

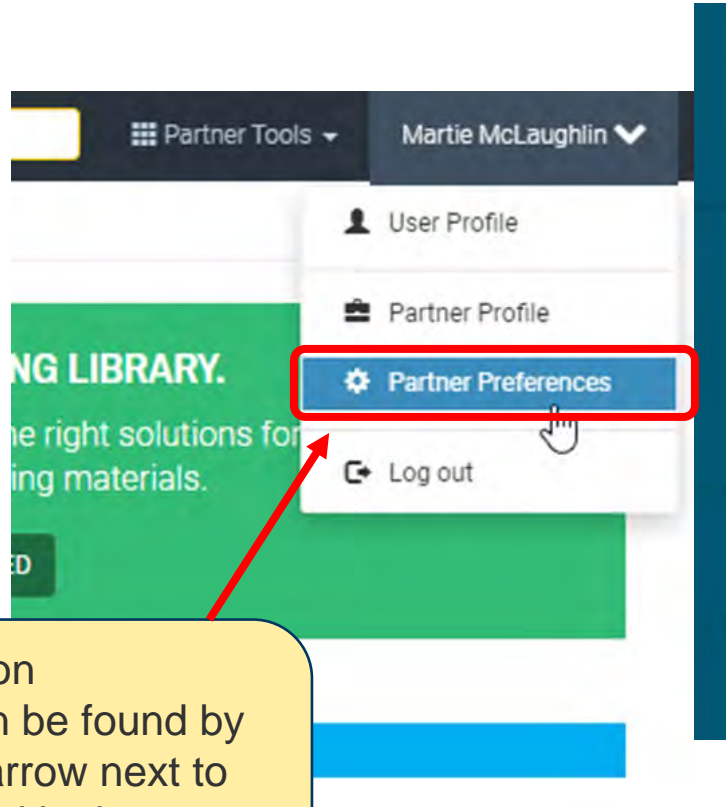


Offer Pay Issue

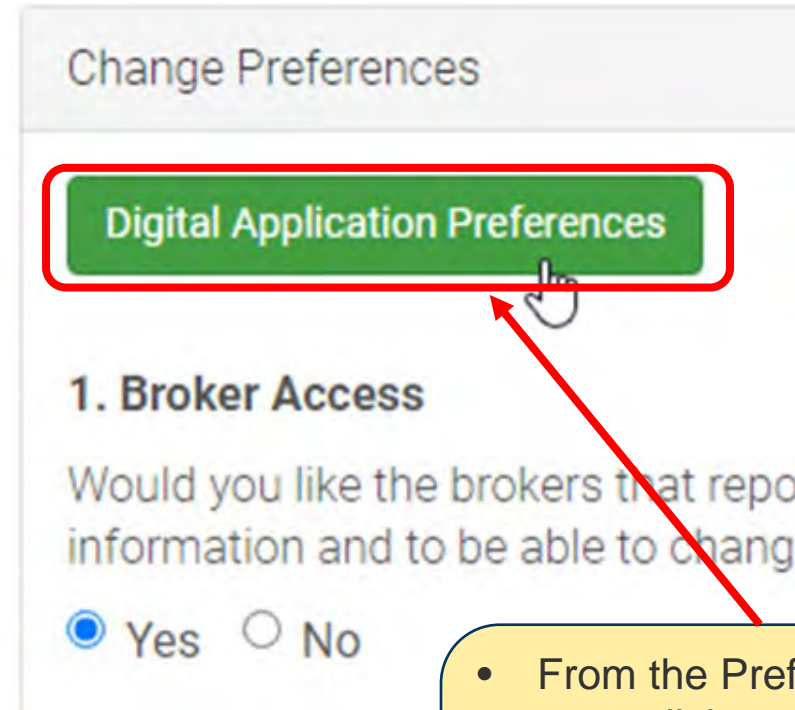
Agency View Offer, Pay, Issue - New Process



How to Access Agency Preferences



- Digital Application Preferences can be found by clicking on the arrow next to the name located in the upper right corner and select **Partner Preferences**



- From the Preferences page click on the green **Digital Application Preferences** button located at the top of the screen

Agency Preferences – Email Offer



Default Email Preferences

Set default email(s) for different stages throughout the application process. If none are provided the emails will be sent to:

Application Journey

Communications sent prior to client signing and submitting the application:

Underwriting

- Communications sent during the underwriting process to collect additional information or case management updates:

Same as Application journey

Note: These notifications will not be sent for instant decision cases.

Decision Made

Communications sent when a decision is made on a case:

Same as Application journey

- Email offers will be sent to the email address designated in the 'Decision Made' field.
- Multiple email addresses can be entered; please note everyone will receive the same emails.

Agency Preferences – Final Decision Offer



The following settings will only apply to digital application policies. Once the change is made, this will apply to all going forward:

Default Email Preferences

Set default email(s) for different stages throughout the application process. If none are provided, the system will use the email address associated with the user's profile.

Application Journey

Communications sent prior to client signing and submitting the application:

Underwriting

Communications sent during the underwriting process to collect additional information:

 Same as Application Journey

Note: These notifications will not be sent for instant decision cases.

