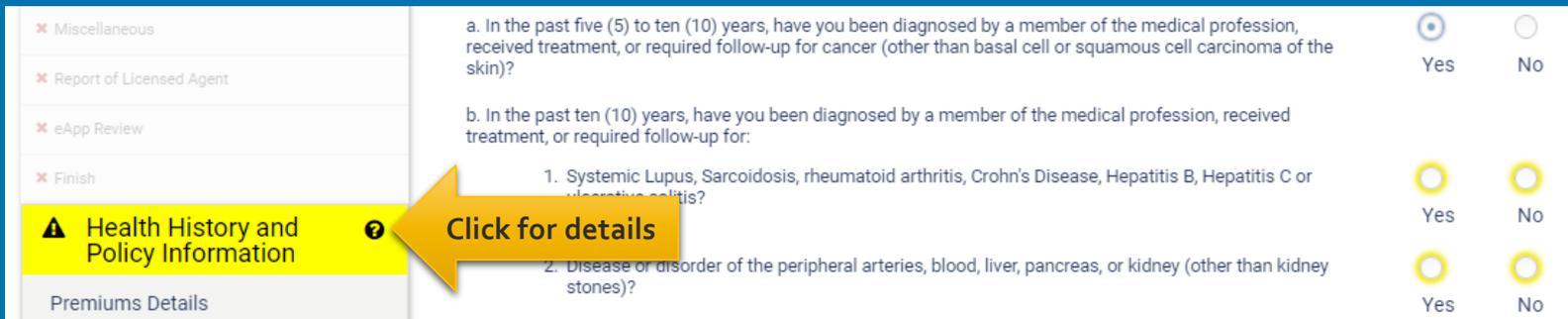
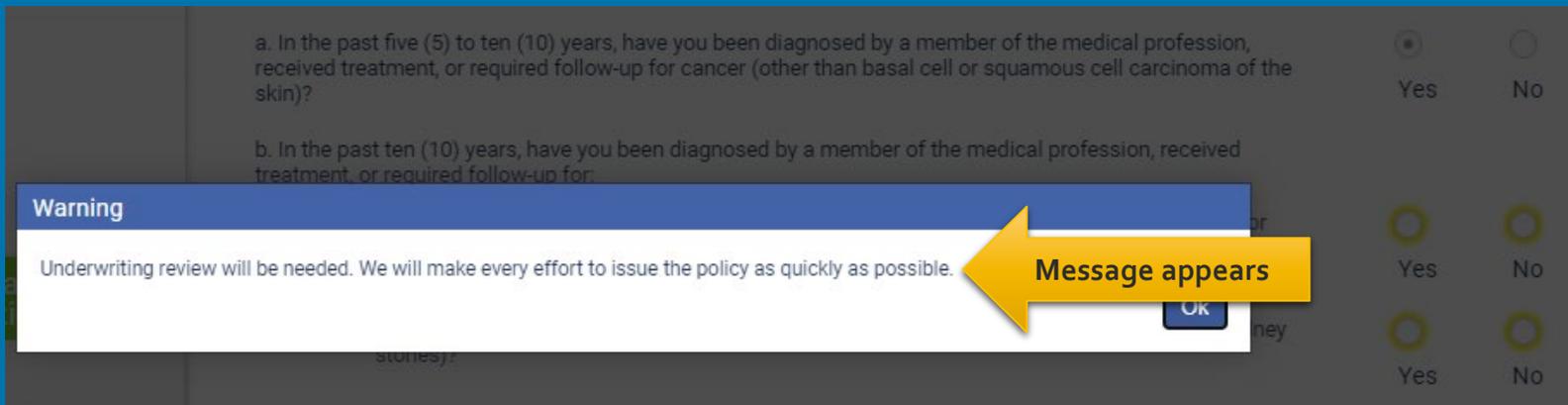
c. Have you ever been diagnosed by a member of the medical profession or received treatment for a stroke (CVA), transient ischemic attack (TIA), congestive heart failure, mental retardation, Down's Syndrome, Alzheimer's disease or dementia, or received a cardiac defibrillator implant? Yes No

Green = eligible for POS decision
Yellow = underwriting review will be needed
Red = client is not eligible for the product

SafeShield® eApp Eligibility Changes – Underwriting Review



If an answer would cause the application to need underwriting review, a message will appear to let you know, and the status bar will turn yellow.



