SafeShield® eApp

with Risk Qualifier, Point of Sale Underwriting & Remote Signatures

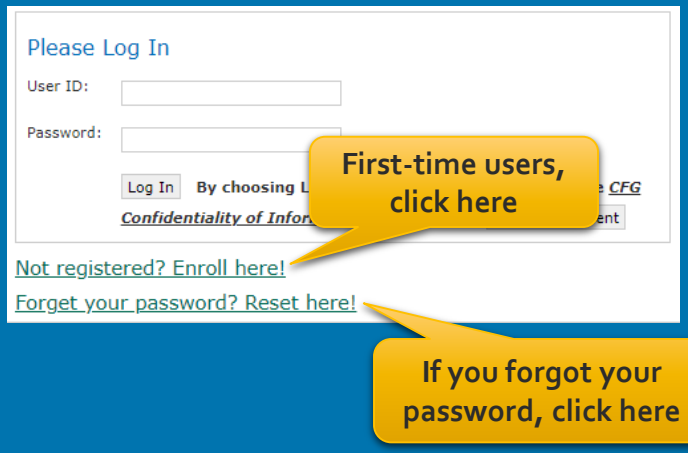
COLUMBIAN FINANCIAL GROUP

SafeShield® eApp with Risk Qualifier, POS Underwriting & Remote Signatures

- The responsive eApp acts as a **risk qualifier** by providing a green, yellow or red risk status 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** through DocuSign provides a seamless experience.

SafeShield® eApp with Risk Qualifier, POS Underwriting & Remote Signatures

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



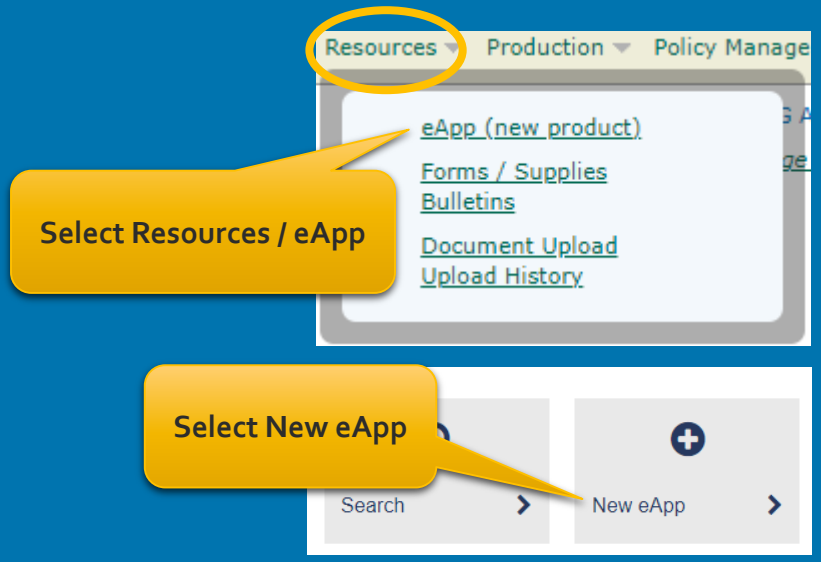
To register or reset your password, you'll need to provide your agent number, the last four digits of your tax ID and one of the following: date of birth, zip code, telephone number or email address.

SafeShield® eApp with Risk Qualifier, POS Underwriting & Remote Signatures

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.



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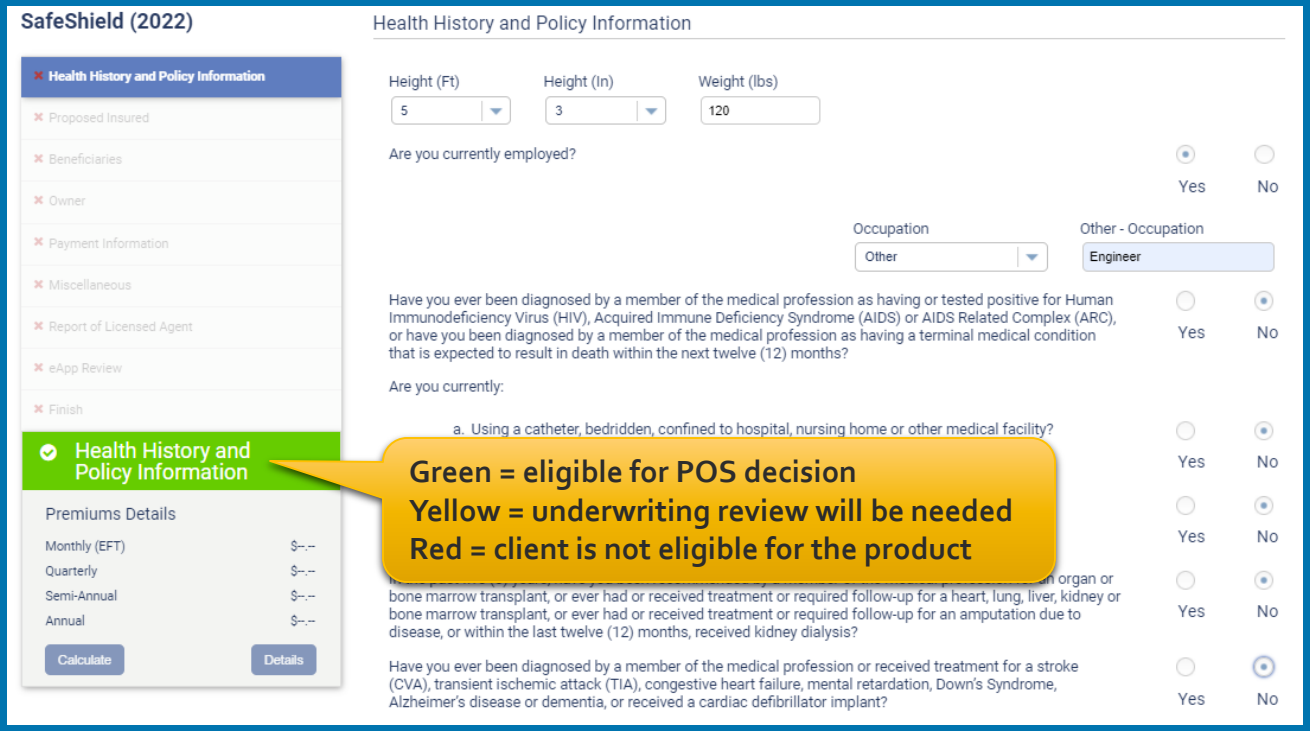
As you enter information, the responsive status bar and warning messages will inform you of any changes in eligibility.



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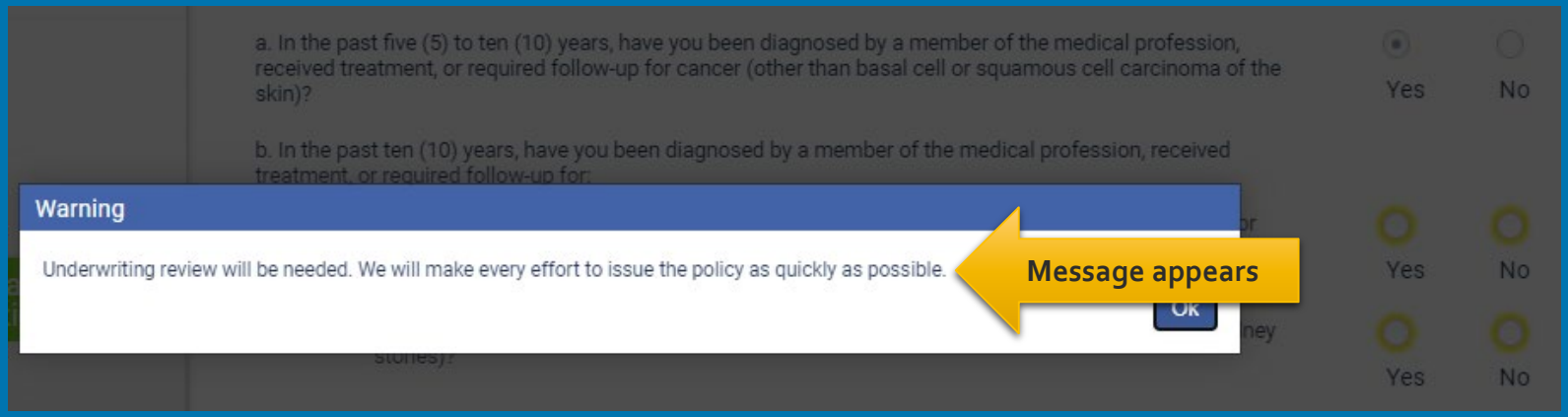
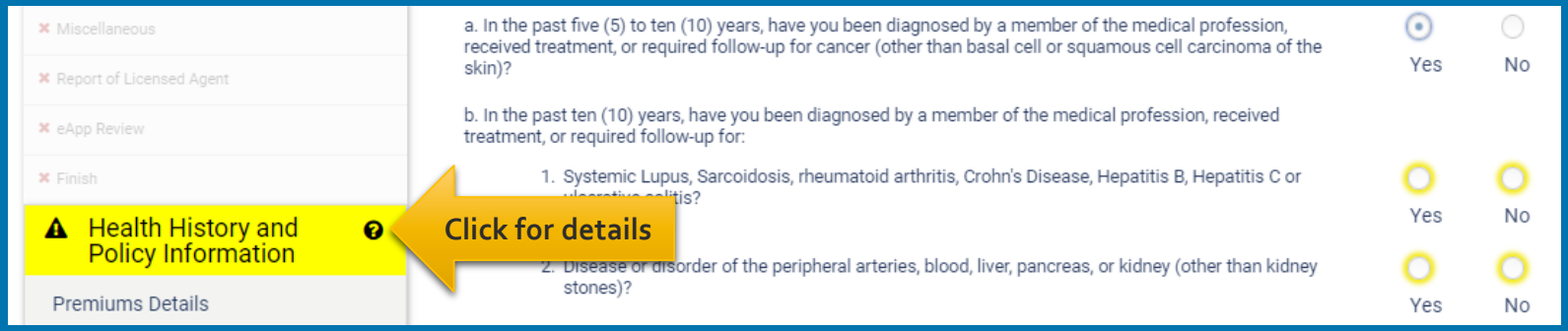
If an answer would cause the application to need underwriting review, a message will appear to let you know, and the status bar will turn yellow.