Decision Made

Communications sent when a decision is made on a case:

 Same as Application Journey

Agency Preferences section now includes 3 communication preferences for final decisions:

1. Always send offer to client
2. Always send offer to client, unless “Other Than Applied For” (OTAF) – then delay
3. Always delay the offer to client

If “Always Send” is the selected preference:

- Offer will be made within client journey
- Offer will be sent (emails and SMS) to Client without any delay

If you select delaying the offer communication to the client the delay period will default to 5 days:

- Previous preference defaulted to no communication

- Final Decision Preferences**
- Final Decision Offer Screen/Email/SMS**
- Always send offer communication to my client
- Only send offer communication to my client for policy that is approved same or better than applied. For Other than applied for, delay the offer communication to my client
- Always delay the offer communication to my client

Agency View - Review Offer Email



Review Offer Email will be sent to Agency if either 'Delay' agency preference option is selected, letting the Agency review it within the 5-day delay period and send to applicant once they review.

Writing Agent:
Product: OPTerm 10
Quoted Premium: \$54.37
Requested Underwriting Class: PreferredPlus

Application ID: 5C

Hi,

Robert Barrett's life insurance application has been approved at Preferred Non-Tobacco underwriting class with an increased premium of \$54.37 due to following reasons "information provided by third party sources."

You can review your client's offer by clicking the link below or by using 'My Business List' within partner dashboard.

[Review Offer](#)

Agency View - My Business List



PARTNER DASHBOARD Partner Tools D2C 16

DASHBOARD

← Back to Search Results [Review Offer >](#) [Upload Document](#) [Print](#)

Pending Policy #5000137816: ROBERT BARRETT

Policy #: 5000137816	Face Amount: \$100,000.00
Status: Submitted	Billing Mode: Annually
Broker(s): STACY QUARTUCCI (D2C0016) 100%	Modal Premium: \$46.33
Insured Date of Birth: 1/4/1986	Cash With Application: \$0.00
Product: OPTERM 10 March 2021	Underwriter: MBandyopad
Reissue: None	Underwriter's Team Email: Your General Agent

Requirements Documents Notes APS Status Exam Status AppAssist Status Uploaded Documents

No results found.

Legend
Open Underwriting Requirement

Agency can also access the offer from **My Business** list

Agency View - Offer Screen: As Applied (with WOP)



Agency View – Send to Client



The screenshot displays the 'Agency View' interface. On the left, a sidebar contains menu items: 'Application Information', 'Your Policy', 'About You', and 'Health History', each with a downward arrow. The main content area features a blue header with the text: 'Darcy Burge's application is ready for review'. Below this, it states: 'Darcy has been tentatively approved subject to signed application for \$500,000 of coverage for 20 years. Darcy must review and sign the application now.' A white modal dialog box is centered on the screen with the text: 'You're about to send this offer to your customer.' and two buttons: 'Send Offer' and 'Cancel'. A red arrow points from a yellow callout box to the 'Send Offer' button. Below the dialog, a 'Send To Client' button is visible. At the bottom of the page, there is a cookie consent banner with an 'Accept' button.

Click to send the offer to applicant.

Agency View - Application Manager



Application Manager – Application History & Status



#5000140255 2 Days Pending Exit

OSTERHOLT BORDELON - \$100,000 Male Age 52
Product: OPTerm20
Signed: 03/27/2021

Case Status
Final Decision Preferred Plus
Reason(s): N/A

Application Tracker

New Application Started Application Signed Further Evidence Required Underwriter Review Approved Offer Made Offer Accepted Paid Active

Dashboard
Application Details
Contact History
Application History
Inbound/Outbound Comms
Manage Evidence
Decision
Underwriting Rationale

Pending

Action Needed

Completed

- Validate Rule - Diabetes
Please review the Diabetes rule decision
Completed 03/27/21 01:12 pm
- Validate Rule - Income Replacement
Please review the Income Replacement rule d...
Completed 03/27/21 01:12 pm
- Validate Rule - Personal Financial
Please review the Personal Financial rule dec...
Completed 03/27/21 01:12 pm
- Exam
Ordered Physical Measurements, HIV Consen...
Reviewed 03/27/21 01:08 pm

Inbound/Outbound Comms displays all the notifications as part of **Pay & Issue**

Inbound/Outbound Comms

Application Tracker displays the respective status of **Pay & Issue**

Applicant Journey



Accept Offer Email



Hi Patrick,

Congratulations! Your life insurance application has been approved. Please click the link below to review and accept your offer. You may want to have your banking information or credit card handy in case you want to finalize the offer now.

Accept Offer

This offer will only be valid for a limited time so please review and accept the offer as soon as possible.

And don't hesitate to contact us if you have any questions or concerns. Thank you again for choosing us for your life insurance needs.

Thanks,

Customer Support

- Email will be triggered to PI (when PI=PO) or to PO (in case of multiparty) to accept Offer after UW decision
- After clicking '**Accept Offer**' Applicant will go through 2-factor authentication to access Offer Screen and proceed to Offer/Pay/issue (as there are no amends and the latest E-Signature is still valid)

Summary Screen



Application Information

About You

Health History

Your Policy

Would you like to add any additional coverage to your policy? No thanks, I don't want to customize my coverage.	Will you be the owner of this policy? Yes
Do you have existing life insurance or annuity contracts (except for group insurance through your employer)? No	Including this application, what will be the total amount of life insurance coverage on your life? \$13,150,000
Will you be making the premium payments? Yes	Would you like to designate a Secondary Addressee? No
Who would you like to be your primary beneficiary? All lawful children equally	Would you like to assign a contingent beneficiary? No
What is the specific need for the personal insurance applied for? Income Replacement/Family Protection	Do you have any unearned income (This would include sources of income like alimony, rental income, trust income, dividends, annuities)? Yes
What is your total amount of income, per year. \$34,343	Please provide all sources of your annual income, if any test

Next >

- Applicant lands on the **Summary Screen** after completing About You, Health History and Your Policy sections
- All the application questions and answers are listed for review
- Applicant will be able to navigate back to each journey page if needed to update/change any information
- Includes 'Application Information' section with Client and product info details.