SafeShield® eApp Eligibility Changes - Decline



If an answer would cause the application to be declined, a warning message will appear and the status bar will turn red. Knockout questions are asked first, so you know right away if a client is not eligible for the product.

The screenshot displays a warning dialog box with a blue header and white body. The text inside reads: "Warning. Based on the answer given, the Proposed Insured is not eligible. Use the Edit Answer button to change the answer, or the Lock Application button if the answer is correct." Below the text are two buttons: "Lock Application" and "Edit Answer".

In the background, a question is visible: "Have you ever been diagnosed by a member of the medical profession or received treatment for a stroke (CVA), transient ischemic attack (TIA), congestive heart failure, mental retardation, Down's Syndrome, Alzheimer's disease or dementia, or received a cardiac defibrillator implant?" with radio buttons for "Yes" and "No".

Below this, another question is partially visible: "In the past ten (10) years, have you been diagnosed by a member of the medical profession, received treatment or required follow up for: a. Schizophrenia, bipolar disorder, major depression, or have you attempted suicide?" with radio buttons for "Yes" and "No".

A yellow callout box with a white arrow points to the "Edit Answer" button, containing the text: "If you selected the wrong answer in error, you can return to the application to change the answer." Another yellow callout box with a white arrow points to the "No" radio button for the second question, containing the text: "Knockout question".

SafeShield® eApp Additional Details



Some questions expand for answers that require more information to help qualify the client. Providing details will speed the underwriting process and reduce the need for a telephone interview.

Do you have a driver's license? Yes No

Please provide details:

In the past 12 months, why do you not have a driver's license?
Select
Non-Driver - Lives in city
Non-Driver - Uses public transport
Non-Driver - Too costly
Within the consecutive 12 months, why do you not have a driver's license?
Non-Driver - Failed driving test
Not a US Citizen
In the past 12 months, why do you not have a driver's license?
Expired or up for renewal
Suspended/revoked - Child support
Suspended/revoked - Criminal act
Suspended/revoked - DUI or DWI

...asked? Yes No

...for more than thirty (30) Yes No

...Yes No

...er 130 feet, parachuting, skydiving,
(in any vehicle) in excess of 100 Yes No

...s? Yes No

Question expands for "No" answer.

Within the next two (2) years, do you plan to travel outside the US or Canada for more than thirty (30) consecutive days? Yes No

Please provide details that include what country you will be residing in, the length of time you plan to reside outside of the USA, the reason for your foreign residency, and your occupation/job duties while you are living abroad:

Question expands for "Yes" answer.

SafeShield® Plan Selection



After answering the health questions, enter the Proposed Insured's date of birth and gender, then select the plan of insurance.

Date of Birth: 01/01/1972

Age: 49

Gender: Female

Plan of Ins. **Answer is required**

Rate Class: Non-Tobacco

Amount of Insurance (Face Amount): \$250,000

Children's Term Insurance Rider:

Number of children: Select

Number of units: Select

Next

Only the plans available for the client's age will be shown.

Plan of Ins. dropdown menu options:
Select
10-Year Term
15-Year Term
20-Year Term
30-Year Term

SafeShield® eApp Rider Selection



After selecting the plan, enter the face amount and any desired riders. Only the riders available for the Proposed insured's age will be shown.

Date of Birth	Age	Gender
<input type="text" value="01/01/1972"/>	<input type="text" value="49"/>	<input type="text" value="Female"/>
Plan of Insurance	Rate Class	Amount of Insurance (Face Amount)
<input type="text" value="10-Year Term"/>	<input type="text" value="Non-Tobacco"/>	<input type="text" value="\$250,000"/>
<input type="checkbox"/> Accidental Death Benefit		
<input type="checkbox"/> Guaranteed Purchase Option		
<input type="checkbox"/> Waiver of Premium (Disability)		
<input checked="" type="checkbox"/> Children's Term Insurance Rider	Number of children	Number of units
	<input type="text" value="1"/>	<input type="text" value="\$2,500"/>
<input checked="" type="checkbox"/> Accelerated Death Benefit – Terminal Illness		
<input checked="" type="checkbox"/> Accelerated Death Benefit – Critical Illness		
<input type="checkbox"/> Accelerated Death Benefit – Chronic Illness		

Rider is not available for the client's age.

SafeShield[®] eApp

Chronic Illness Rider Questions



If the Chronic Illness Rider is selected, the section expands to ask additional questions.

Accelerated Death Benefit – Chronic Illness

Do you require any assistance or supervision to perform any of the following activities of daily living: bathing, eating, dressing, toileting, walking, transferring to or from bed or chair, or maintaining continence?