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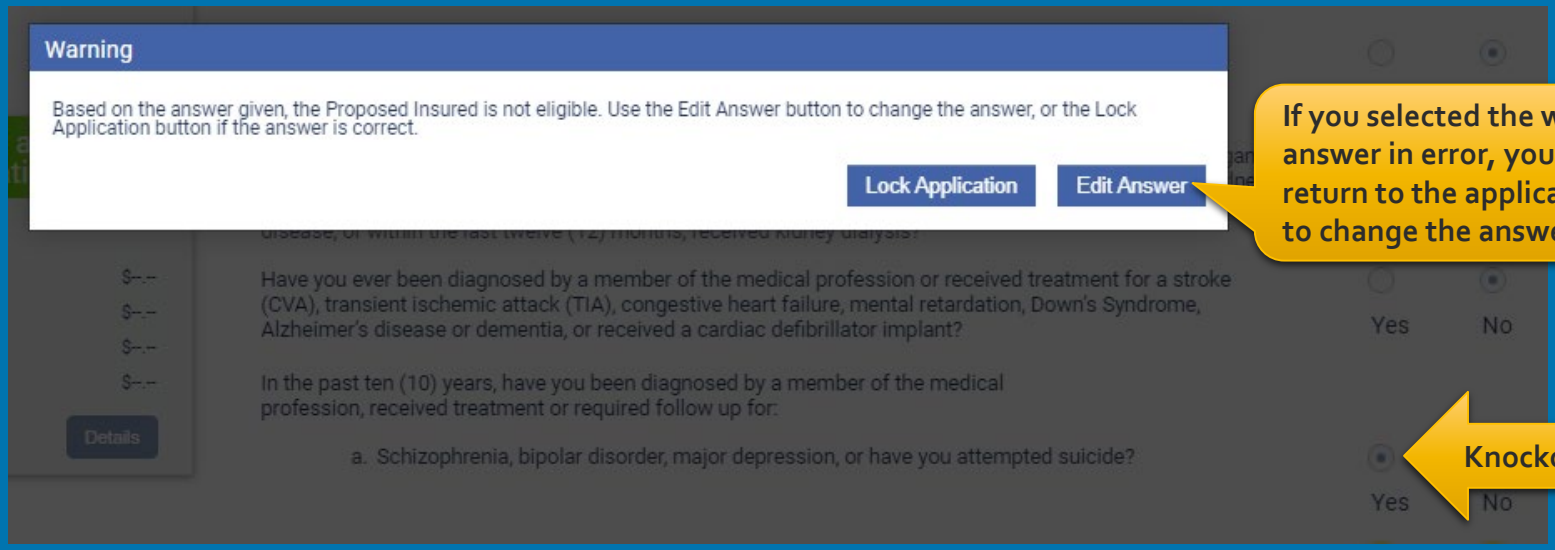
If an answer would cause the application to be declined, a warning message will appear and the status bar will turn red. Knockout questions are asked first, so you know right away if a client is not eligible for the product.



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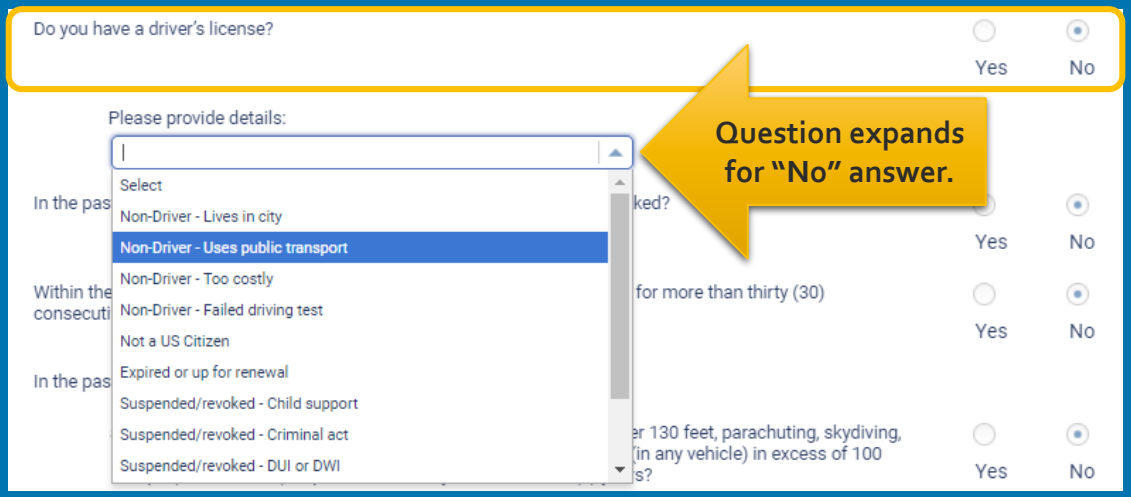
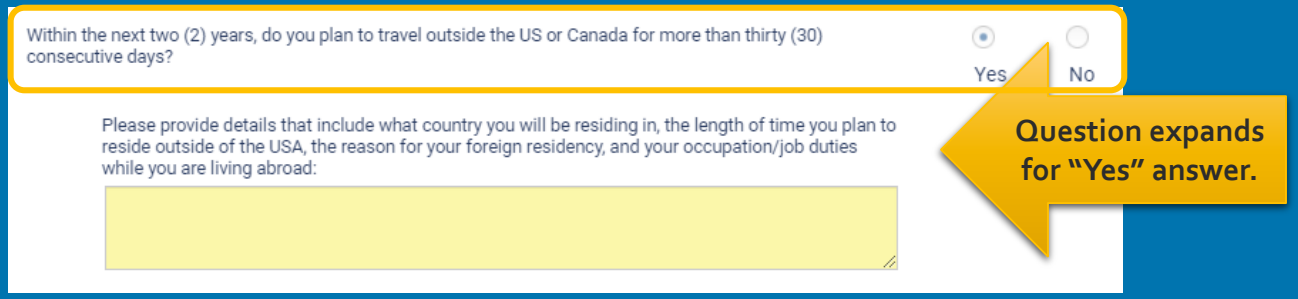
Some questions expand for answers that require more information to help qualify the client. Providing details will speed the underwriting process and reduce the need for a telephone interview.





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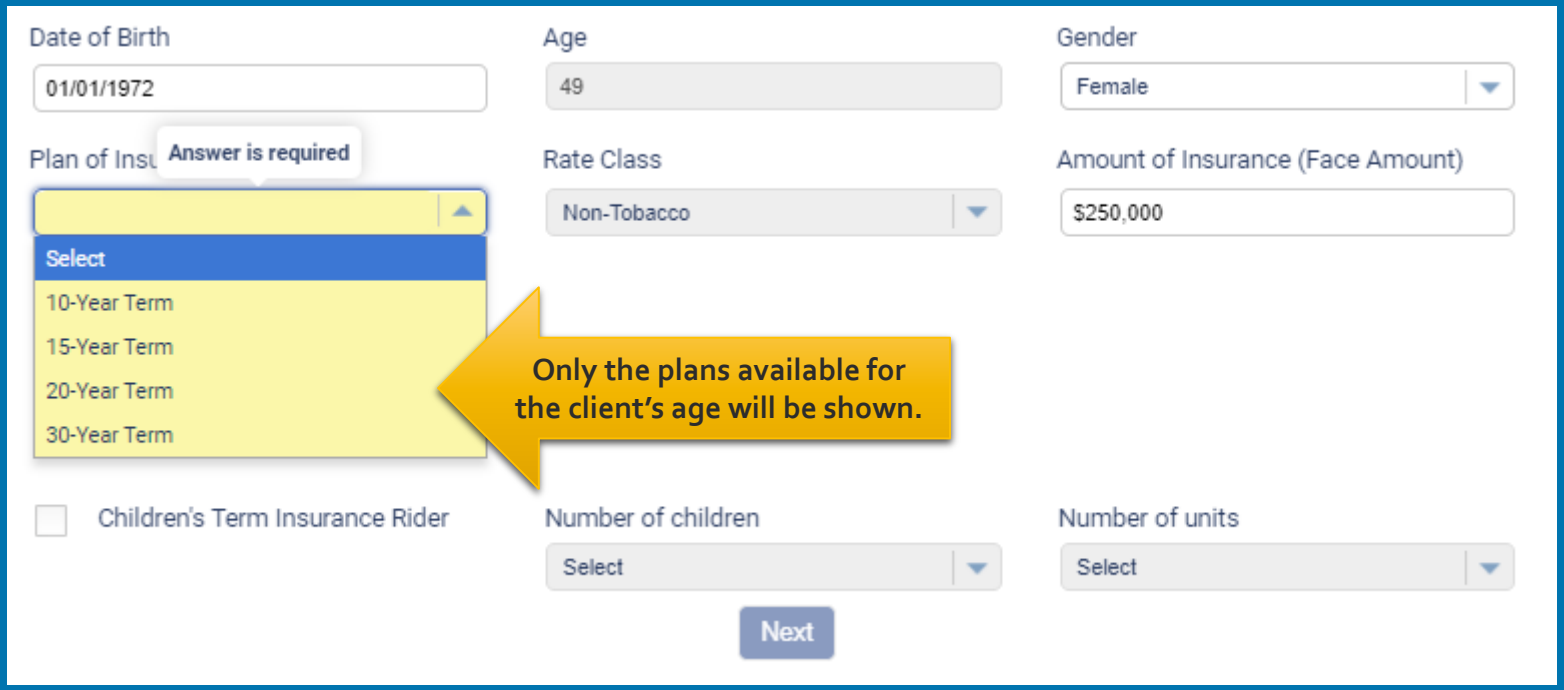
After answering the health questions, enter the Proposed Insured's date of birth and gender, then select the plan of insurance.