Summary Screen (No Amendment) Review & Sign

Almost there! Ready to review and sign your application?
You'll have an opportunity to review the full application documents before you sign them.

Amendment reasons
have to be displayed

Review Your Application

Application Information

About You

Health History

Have you ever been diagnosed by a member of the medical profession or tested positive for the Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?

No

How much do you weigh?

170lbs

Has your weight changed by more than 10 lbs. in the past year?

No

In the last 30 days, have you been diagnosed with, been treated for, or sought testing or consultation, or do you intend to seek testing or consultation with a member of the medical profession for Coronavirus including COVID-19, or for fever, or cough, or shortness of breath?

No

How tall are you?

6ft • 0in

Who is your primary physician?

I don't have a primary physician

Summary Screen (Amendment) Review & Sign

member of the medical profession for any of the following?

Lump or Growth

Skin

Are you waiting for any examinations, tests or specialist referrals for this?

No

Is this still present, or has it disappeared or been removed?

Still present

Have you been seen by a medical professional for this condition?

No

In the past 90 days, have you been admitted, or medically advised by a member of the medical profession to be admitted, to a hospital or other licensed health care facility, or had surgery performed or recommended by a member of the medical profession, or been medically advised to have any medical test (excluding an HIV-related test) that was not completed?

No

In the past 5 years, have you been diagnosed, treated for, or been given medical advice by a member of the medical profession for: heart disease; any disorder of the nervous system and brain including stroke or cognitive impairment; liver disease; suicide dependence or abuse of alcohol or drugs?

No

Your Policy

When applicant clicks on **Accept Offer** (with Amendments), they will land on the Summary screen where changes are highlighted

- Summary screen will be in read-only mode after UW decision
- PI will review the amendments and proceed to E-Signature before navigating to Offer

E-Signature Screen

Review and sign your application

[View application package \(PDF\)](#)

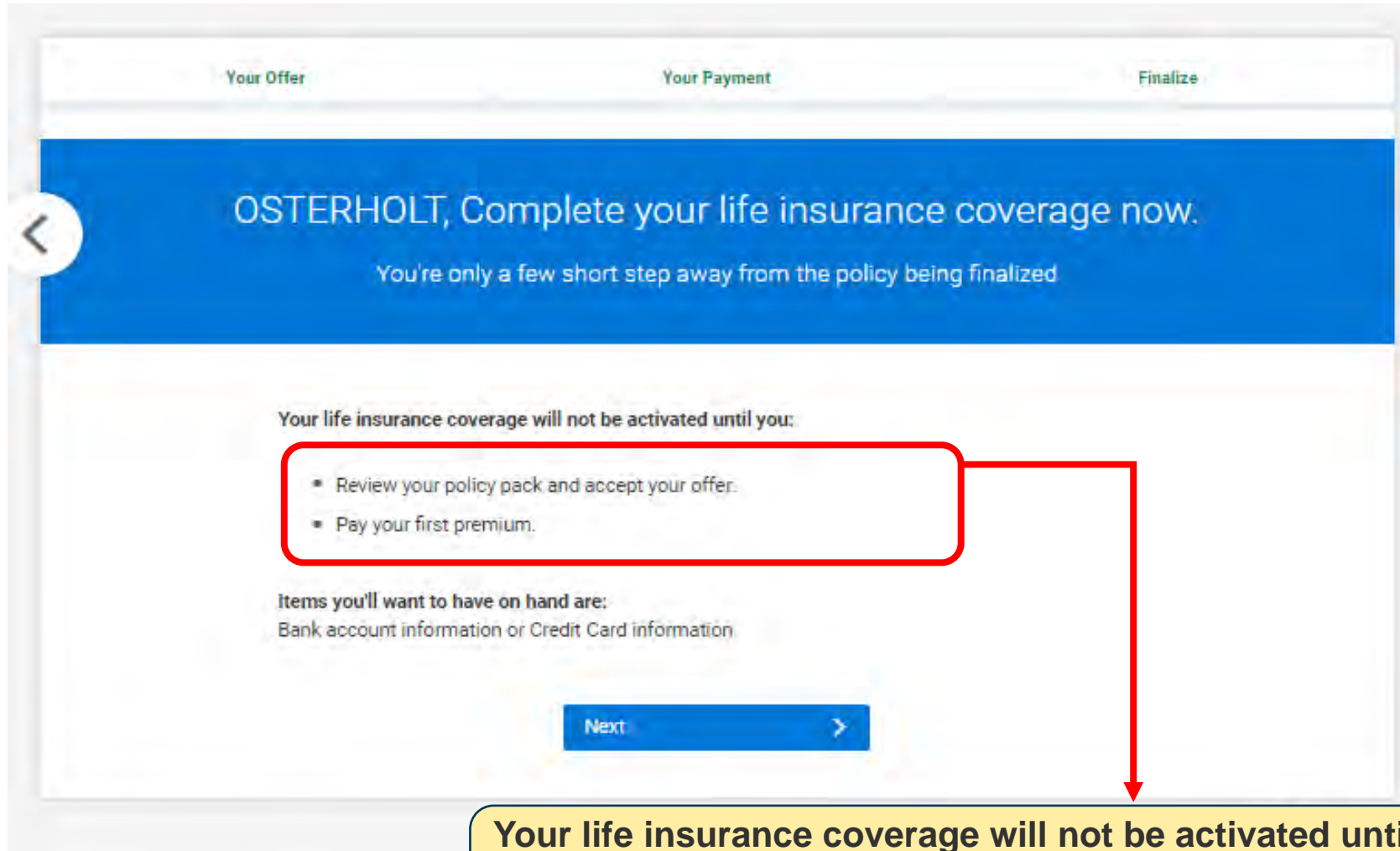
I agree that I have read and reviewed my application package. I authorize my electronic signature to be added to my application.