Yes

No

Have you ever been diagnosed by, or consulted with, a member of the medical profession for any of the following:

a. Memory loss, cognitive impairment, organic brain syndrome?

Yes

No

b. Fractures due to osteoporosis, numbness, tremors, imbalance or any condition which limits motion or mobility?

Yes

No

In the past five (5) years, have you been tested for, been advised to be tested or treated, by a member of the medical profession for any of the following:

a. Memory loss, cognitive impairment, organic brain syndrome?

Yes

No

b. Fractures due to osteoporosis, numbness, tremors, imbalance or any condition which limits motion or mobility?

Yes

No

SafeShield® eApp Premium Details



After you make the face amount and rider selections, calculator will display premiums for all modes.

The screenshot shows the 'Premium Details' section of the SafeShield eApp. On the left, a sidebar lists navigation steps: 'Children Proposed for Insurance', 'Report of Licensed Agent', 'eApp Review', 'Finish', and '10-Year Term' (highlighted in green). Below this, a 'Premiums Details' table shows rates for different payment frequencies. A 'Calculate' button is at the bottom of the sidebar. The main screen contains input fields for 'Date of Birth' (01/01/1975), 'Age' (47), 'Gender' (Female), 'Plan of Insurance' (10-Year Term), 'Rate Class' (Non-Tobacco), and 'Amount of Insurance (Face Amount)' (\$250,000). There are also checkboxes for 'Accidental Death Benefit', 'Guaranteed Purchase Option', 'Waiver of Premium (Disability)', and 'Children's Term Insurance Rider' (checked). Input fields for 'Number of children' (2) 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.

10-Year Term	Monthly (EFT)	Quarterly	Semi-Annual	Annual
Base Policy	\$96.18	\$292.96	\$574.86	\$1105.50
Children's Term Insurance Rider	\$1.04	\$3.18	\$6.24	\$12.00
Accelerated Death Benefit - Terminal Illness	No charge	No charge	No charge	No charge
Accelerated Death Benefit - Critical Illness	No charge	No charge	No charge	No charge

SafeShield® 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

Green check mark indicates that the page is complete.

Current page is highlighted.

SafeShield (2022)

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

Premiums Details	
Monthly (EFT)	\$97.22
Quarterly	\$296.14
Semi-Annual	\$581.10
Annual	\$1,117.50

Proposed Insured

First Name Middle Name Last Name

Gender Date of Birth Age

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

Contact Information

Phone Number Phone Number Type eMail

Street Apt/Suite

City Address

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.

Annual Income Total Household Annual Income

2 of 10

Name, gender, date of birth and age carry forward from the previous screens.

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

Fields in yellow are required.

Use navigation buttons or click a page name in the sidebar for quick navigation.

SafeShield® eApp Beneficiary Screen



Primary Beneficiary #1

Beneficiary Type
Individual

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

City State Zip Code

Beneficiary %

Contingent Beneficiary

Enter beneficiary information.

Click here to add a primary beneficiary.

Click here to add a contingent beneficiary.

SafeShield® eApp Owner Screen



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

A screenshot of the 'Owner' form. 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'. Navigation buttons for 'Previous' and 'Next' are visible at the bottom, along with a page indicator '4 of 10'.

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

A screenshot of the 'Owner' form with the 'Other' option selected. The form is expanded to include fields for 'Owner Type' (set to 'Individual'), 'First Name', 'Middle Name', 'Last Name', and 'Suffix'. It also includes fields for 'Relationship to Proposed Insured', 'Social Security No.', and 'Green Card'. A 'Contact Information' section is visible at the bottom with fields for 'Street', 'City', 'State', 'Zip Code', and 'Apt/Suite'. Navigation buttons and a page indicator '4 of 10' are at the bottom.

SafeShield® eApp Payment Information



Payment Information

Payor is Role: Proposed Insured

(dropdown menu open showing Jane Doe, John Doe, Other)

Effective Date: 11/15/2021

Payment Frequency: Monthly

Draft on Issue - Draft first premium from the account below **immediately upon policy issue**, if there are no pending application requirements.

Draft first premium from the account below on or after 11/15/2021. (The first draft must be within 35 days of the application date). **Insurance age will be calculated as of the date the premium is drafted.**

First Premium Payment

Modal Premium	Amount of First Premium
<input type="text" value="\$109.10"/>	<input type="text" value="\$109.10"/>

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.