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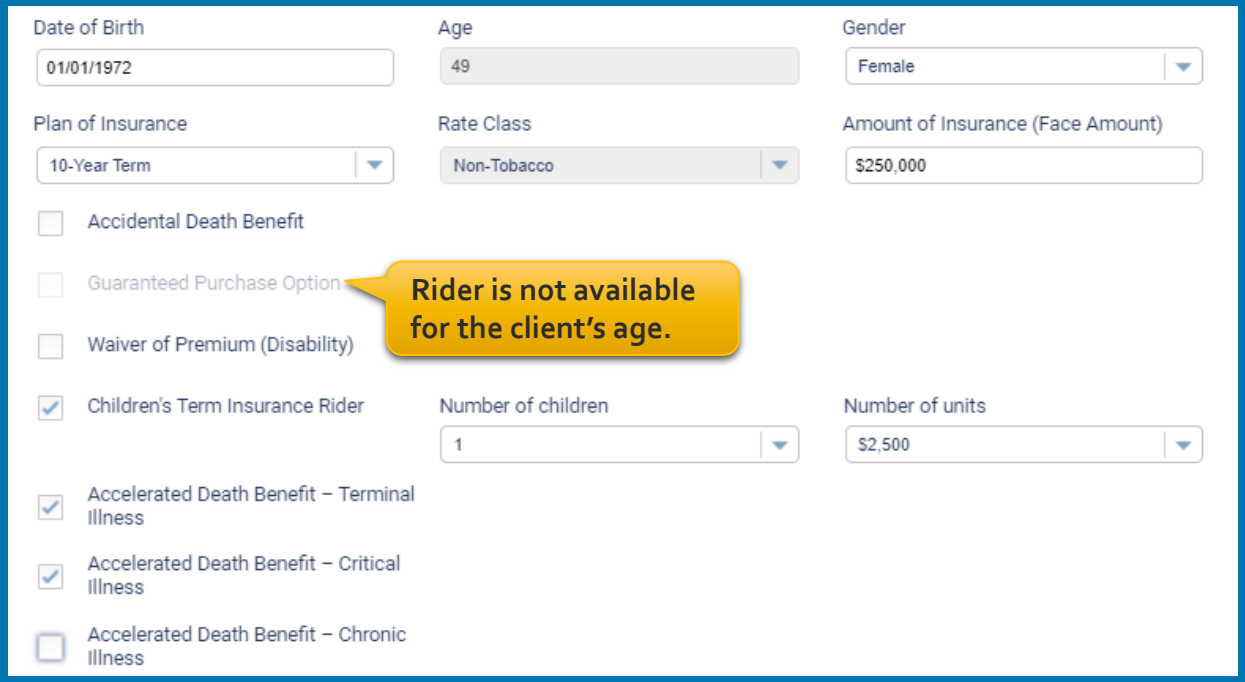
After selecting the plan, enter the face amount and any desired riders. Only the riders available for the Proposed insured's age will be shown.



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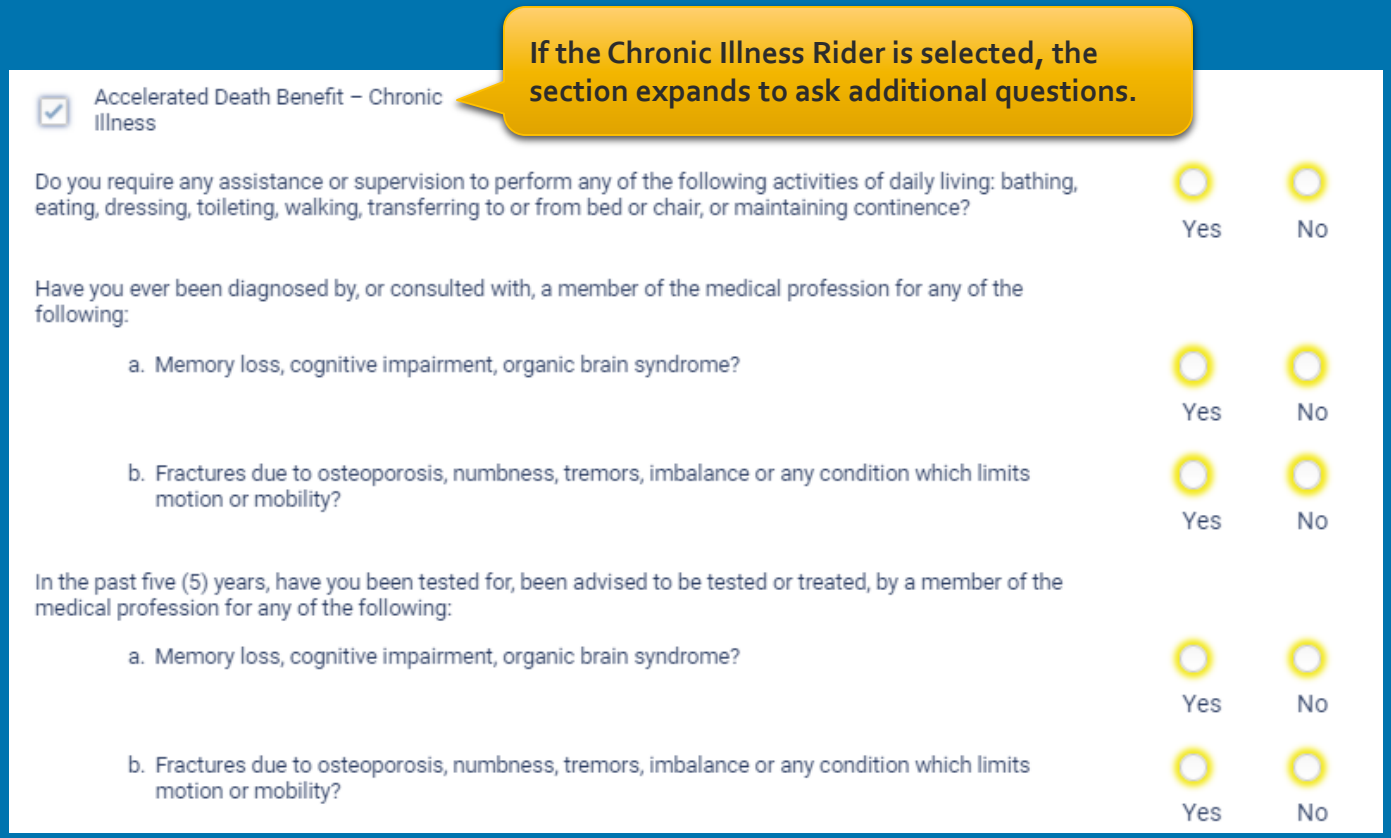

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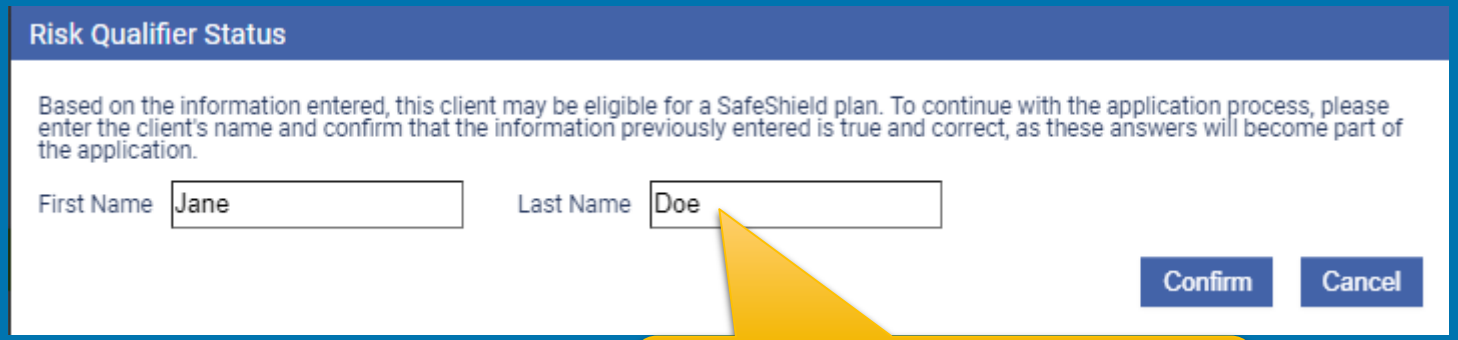

When the health history and policy information is complete, enter the proposed insured's name to proceed.