Sign Application

- **Please Note:**
- Digital E-Signature replaces the current DocuSign process
- You're not required to register to use E-Signature

- Clicking on '**Next**' in the Summary screen will take applicant to E-Signature page
- Application Packet will be available for applicant to review
- Until the check box is selected, '**Sign Application**' button will be disabled
- After Summary & E-Signature, the applicant will proceed to the '**Offer Screen**'

Offer Screen



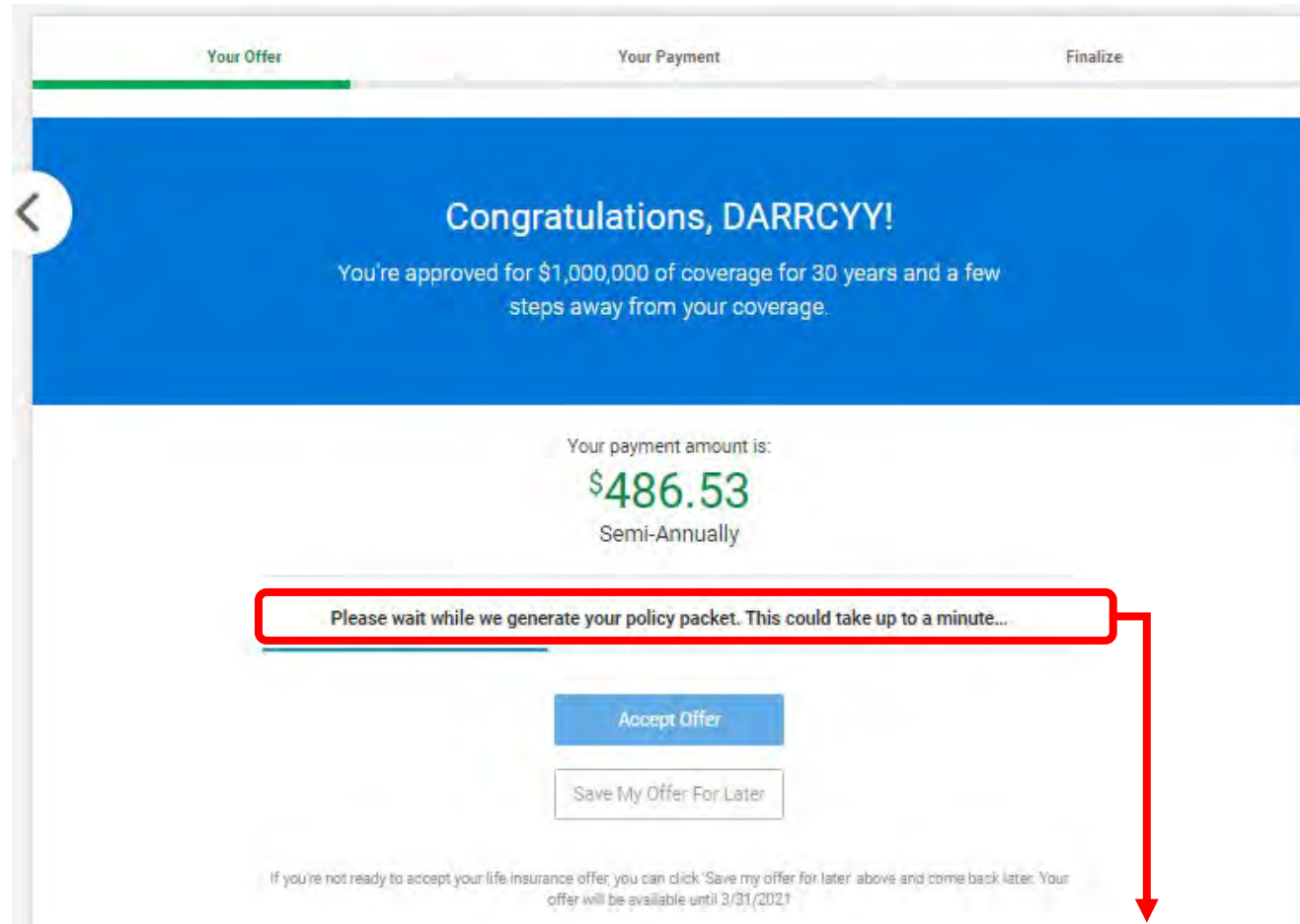
Your life insurance coverage will not be activated until you:

- Review your policy pack and accept your offer
- Pay your first premium

Offer Screen – As Applied

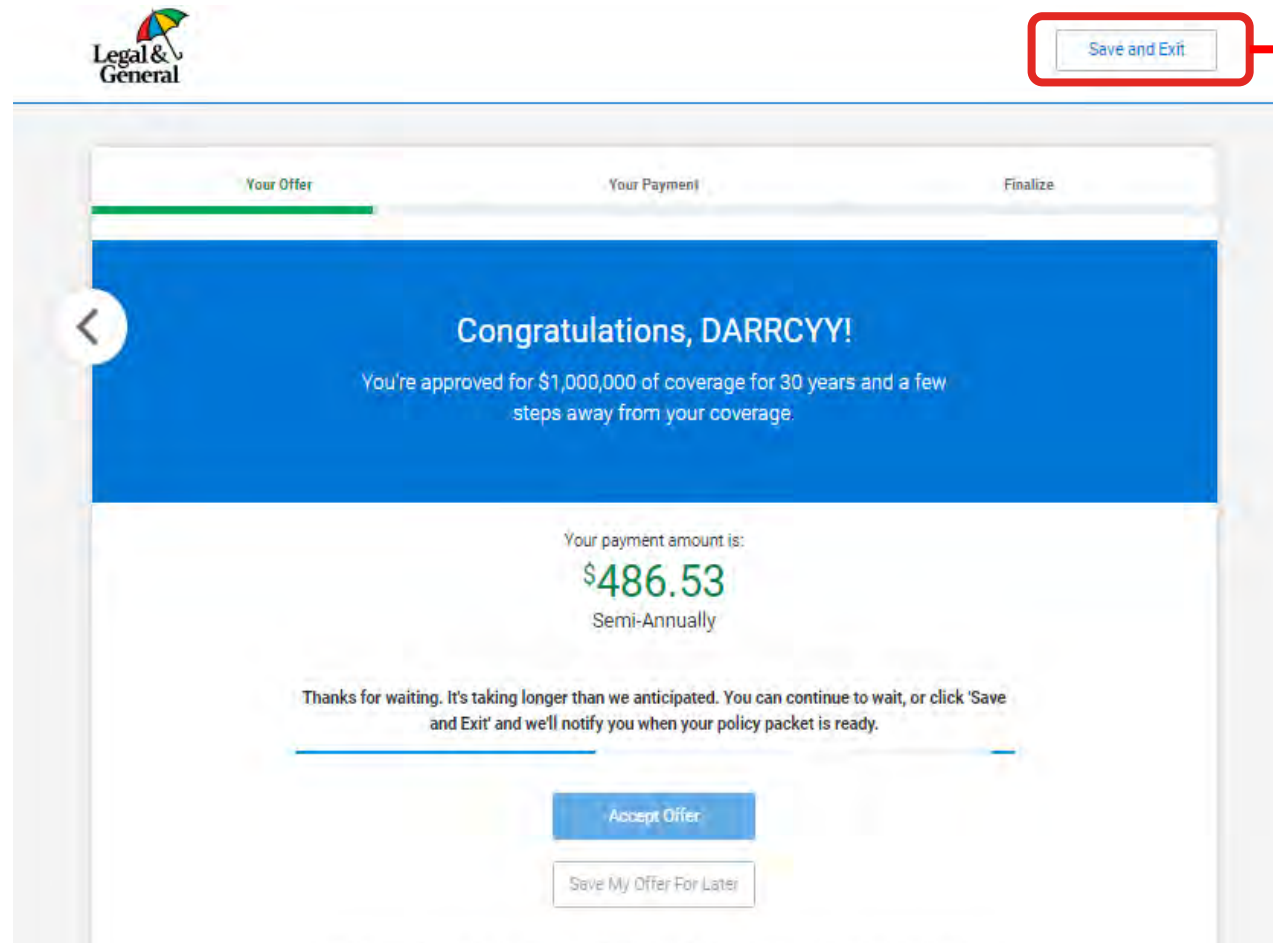


Offer Screen While Policy Packet is Getting Generated



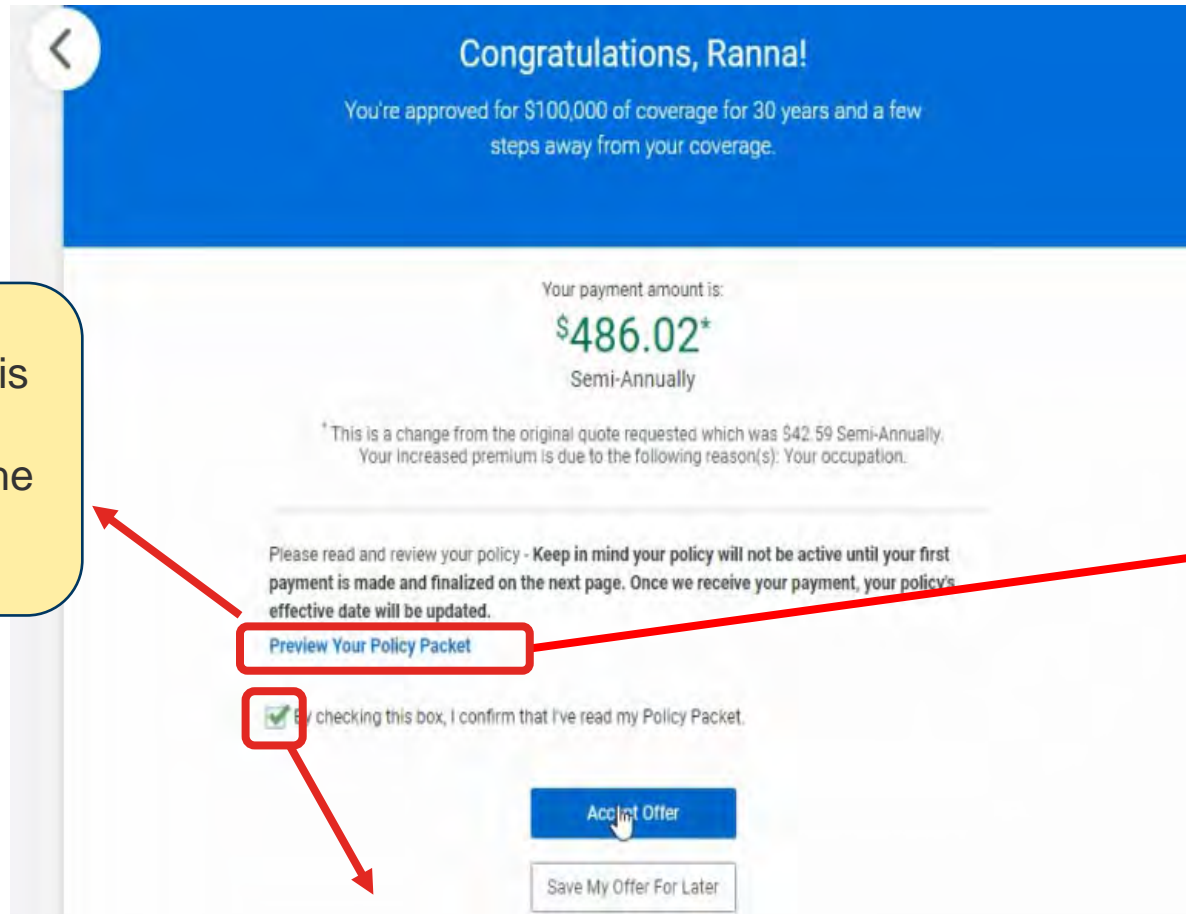
- Once the applicant navigates from the offer, Offer Screen will be displayed
- Message will be displayed for 0 to 60 seconds while the Policy Packet is being generated