Select a payment frequency.

If not future dating, only this option is available.

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

SafeShield® eApp Payment Information



Ongoing 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 9 [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.

SafeShield® 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 or change 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:

Secondary Addressee / Third Party Designee

Electing Secondary Addressee

Previous 6 of 10 Next

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.

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

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

SafeShield[®] eApp Child Term Rider Coverage



Child Insured #1

First Name Middle Name Last Name Suffix

Date of Birth Or Age Gender

Street Apt/Suite

City 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

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

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

SafeShield[®] eApp Child Health History



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

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

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.

SafeShield® eApp Report of Licensed Agent



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?

Agent Address

Street:

City: State: Zip Code:

Agent Phone: Phone Number Type:

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

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: State:

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

8 of 10

Provide the eApp Disclosure Packet for the state of application, Form No. 6199CL-XX. For remote sales, you must mail the packet within three days of application.

SafeShield® eApp

Summary of Coverage Applied For



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

Summary of Coverage Applied For	
Proposed Insured :	Jane Doe
Gender :	Female
Rate Class :	Non-Tobacco
Plan :	10-Year Term
Policy Effective Date: :	11/15/2021
Policy Face Amount :	\$250,000
Billing Method :	Electronic Funds Transfer
Payment Frequency :	Monthly
Initial Premium Amount :	\$109.10
Subsequent Premium Payment :	\$109.10

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

SafeShield® eApp Finish Screen



SafeShield (2022)

✓ [Health History and Policy Information](#)

✓ Proposed Insured

✓ Beneficiaries

✓ Owner

✓ Payment Information

✓ Miscellaneous

✓ Children Proposed for Insurance

✓ Report of Licensed Agent

✓ eApp Review

✓ **Finish**

✓ **10-Year Term**

Premiums Details

Monthly (EFT)	\$109.10
Quarterly	\$332.31
Semi-Annual	\$652.08
Annual	\$1,254.00

Calculate

Details

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 clicking the "Sign and Submit" button.

Please use your full name when entering the electronic signature.

Was the application completed by phone?

Yes No

PRINT

Sign and Submit

Sign and Get POS Decision

Remote signing

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.

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

SafeShield® eApp In-Person Signature Process



For in-person sales, select “Sign and Submit” or “Sign and Get POS Decision.” Each signer will review the document and apply their electronic signature.

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.

Name	Signee	Checklist	
Jane Doe	Insured	✘	<input type="button" value="Sign"/>
Columbian Representative	Licensed Agent	✘	<input type="button" value="Sign"/>

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.

Enter signature for Jane Doe

Signature option: Keyboard/Keypad Mouse/Stylus/Finger

Maximum length in characters: 150 (150 used).

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

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.clife.com

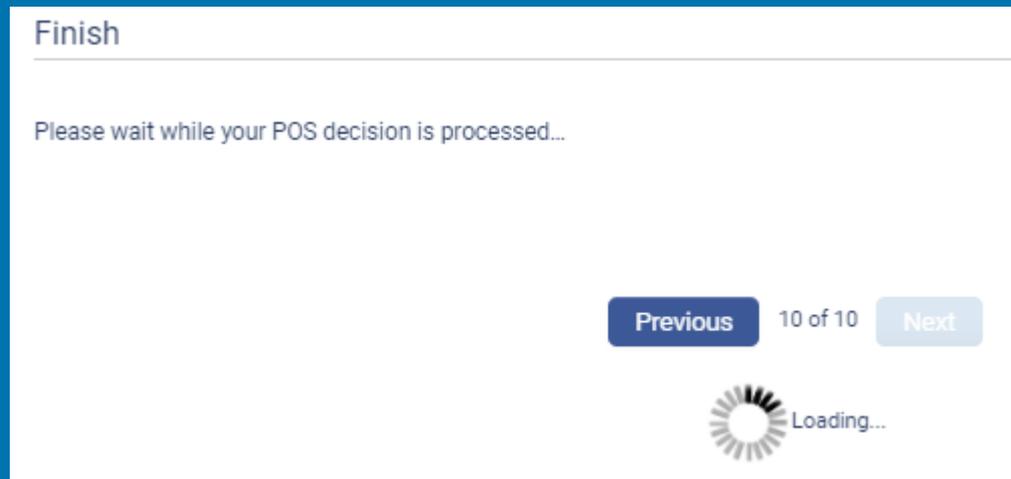
1. PROPOSED INSURED				
First Name Jane	Middle Initial	Last Name Doe	Social Security No./Green Card No. 123-45-6789	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Date of Birth (MMDDYYYY) 01/01/1972	Age (Last Birthday) 49	State (USA) / Country of Birth AZ Arizona / United States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