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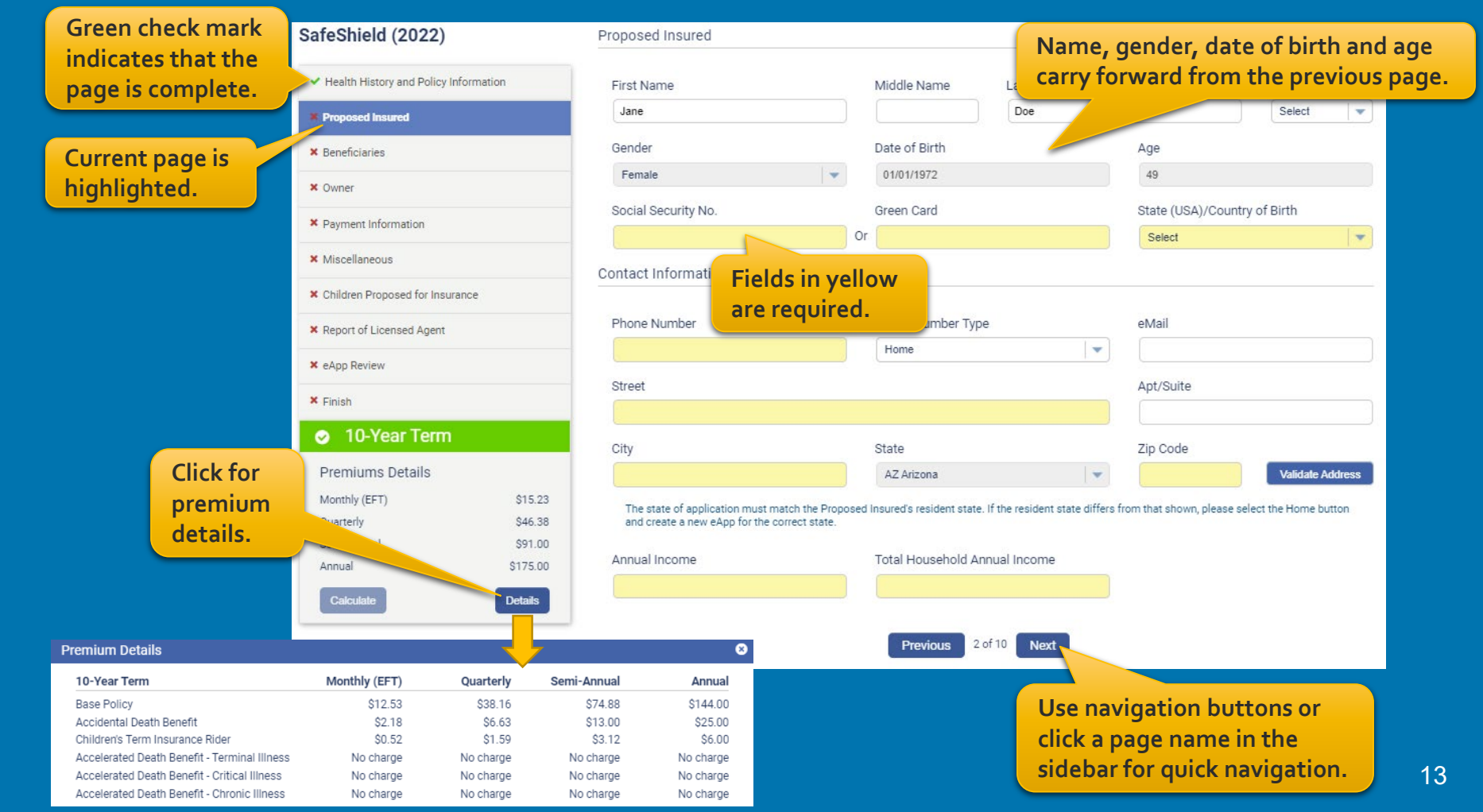

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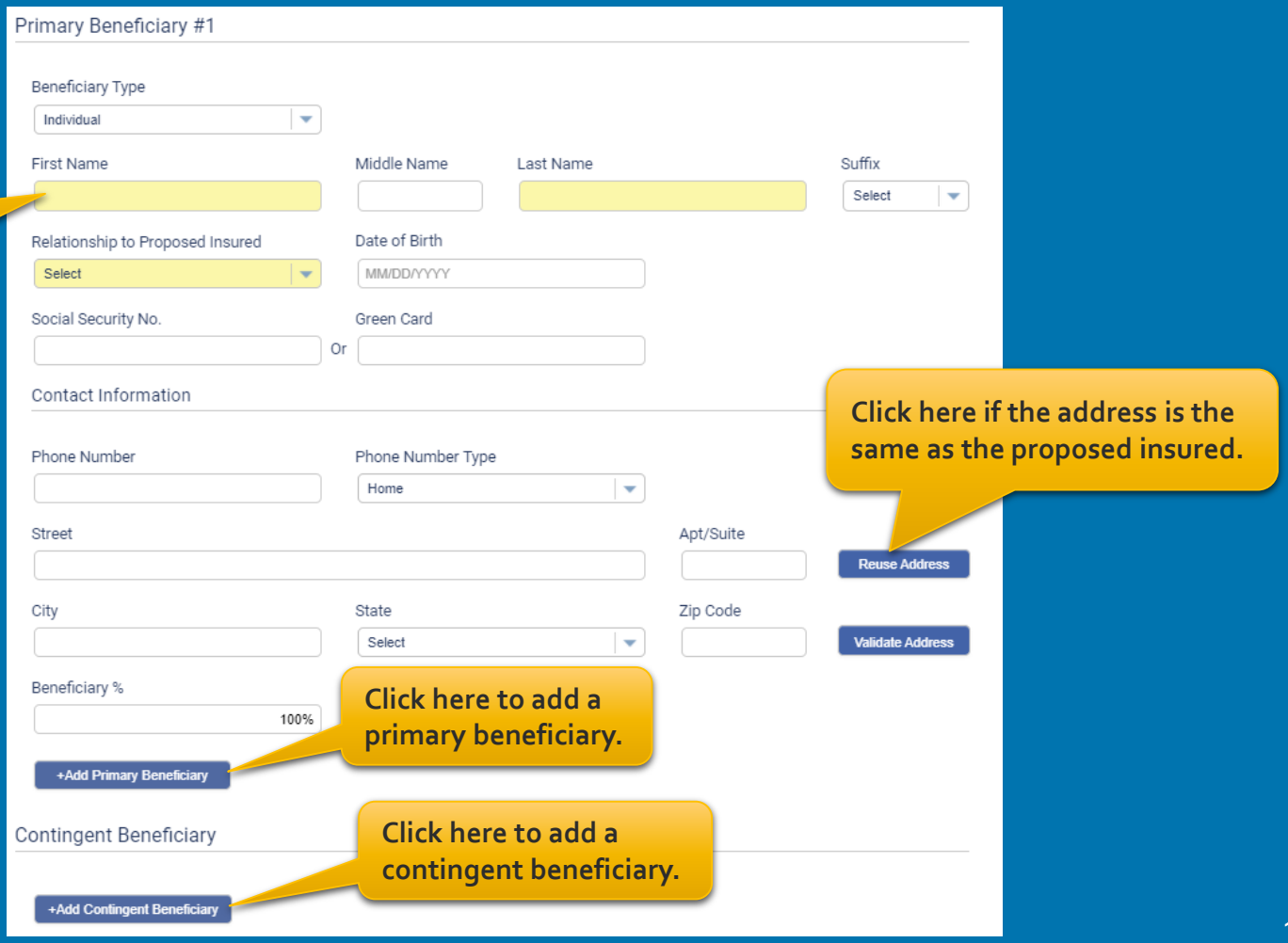

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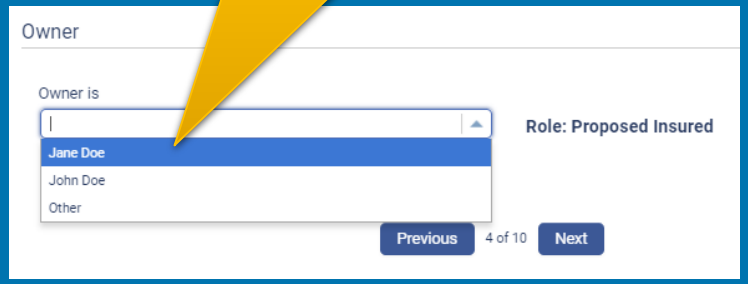
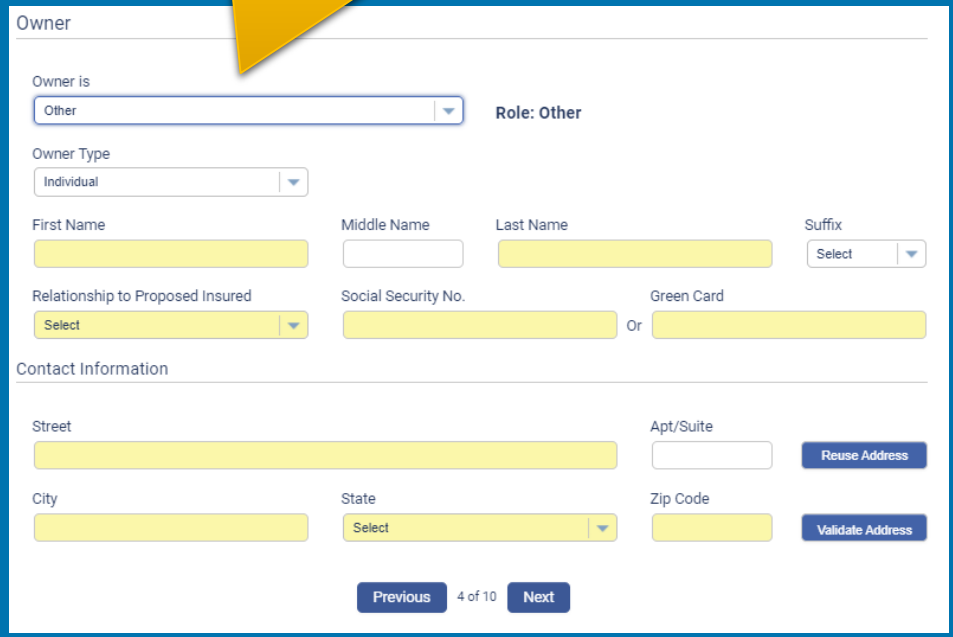
Select an owner from a previously entered name or select "Other" to name a different owner.