Offer Screen When Policy Packet Has Not Generated



- The above message will be displayed when the Policy Packet is taking more than 60 seconds
- Applicant can choose to '**Save & Exit**' and come back later once Policy Packet is ready

Offer Screen – OTAF



Once generated, the Policy Packet is available on the Offer Screen for the Applicant to view and download.



- Until the Applicant clicks on the check box, **'Accept Offer'** and **'Save My Offer For Later'** will be disabled
- Policy Packet will not have Issue Date, Policy Date and Expiration Date
- Once Payment is complete, the Policy Packet will be regenerated with the dates specified on Pay–Issue Screen

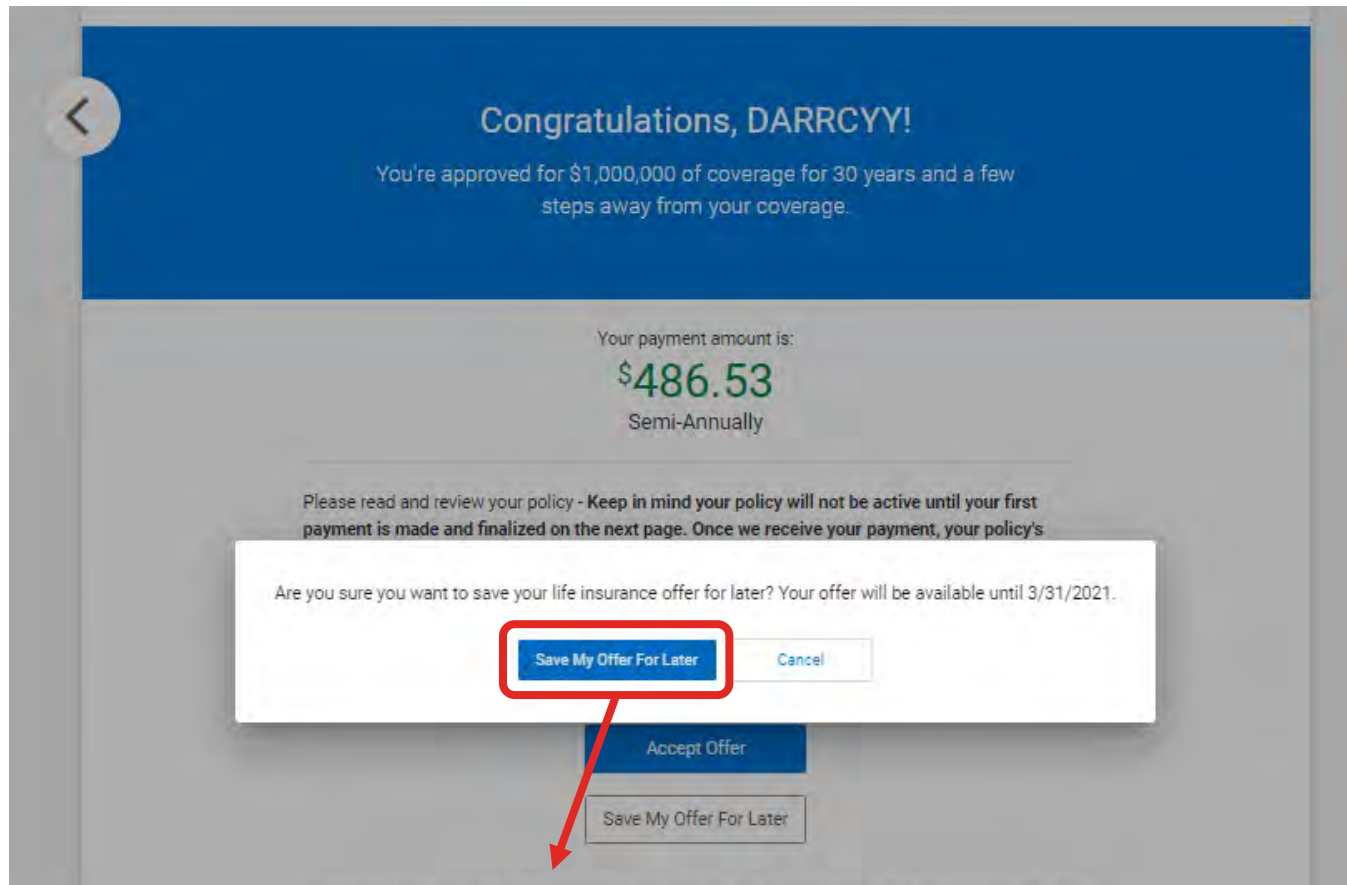
Offer Screen – Affirmation Pop Up



The screenshot shows a web interface with a progress bar at the top containing three steps: 'Your Offer', 'Your Payment', and 'Finalize'. The 'Your Offer' step is currently active. The main content area has a blue header with the text 'Congratulations, DARRCYY!' and a sub-header 'You're approved for \$1,000,000 of coverage for 30 years and a few steps away from your coverage.' Below this, a white pop-up box is centered, containing the text 'Accept my 30-year term life insurance offer for \$1,000,000 of coverage for \$486.53 semi-annually.' and two buttons: 'Accept Offer' (highlighted in blue) and 'Cancel'. Below the pop-up, the text reads 'payment is made and finalized on the next page. Once we receive your payment, your policy's effective date will be updated.' followed by a link 'Preview Your Policy Packet'. A checkbox is checked, with the text 'By checking this box, I confirm that I've read my Policy Packet.' Below this are two buttons: 'Accept Offer' (blue) and 'Save My Offer For Later' (grey). At the bottom, there is a small note: 'If you're not ready to accept your life insurance offer, you can click "Save my offer for later" above and come back later. Your offer will be available until 3/31/2024.'

If Applicant confirms to 'Accept Offer,' they will proceed to Payment and Issue process


Offer Screen – Save My Offer For Later



- The applicant can choose to '**Save Offer**' without making any decision and can comeback anytime later within the Offer validity period to make an Offer decision
- Offer validity period is 45 days from Offer date – Date shown in the screen


Save Offer – Reminder Email



 Sun 3/14/2021 2:01 PM
Legal & General America | Banner Life <OnlineApp@lgame.com>
EXTERNAL: Reminder - Time to accept your life insurance policy in now!

To WebQA

This message has been archived by Retain on March 14 2021 06:30

 If there are problems with how this message is displayed, click here to view it in a web browser.
[Click here to download pictures.](#) To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Hi Robert,

Don't miss your chance to get covered with life insurance. We know life gets hectic but now's the time to review and accept your offer before it expires. Your offer is only available for a limited time so click the below link to get started.

