

SafeShield[®] eApp

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



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

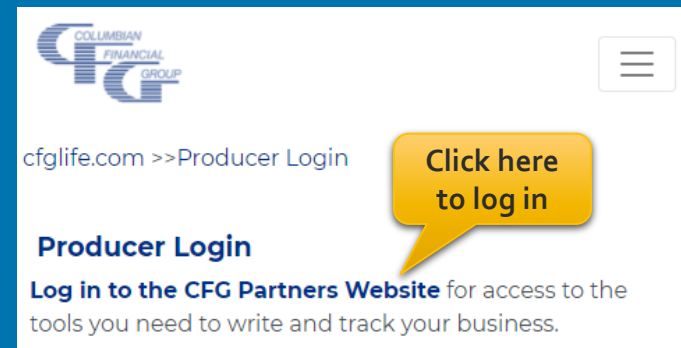


- ▶ The responsive eApp acts as a **risk qualifier** by providing a green, yellow or red risk status as you answer each question.
- ▶ For face-to-face sales, the **Point of Sale Underwriting** option provides a decision while you're with your client.
- ▶ For telephone sales, the **remote signing capability** 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.



Please Log In

User ID:

Password:

By choosing L... CFG
Confidentiality of Inform... ent

[Not registered? Enroll here!](#)

[Forget your password? Reset here!](#)

First-time users,
click here

If you forgot your
password, click here

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.

The image shows three screenshots of the SafeShield eApp interface with callouts:

- Resources Menu:** A screenshot of the 'Resources' dropdown menu. The menu is open, showing options: 'eApp (new product)', 'Forms / Supplies', 'Bulletins', 'Document Upload', and 'Upload History'. A yellow callout bubble points to the 'eApp (new product)' option with the text 'Select Resources / eApp'.
- New eApp Button:** A screenshot of the 'New eApp' button. A yellow callout bubble points to the button with the text 'Select New eApp'.
- New eApp Form:** A screenshot of the 'New eApp' form. The form has a header 'New eApp' and a section 'Proposed Insured State of Residence' with a dropdown menu showing 'AZ Arizona'. A yellow callout bubble points to the dropdown with the text 'Select state'. Below this is a 'Product List' table with columns 'Product', 'Type', and 'Market Class'. The table contains one row: 'SafeShield (2022)', 'Term Life', and 'Simplified Issue Term'. A yellow callout bubble points to the 'SafeShield (2022)' product with the text 'Select product'.

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



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

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 \$--

Calculate Details

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

Are you currently employed? ☒ Yes ☐ No

Occupation Other Other - Occupation Engineer

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. Had a heart, lung, liver, kidney 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 with Risk Qualifier, POS Underwriting & Remote Signatures



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.

This screenshot shows a question about cancer diagnosis with 'Yes' and 'No' radio button options. A blue warning banner is overlaid on the screen, stating: 'Warning: Underwriting review will be needed. We will make every effort to issue the policy as quickly as possible.' A yellow arrow points from the text 'Message appears' to the warning banner.

This screenshot shows the same question about cancer diagnosis. The status bar at the bottom of the screen is yellow and displays a warning icon and the text 'Health History and Policy Information'. A yellow arrow points from the text 'Click for details' to this status bar. The question options are: 'a. In the past five (5) to ten (10) years, have you been diagnosed by a member of the medical profession, received treatment, or required follow-up for cancer (other than basal cell or squamous cell carcinoma of the skin)?' and 'b. In the past ten (10) years, have you been diagnosed by a member of the medical profession, received treatment, or required follow-up for: 1. Systemic Lupus, Sarcoidosis, rheumatoid arthritis, Crohn's Disease, Hepatitis B, Hepatitis C or ulcerative colitis? 2. Disease or disorder of the peripheral arteries, blood, liver, pancreas, or kidney (other than kidney stones)?'.

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



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 the SafeShield eApp interface. A white warning box is overlaid on the application form. The warning box has a blue header with the word "Warning" and contains the following text: "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".

The background application form shows a question: "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 "Yes" and "No" radio button options. Below this is another question: "In the past ten (10) years, have you been diagnosed by a member of the medical profession, received treatment or required follow up for:" followed by a sub-question "a. Schizophrenia, bipolar disorder, major depression, or have you attempted suicide?" with "Yes" and "No" radio button options. The "No" option for the sub-question is selected.

Two yellow callout boxes provide additional information. The first callout box, pointing to the "Edit Answer" button, says: "If you selected the wrong answer in error, you can return to the application to change the answer." The second callout box, pointing to the "No" radio button for the sub-question, says: "Knockout question".

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



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, how often do you drive?

Within the next consecutive 12 months, how often do you plan to drive?

In the past 12 months, how often do you plan to drive?

Select

Non-Driver - Lives in city

Non-Driver - Uses public transport

Non-Driver - Too costly

Non-Driver - Failed driving test

Not a US Citizen

Expired or up for renewal

Suspended/revoked - Child support

Suspended/revoked - Criminal act

Suspended/revoked - DUI or DWI

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® eApp with Risk Qualifier, POS Underwriting & Remote Signatures



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

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

Next

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



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 with Risk Qualifier, POS Underwriting & Remote Signatures



☒ Accelerated Death Benefit – Chronic Illness

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

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 with Risk Qualifier, POS Underwriting & Remote Signatures



Risk Qualifier Status

Based on the information entered, this client may be eligible for a SafeShield 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

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

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



Green check mark indicates that the page is complete.