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



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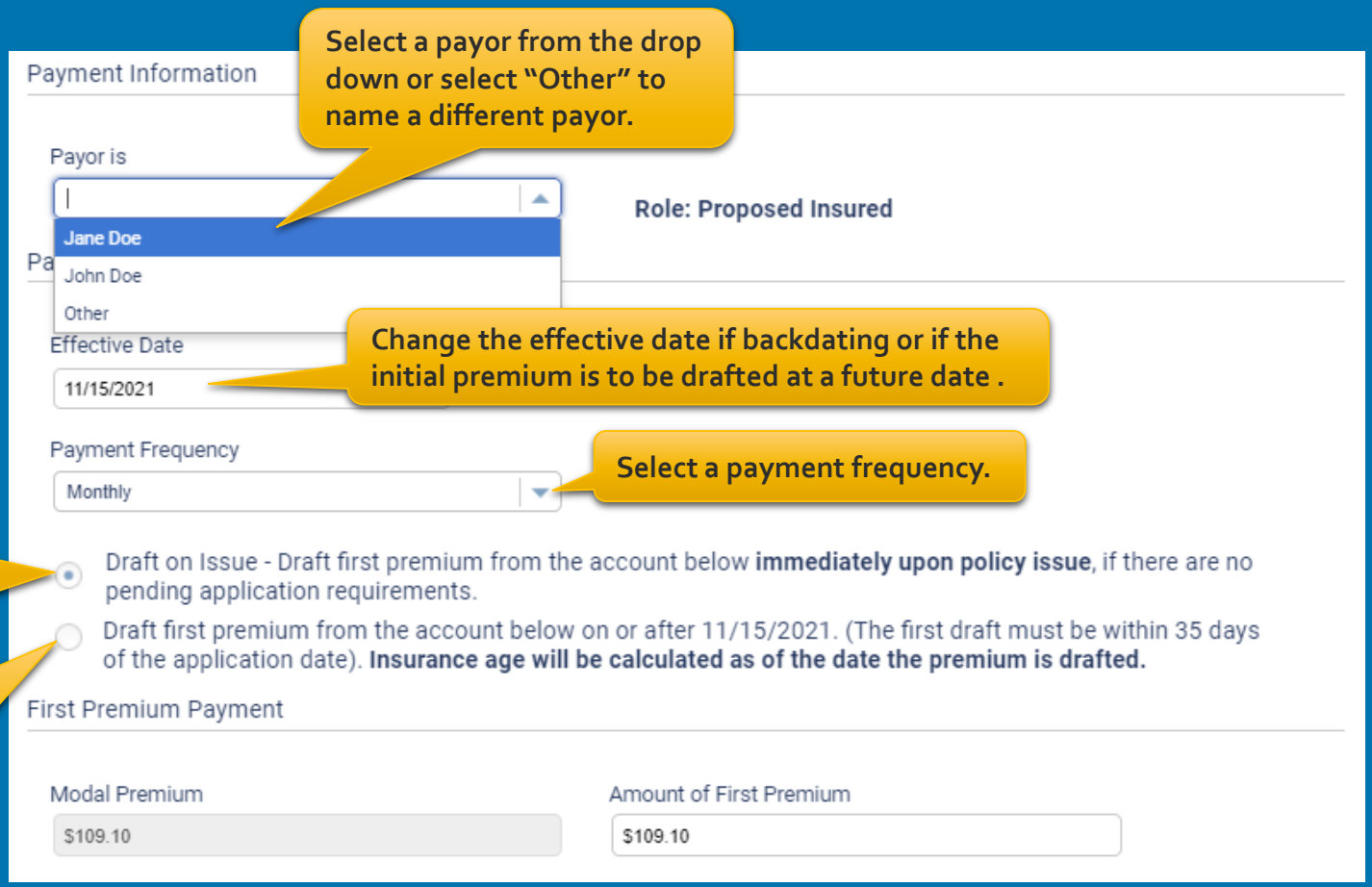

Select a payor from the drop down or select "Other" to name a different payor.

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.

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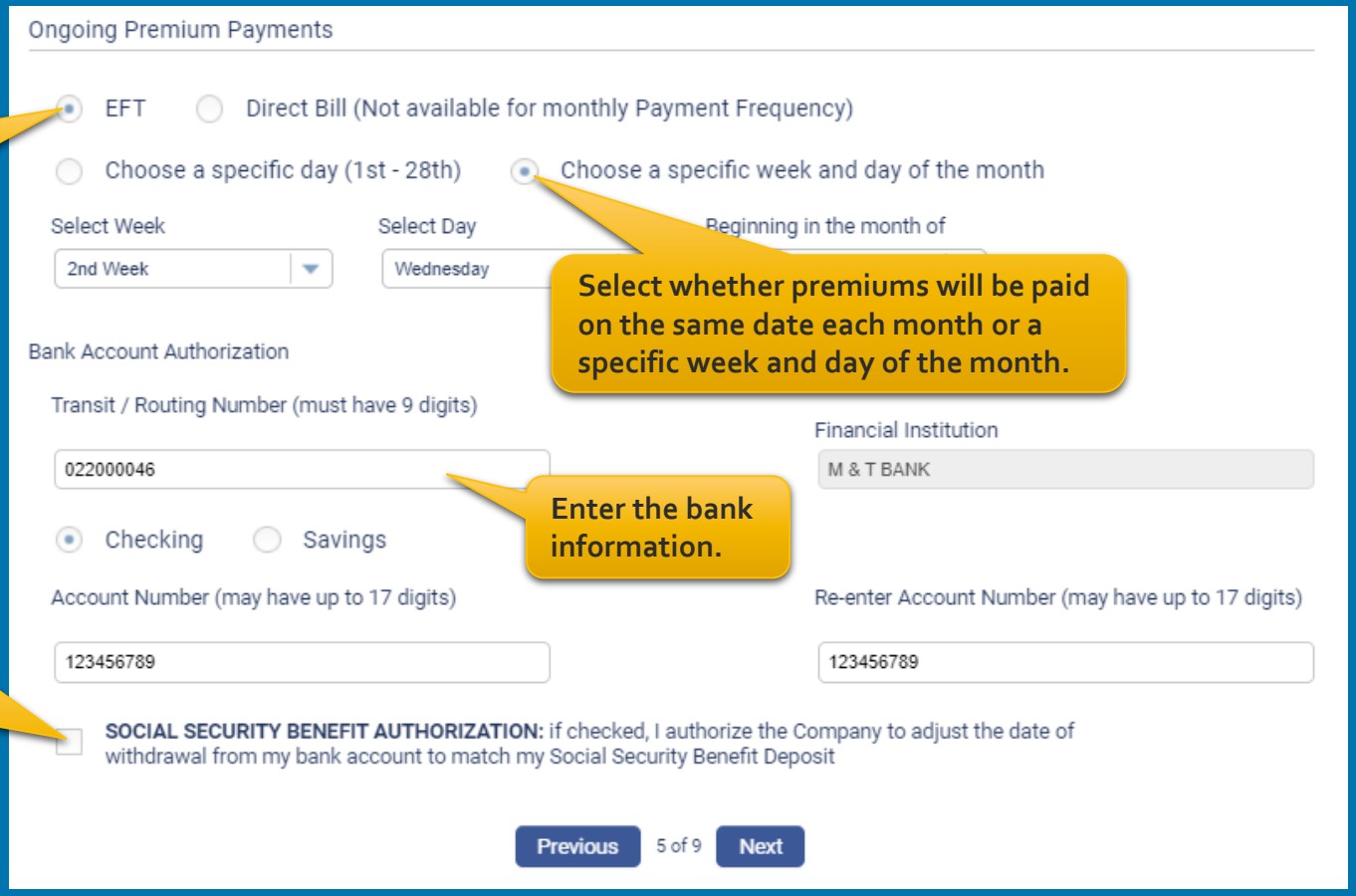

Select a method for ongoing premium payments.

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.

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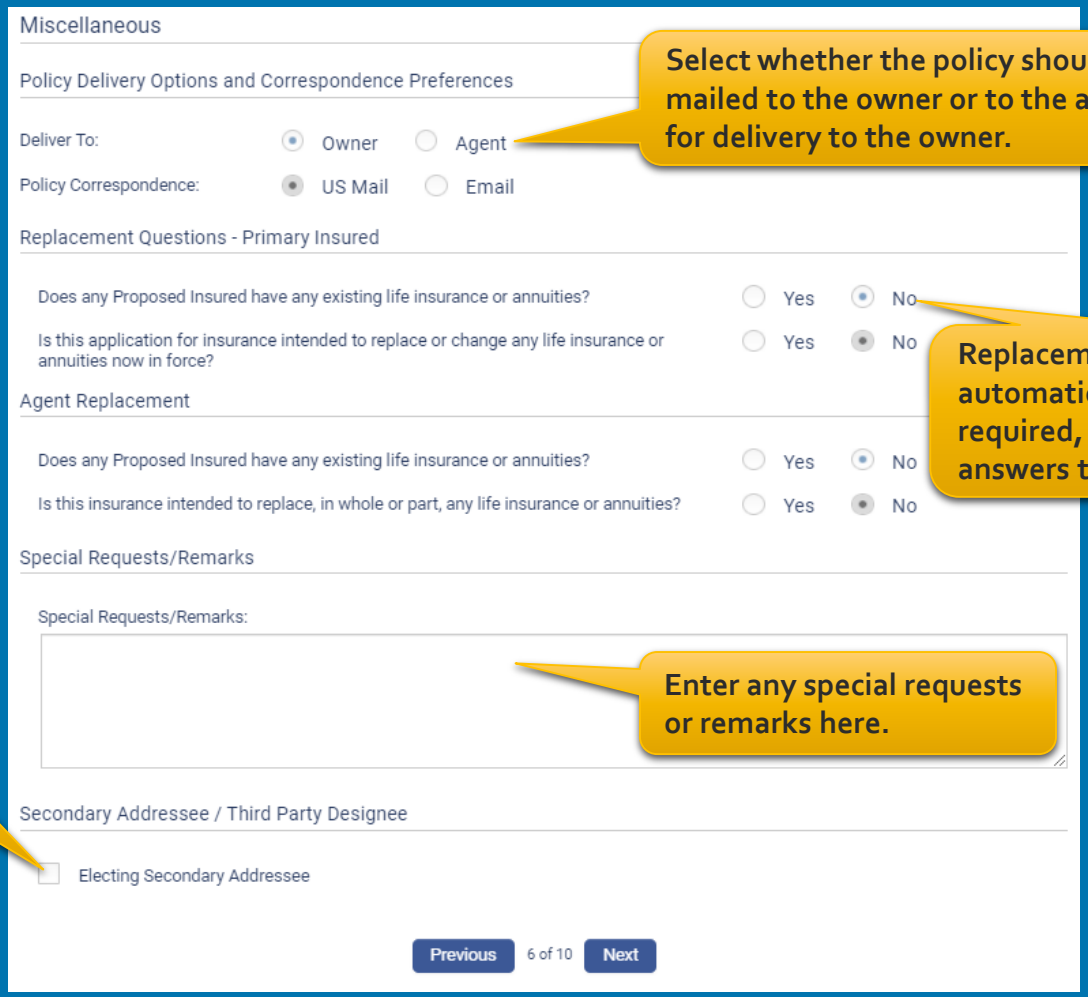

Select whether the policy should be mailed to the owner or to the agent for delivery to the owner.

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

Enter any special requests or remarks here.