Have your bank account information or credit card handy.

[Accept offer](#)

Please contact us if you have any questions or concerns.

- Reminder emails will be sent to applicant on **Day 2**, **Day 5** and then continue every 5th day until **Day 30**. After Day 30, then every 3rd day until **Day 44**.
- When Applicant clicks on '**Save and Exit**' or '**Save My Offer For Later**,' the browser closes – this email will be triggered
- If the Policy Packet is not ready and the applicant clicks on '**Save & Exit**,' this email will not be sent until the Policy Packet is ready

Re-entry Screen After Saving Offer



Your Offer Your Payment Finalize

Congratulations, DARCY!

You're approved for \$1,000,000 of coverage for 30 years and a few steps away from your coverage.

Your payment amount is:
\$171.35*
Semi-Annually

* This is a change from the original quote requested which was \$42.59 Monthly.
Your increased premium is due to the following reason(s): information provided by third party sources.

I certify that circumstances have not changed since applying for this policy and that I am living and insurable as set forth in the application for this policy.

Please read and review your policy - Keep in mind your policy will not be active until your first payment is made and finalized on the next page. Once we receive your payment, your policy's effective date will be updated.
[Preview Your Policy Packet](#)

By checking this box, I confirm that I've read my Policy Packet.

- Offer screen will have **Good Health Statement (GHS)** verbiage and checkbox for the Applicant to agree.
- For Instant Decision or Multiparty – GHS will not be applicable

Applicant Journey Pay & Issue



Applicant Pay & Issue



Once the offer is accepted, applicant lands to **Pay & Issue** screen. The first half is payment section.

Your Offer Your Payment Finalize

You're just one step away from your life insurance coverage!
You'll be covered once you pay, download and finalize your policy

Your payment amount is:
\$486.53
Semi-Annually

Name of Payor
- Please select a payor -

Please select a method of payment:

Electronic Funds Transfer (EFT)
Your verified information will be used to make recurring premium payments with automatic bank drafts.

Credit Card
Authorize your credit card information for your initial payment.

By clicking this checkbox, I agree that I have read and downloaded my Policy Packet, my health information is accurate and that my first premium has been paid.

Complete Payment

Please contact your advisor if you have any questions.

Payment section comprised of Premium Amount, Billing Frequency, Name of Payor, and method of payment.

Progress Bar displays the current status of the **Pay & Issue**

Name of Payor



Name of Payor represents the payor of the premium amount and is mandatory.

Your Offer **Your Payment** Finalize

You're just one step away from your life insurance coverage!
You'll be covered once you pay, download and finalize your policy

Your payment amount is: **\$486.53**
Semi-Annually

Name of Payor
-- Please select a payor --

This field is required.