Current page is highlighted.

Click for premium details.

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

Fields in yellow are required.

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

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)	\$15.23
Quarterly	\$46.38
Semi-Annual	\$91.00
Annual	\$175.00

[Calculate](#) [Details](#)

Proposed Insured

First Name: Jane Middle Name: Last Name: Doe

Gender: Female Date of Birth: 01/01/1972 Age: 49

Social Security No.: Green Card: State (USA)/Country of Birth: Select

Contact Information

Phone Number: Number Type: Home eMail:

Street: Apt/Suite:

City: State: AZ Arizona Zip Code: [Validate Address](#)

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:

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Premium Details

10-Year Term	Monthly (EFT)	Quarterly	Semi-Annual	Annual
Base Policy	\$12.53	\$38.16	\$74.88	\$144.00
Accidental Death Benefit	\$2.18	\$6.63	\$13.00	\$25.00
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
Accelerated Death Benefit - Critical Illness	No charge	No charge	No charge	No charge
Accelerated Death Benefit - Chronic Illness	No charge	No charge	No charge	No charge

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



Enter beneficiary information.

Primary Beneficiary #1

Beneficiary Type
Individual

First Name Middle Name Last Name Suffix
Select

Relationship to Proposed Insured Date of Birth
Select MM/DD/YYYY

Social Security No. Or Green Card

Contact Information

Phone Number Phone Number Type
Home

Street Apt/Suite
Reuse Address

City State Zip Code
Select Validate Address

Beneficiary %
100%

+Add Primary Beneficiary

Contingent Beneficiary

+Add Contingent Beneficiary

Click here if the address is the same as the proposed insured.

Click here to add a primary beneficiary.

Click here to add a contingent beneficiary.

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



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

Owner

Owner is

Role: Proposed Insured

Jane Doe
John Doe
Other

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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
Select Or

Contact Information

Street Apt/Suite Reuse Address

City State Zip Code Validate Address

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



Payment Information

Payor is Role: Proposed Insured

Payor is John Doe Other

Effective Date

Payment Frequency

☒ 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

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 with Risk Qualifier, POS Underwriting & Remote Signatures



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

2nd Week

Select Day

Wednesday

Beginning in the month of

Bank Account Authorization

Transit / Routing Number (must have 9 digits)

022000046

Financial Institution

M & T BANK

- ☒ Checking ☐ Savings

Account Number (may have up to 17 digits)

123456789

Re-enter Account Number (may have up to 17 digits)

123456789

☐ **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.

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



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 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

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

Special Requests/Remarks

Special Requests/Remarks:

Enter any special requests or remarks here.

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

Secondary Addressee / Third Party Designee

☐ Electing Secondary Addressee

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



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

Child Insured #1

First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select ▼
Date of Birth	Or	Age	Gender
<input type="text" value="MM/DD/YYYY"/>		<input type="text"/>	Select ▼
Street		Apt/Suite	
<input type="text"/>		<input type="text"/>	Reuse Address
City	State	Zip Code	
<input type="text"/>	Select ▼	<input type="text"/>	Validate Address
Phone Number	Phone Number Type		
<input type="text"/>	Home ▼		
Social Security No. <input type="text"/>			
Primary Beneficiaries for Child Insured #1			
Jane Doe ▼		+Add Primary Beneficiary	
If no Beneficiary is named for any child, the Beneficiary will be the Insured of the base policy.			
Contingent Beneficiary for Child Insured #1			
John Doe ▼		+Add Contingent Beneficiary	

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

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



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

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 with Risk Qualifier, POS Underwriting & Remote Signatures



Report of Licensed Agent

Name of Licensed Agent	Agent Number	Account Number	% of Commission (Enter 100% if you are NOT splitting commission)
<input type="text" value="Columbian Representative"/>	<input type="text" value="501009"/>	<input type="text" value="19"/>	<input type="text" value="100%"/>

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.

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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.

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



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

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



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

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

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

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.

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



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.

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

Confirm

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.ctglife.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		

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 used.

Clear OK Close

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

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



Finish

Application successfully submitted.

Policy Number is 2050111780

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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	SafeShield (2022)	Jane	Doe	

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



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 with Risk Qualifier, POS Underwriting & Remote Signatures



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

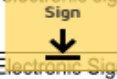
Each signer will apply their electronic signature if all information is correct.

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](#) [VALIDATE](#) [I NEVER RECEIVED AN ACCESS CODE](#)

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

Status: Created
Columbian Representative (Licensed Agent)
Access Code

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



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The signed application will automatically be submitted to the Company.

DocuSign



Your document has been completed

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11/15/2021	<u>Jane Doe</u>	11/15/2021
Date of Application	Electronic Signature of Proposed Insured	(Date)
Anywhere, AZ	X 29273124-947E-4D7A-A37D-FA041F2F7E5D	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)
11. REPORT OF LICENSED AGENT:		
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	11/15/2021
Name of Licensed Agent (Print)	Columbian Representative	(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.