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

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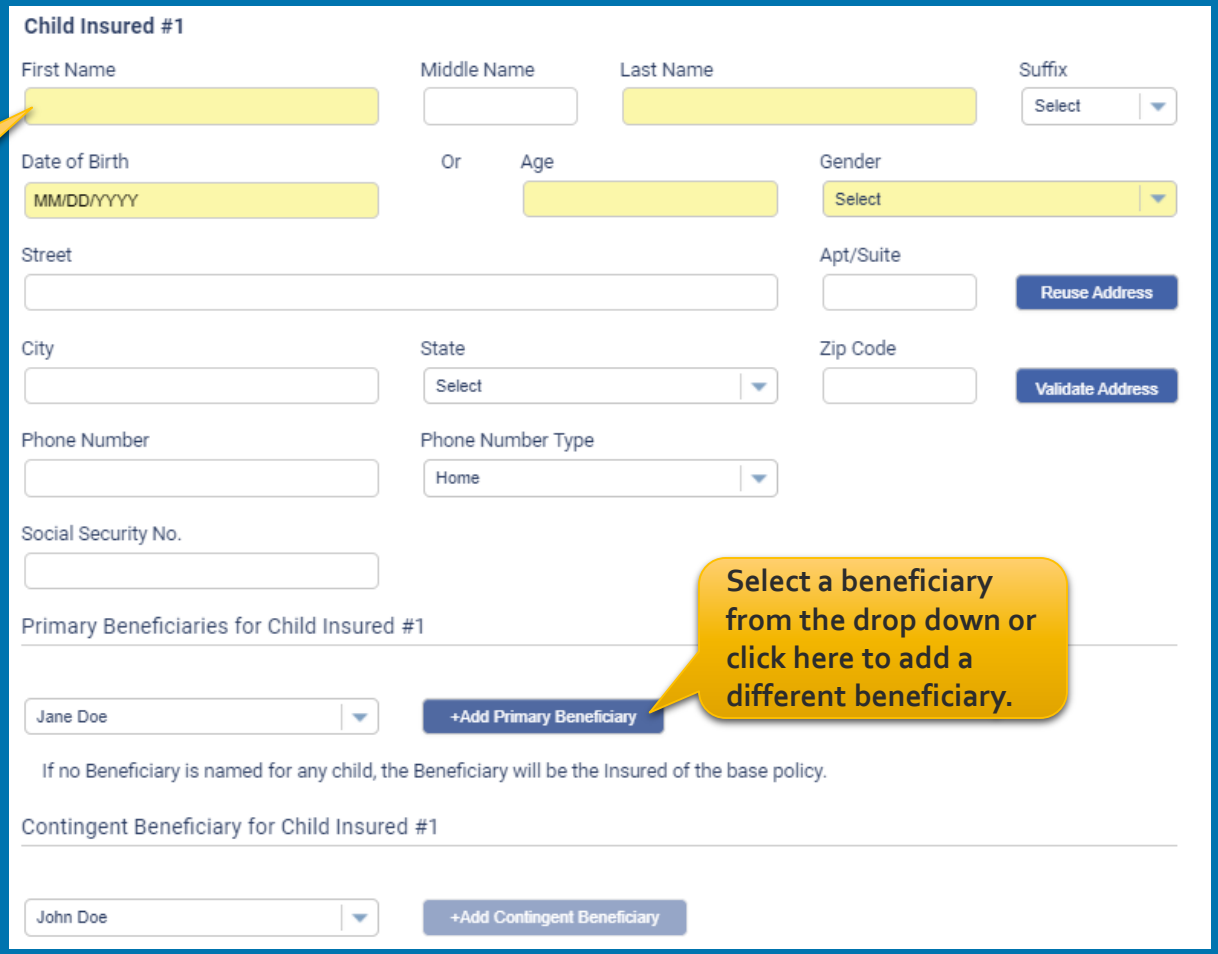
If the Child Term Rider was selected, enter the required information.



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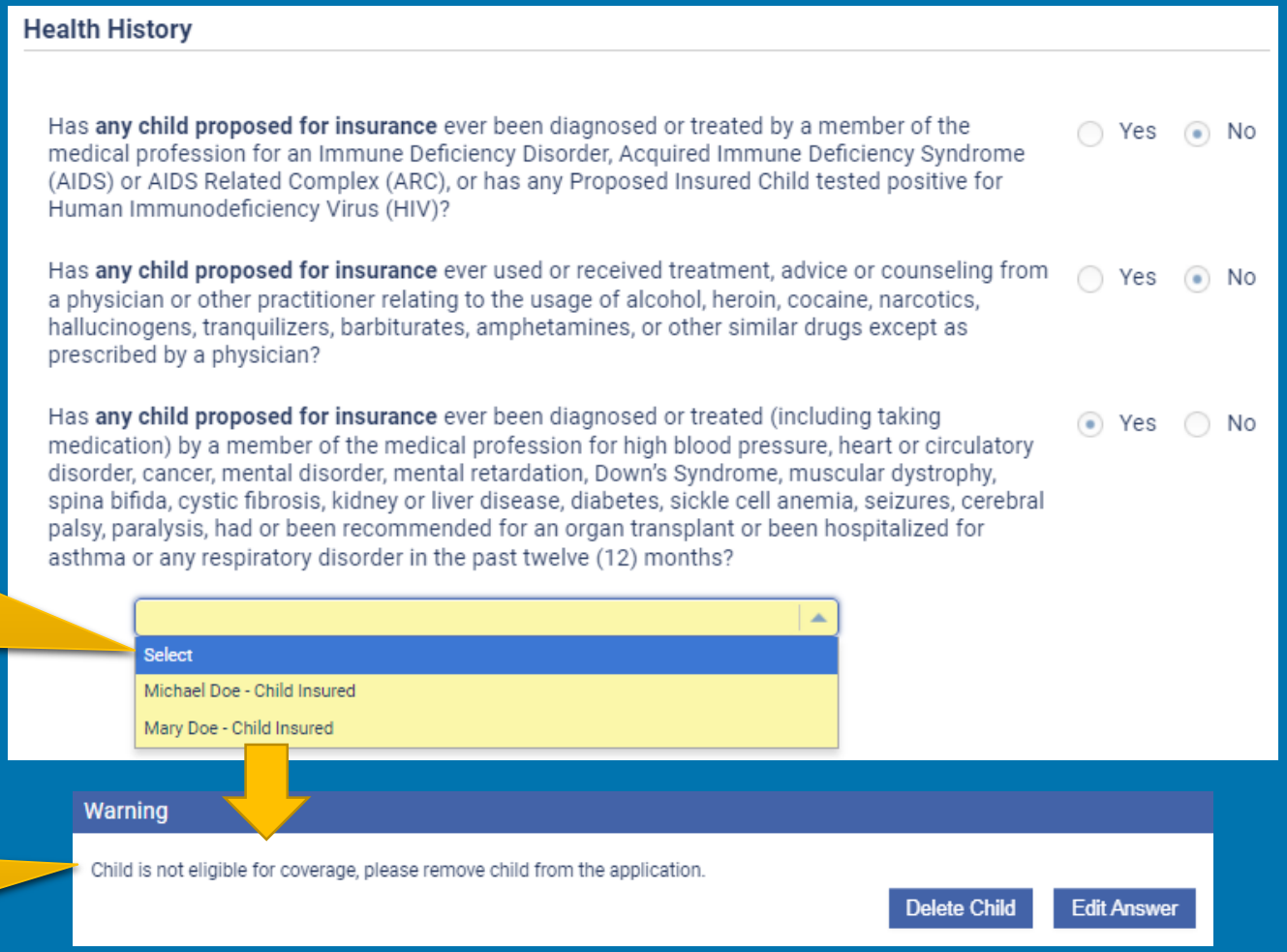
Answer all questions for all proposed insured children.

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.



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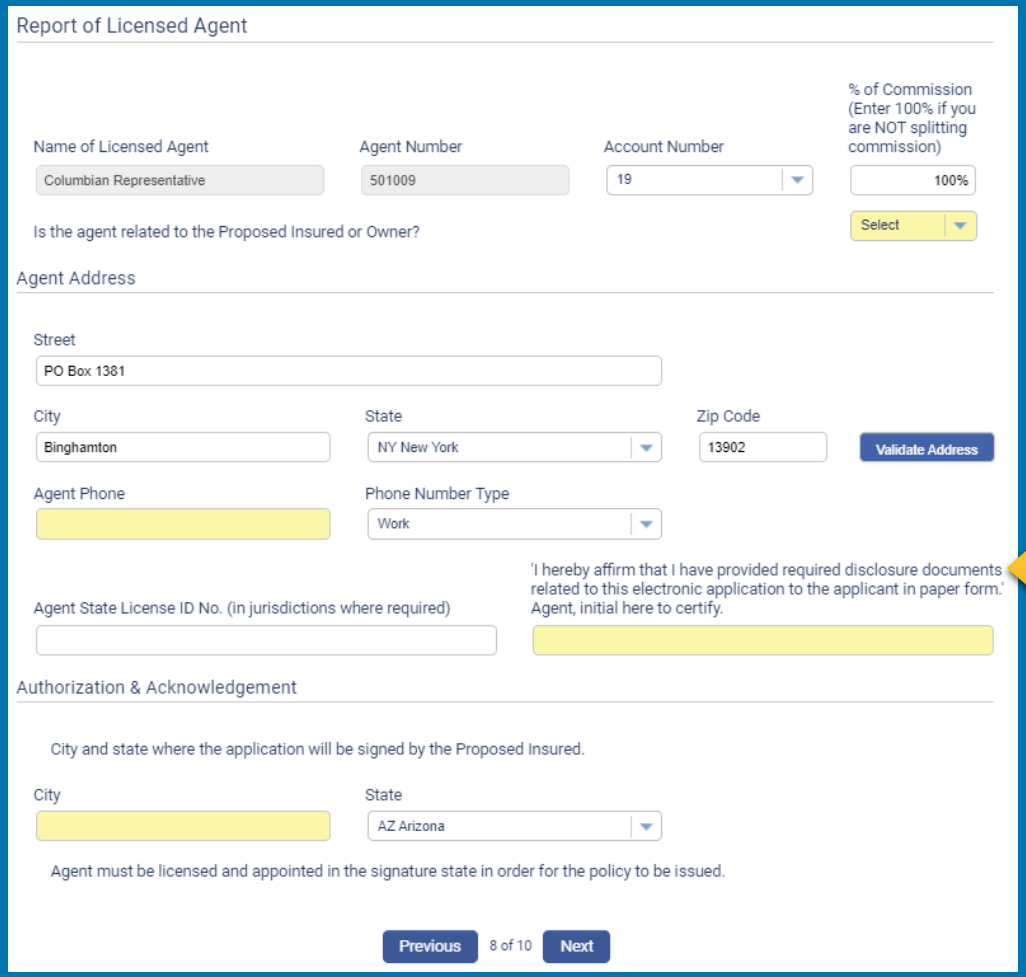

Provide the eApp Disclosure Packet for the state of application, Form No. 6199CL-XX. For remote sales, you must mail the packet within three days of application.