SafeShield® eApp

Point of Sale Underwriting Decision



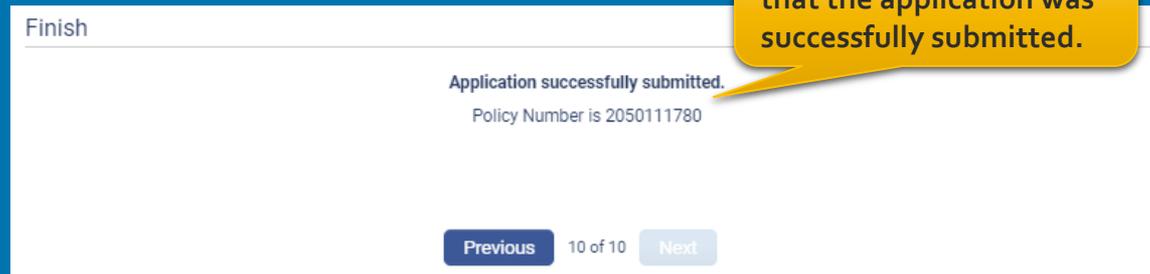
If you selected “Sign and Get POS Decision,” the decision will display in less than two minutes.



SafeShield® eApp Submitted Application



eApp will let you know that the application was submitted and the status will show in your portfolio.



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

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

Recent Portfolios

Product	First Name	Last Name
Submitted DoeA850AB - Last Saved: 11/19/2021 - Agent: Columbian Representative		
EApp #2050111780	Jane	Doe

Tap or click to download PDF of completed application.

SafeShield® eApp

Remote Signature Process



For telephone sales, click the “Remote signing” button to obtain signatures through DocuSign. 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**

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

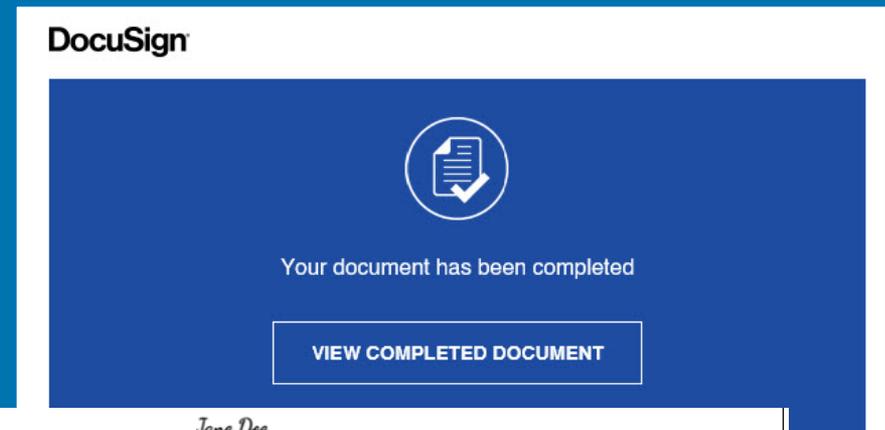
Enter the email address for each signer.

SafeShield® 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>	11/15/2021
Date of Application	<input checked="" type="checkbox"/> 29273124-947E-4D7A-A37D-FA041F2F7E5D Electronic Signature of Proposed Insured	(Date)
Anywhere, AZ	<input checked="" type="checkbox"/>	11/15/2021
Signed At (City, State)	Electronic Signature of Owner (If other than Insured)	(Date)
	<input checked="" type="checkbox"/>	11/15/2021
	Electronic Officer Signing for Corporation, Partnership, or Trust & Title	(Date)

11. REPORT OF LICENSED AGENT:

Does any Proposed Insured have any existing life insurance or annuities? 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	<input checked="" type="checkbox"/>	<i>Columbian Representative</i>	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%)	

SafeShield® 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 Life Insurance Company

Home Office: Chicago, IL

Administrative Service Office: Binghamton, NY

For complete terms, please refer to Policy/Rider Form Nos. 1F612-CL, 1F613-CL, 1H931-CL, 1H932-CL, 1H841-CL, 1H933-CL, 1H906-CL, 1H907-CL, 1H908-CL, 1H915-CL, 1H916-CL and 1H934-CL or state variation. Product specifications and availability may vary by state.