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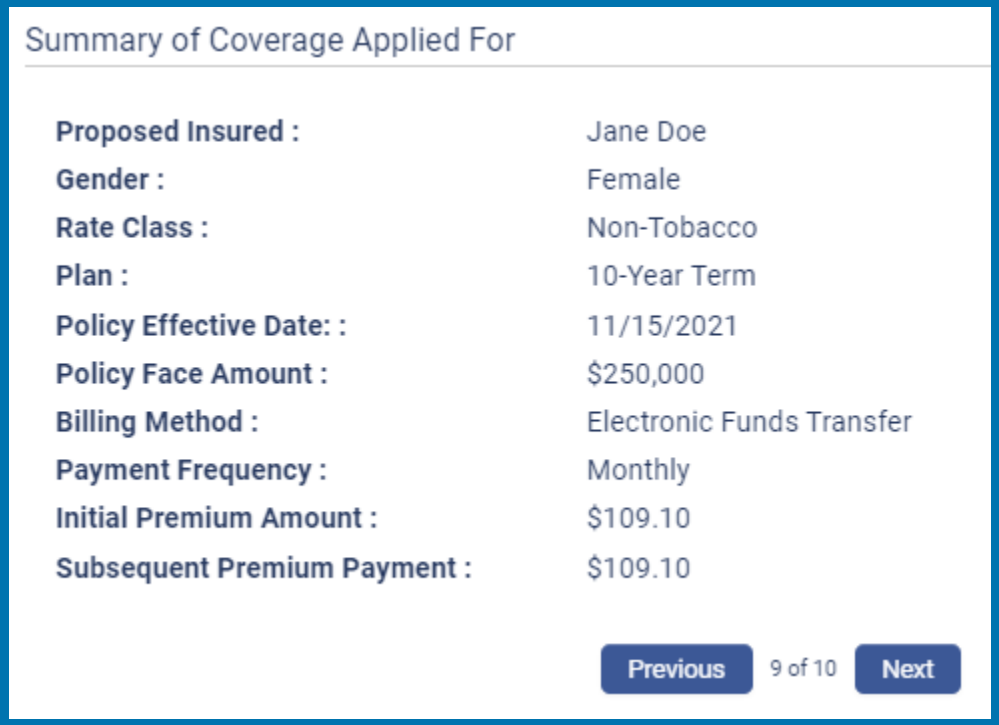
Review the summary of coverage applied for before proceeding. You may return to the application to make any corrections before obtaining signatures.



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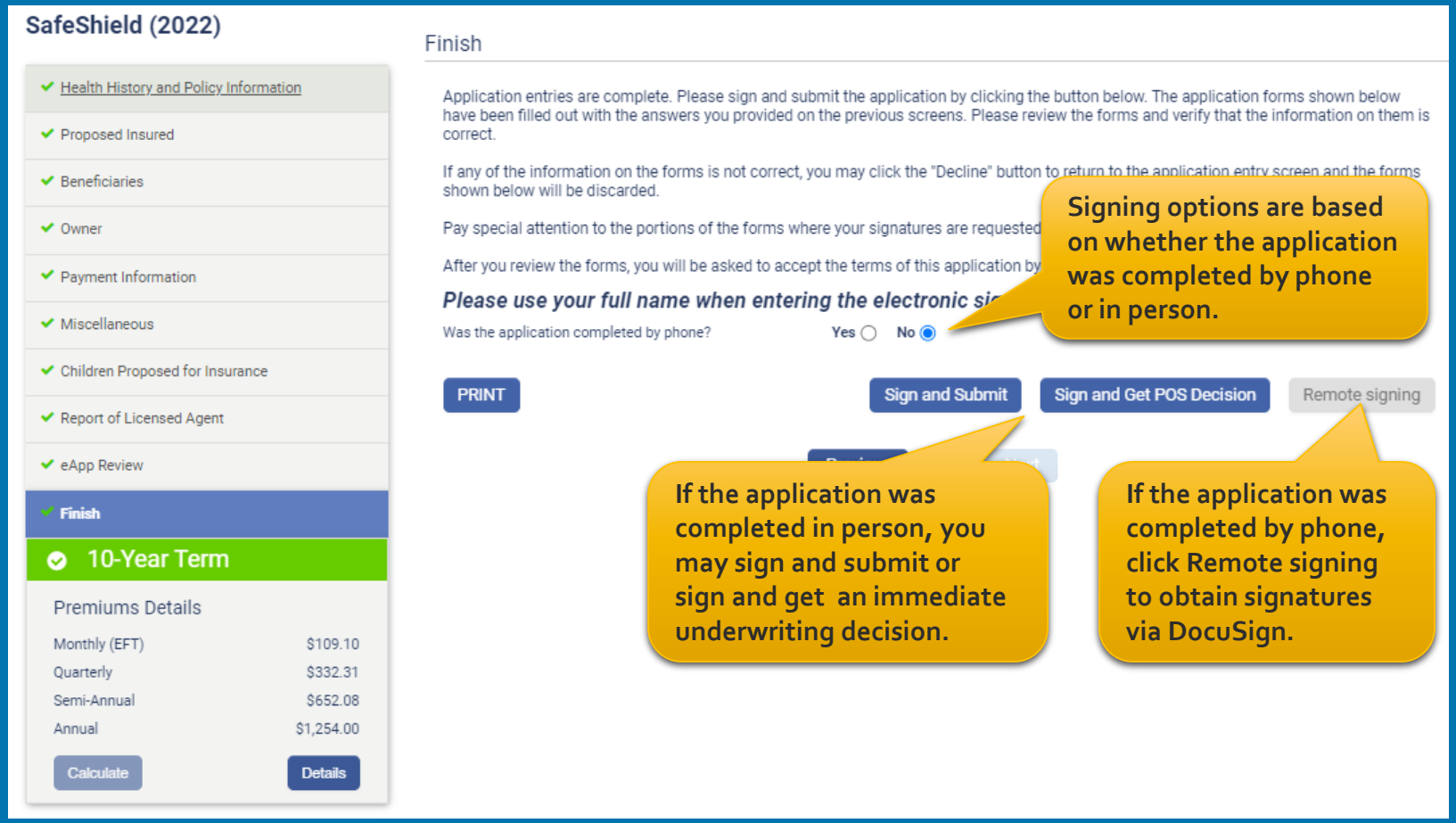

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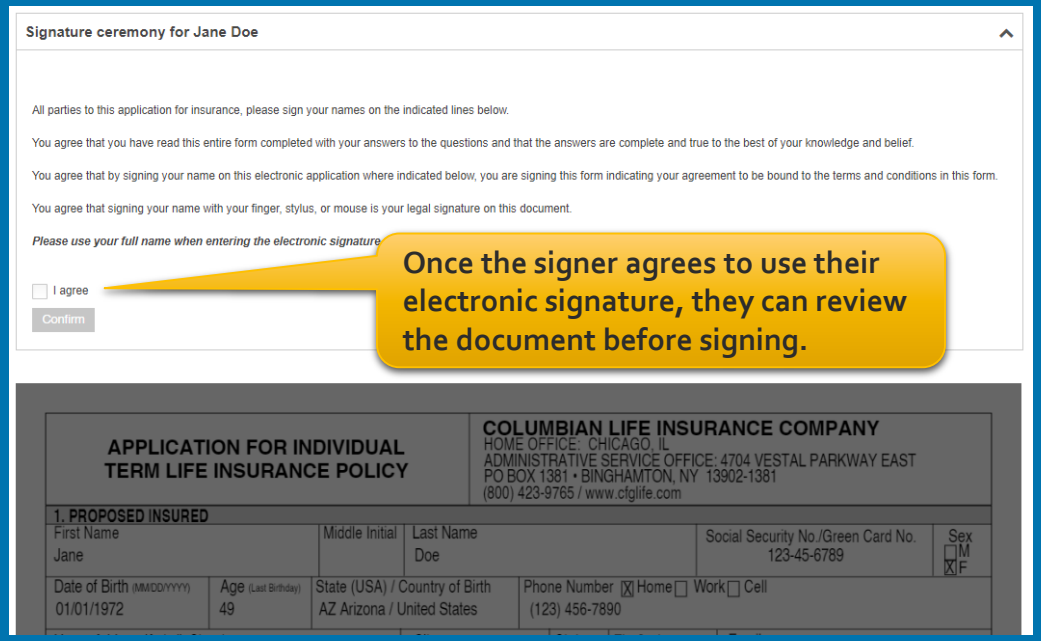
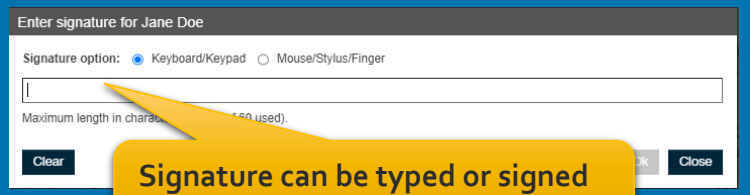
For in-person sales, select “Sign and Submit” or “Sign and Get POS Decision.” Each signer will review the document and apply their electronic signature. If you selected “Sign and Get POS Decision,” the decision will display in less than two minutes.





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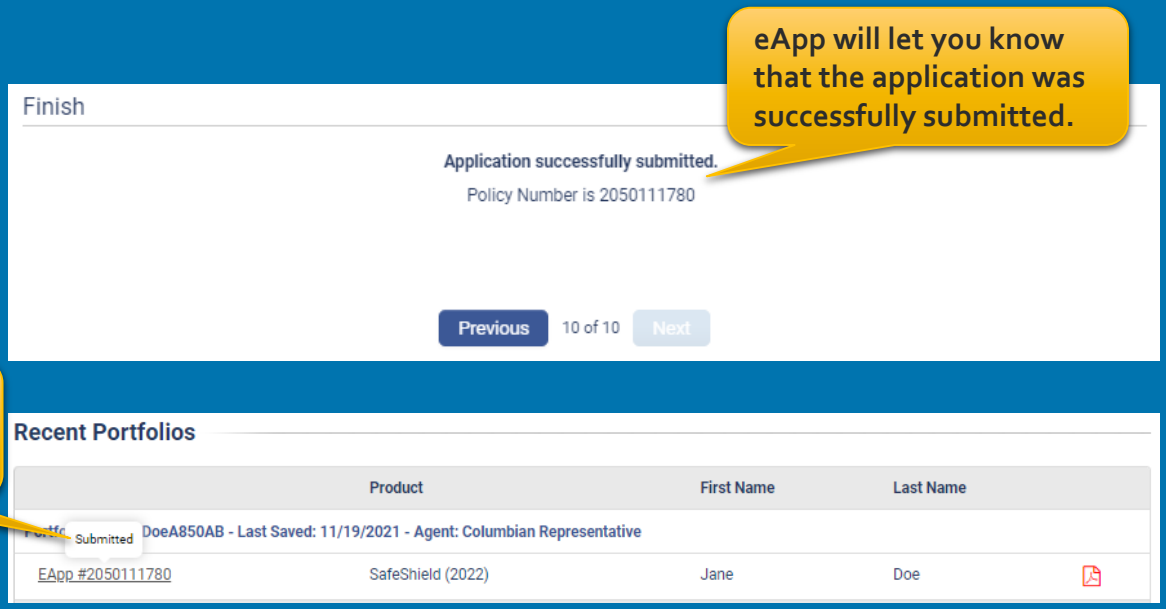

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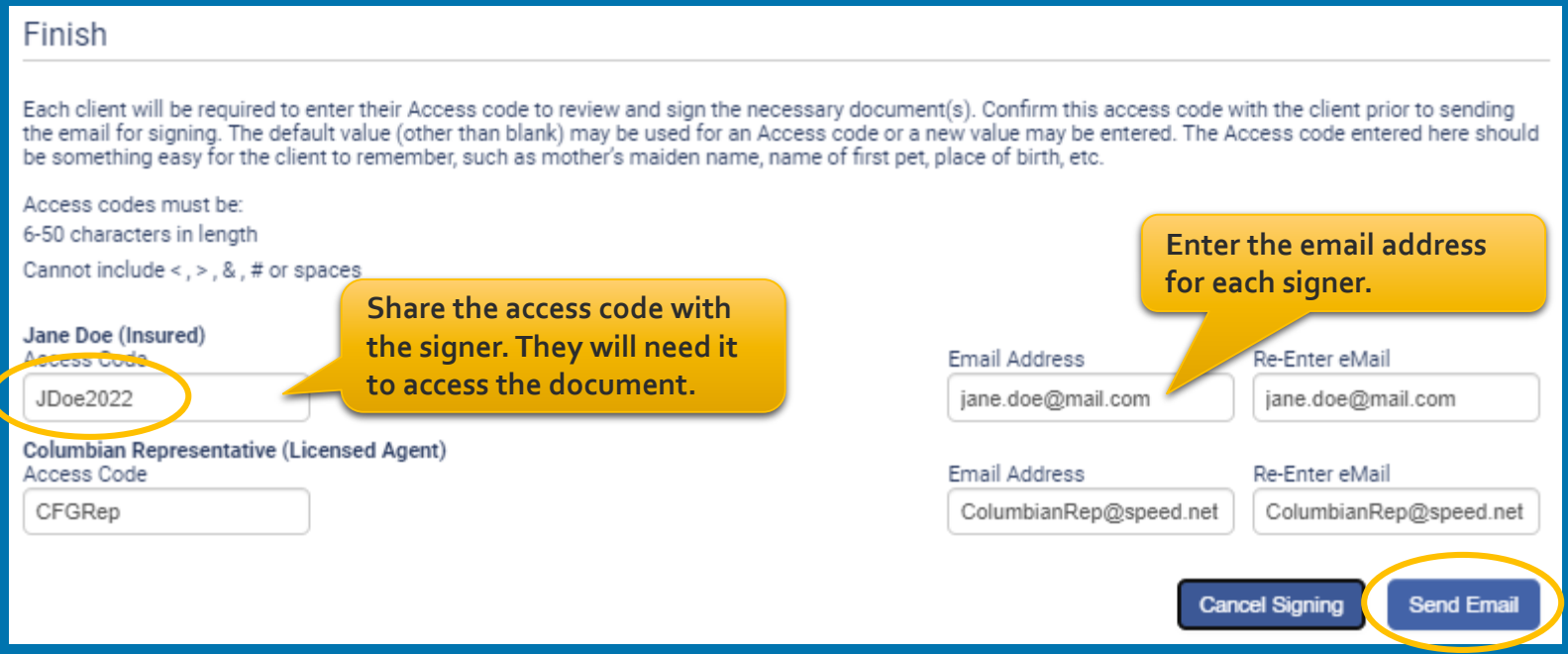
For telephone sales, click the “Remote signing” button to obtain signatures through DocuSign. Enter the email address and assign an access code for each signer, including yourself.



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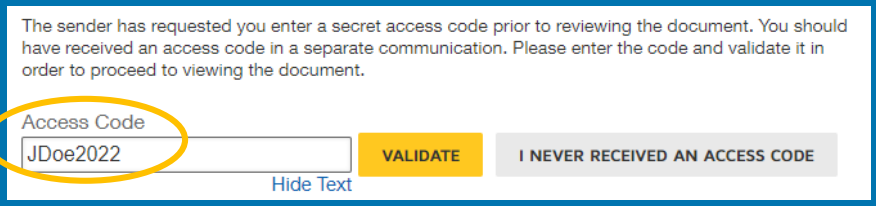
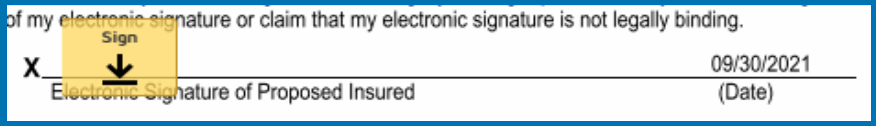
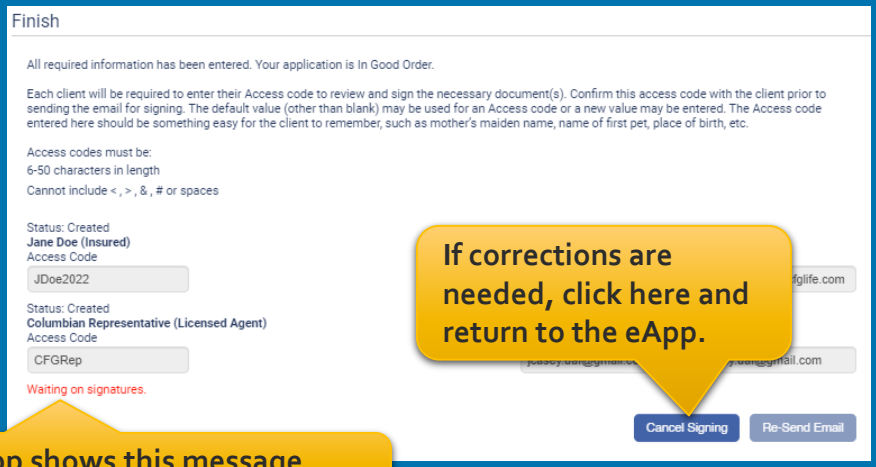
Each signer will receive an email from DocuSign and will enter their access code to review the document.

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.







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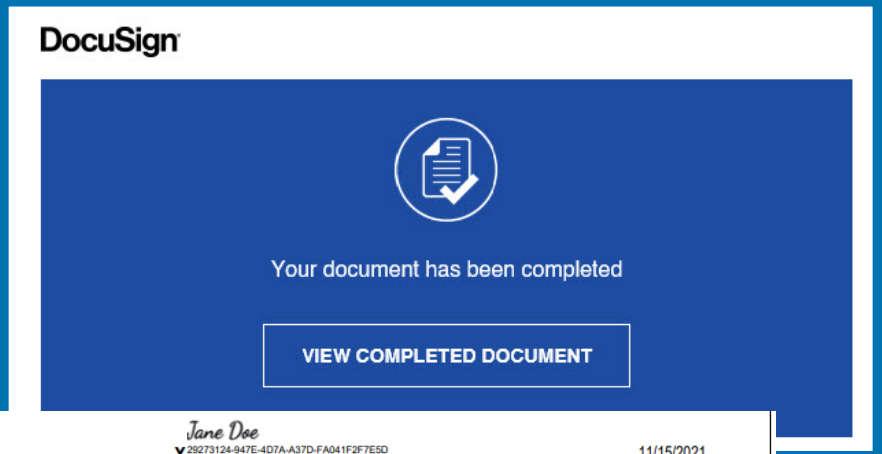
You will receive an email from DocuSign when all signatures are complete.

The signed application will automatically be submitted to the Company.



Jane Doe
X 29273124-947E-4D7A-A37D-FA041F2F7E5D

11/15/2021 — Date of Application
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)

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)
X Columbian Representative DF38EA38-F00C-4D3E-8854-7BAF1DB117D6 — Signature of Licensed Agent *(required)* — 11/15/2021 (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%)

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.

Form No. 6076-CL (Rev. 11/21)