Please select a method of payment:

Electronic Funds Transfer (EFT)
Your verified information will be used to make recurring premium payments with automatic bank drafts.

Credit Card
Authorize your credit card information for your initial payment.

By clicking this checkbox, I agree that I have read and downloaded my Policy Packet, my health information, and that my first premium has been paid.

Next Step

Please contact your advisor if you have any questions.

Applicant will not be able to select method of payment until this field is selected.

Your Offer **Your Payment** Finalize

You're just one step away from your life insurance coverage!
You'll be covered once you pay, download and finalize your policy

Your payment amount is: **\$486.53**
Semi-Annually

Name of Payor
-- Please select a payor --
DARRCIE BUURGGE
James Bond
Rafeal Nadal

Please select a method of payment:

Electronic Funds Transfer (EFT)
Your verified information will be used to make recurring premium payments with automatic bank drafts.

Credit Card
Authorize your credit card information for your initial payment.

Name of Payor is dynamic based on the parties involved in the journey:

- PI=PO=PAYOR: should only be the PI name
- PI<>PO: should include PI and PO name
- PI<>PO and Payor is Other: should include PI, PO and Payor name

Payment Method – EFT Only/EFT & Credit Card



When **Bill Frequency** is either quarterly, semi-annually, or annually, both EFT and credit card methods will be displayed.

Your Offer **Your Payment** Finalize

You're just one step away from your life insurance coverage!
You'll be covered once you pay, download and finalize your policy

Your payment amount is:
\$486.53
Semi-Annually

Name of Payor
DARRCY BUURGEE

Please select a method of payment:

Electronic Funds Transfer (EFT) Your verified information will be used to make recurring premium payments with automatic bank drafts.	Credit Card Authorize your credit card information for your initial payment.
---	--

By clicking this checkbox, I agree that I have read and downloaded my Policy Packet, my health information is accurate and that my first premium has been paid.

When **Bill Frequency** is monthly, only EFT will be displayed.

- EFT and credit card payment method is allowed for payment based on the **Billing Frequency** and PO's state.
- Credit card is not available if PO's state is AK, CA, MD, NC and NJ

Payment Method – EFT



Name of Payor will be visible when Payment Method is EFT

Your payment amount is:
\$486.53
Semi-Annually

Name of Payor
DARRCY BUURGEE

Please select a method of payment:

Electronic Funds Transfer (EFT)
Your verified information will be used to make recurring premium payments with automatic bank drafts.

Credit Card
Authorize your credit card information for your initial payment.

ABA Routing Number

Account Number

Name of Financial Institution

Checking Savings

Submit Payment

By clicking this checkbox, I agree that I have read and downloaded my Policy Packet, my health information is accurate and that my first premium has been paid.

Print Page

Your payment amount is:
\$486.53
Semi-Annually

Name of Payor
DARRCY BUURGEE

Please select a method of payment:

Electronic Funds Transfer (EFT)
Your verified information will be used to make recurring premium payments with automatic bank drafts.

Credit Card
Authorize your credit card information for your initial payment.

ABA Routing Number

Account Number

This field is required.

This field is required.

Name of Financial Institution

Checking Savings

This field is required.

This field is required.

Submit Payment

By clicking this checkbox, I agree that I have read and downloaded my Policy Packet, my health information is accurate and that my first premium has been paid.

Print Page

All fields for EFT payment is mandatory

Payment Method – Credit Card



Name of Payor will be hidden when payment method is credit card

Your payment amount is:
\$486.53
Semi-Annually
Please select a method of payment: [Change Payor](#)

Electronic Funds Transfer (EFT)
Your verified information will be used to make recurring premium payments with automatic bank drafts.

Credit Card
Authorize your credit card information for your initial payment.

Pay with card

Cardholder Name

Card Number

Expiration Date (MM/YY) CVV (3 digits) Postal Code

Submit Payment

By clicking this checkbox, I agree that I have read and downloaded my Policy Packets, my health information is accurate, and that my first premium has been paid.

Your payment amount is:
\$486.53
Semi-Annually
Please select a method of payment: [Change Payor](#)

Electronic Funds Transfer (EFT)
Your verified information will be used to make recurring premium payments with automatic bank drafts.

Credit Card
Authorize your credit card information for your initial payment.

Pay with card

Cardholder Name

Please fill out a cardholder name.

Card Number

Please fill out a card number.

Expiration Date (MM/YY) CVV (3 digits) Postal Code

Please fill out an expiration date. Please fill out a CVV. Please fill out a postal code.

Please check your information and try again.

Submit Payment

By clicking this checkbox, I agree that I have read and downloaded my Policy Packets, my health information is accurate, and that my first premium has been paid.

All fields for Credit Card are mandatory

Successful Payment – EFT & Credit Card



You're just one step away from your life insurance coverage!

You'll be covered once you pay, download and finalize your policy

After successful payment, progress bar is displayed for **Policy Packet** generation

Your payment amount is:

\$486.53

Semi-Annually

Your payment has been processed successfully.

Please wait while we generate your Policy Packet. This could take up to a minute....

By clicking this checkbox, I agree that I have read and downloaded my Policy Packet, my health information is accurate and that my first premium has been paid.

Finalize Policy

Monthly

Your payment details have been verified and your payment will be processed within the next business day.

ABA Routing Number ⓘ	Account Number ⓘ
122105278	000000018
Name of Financial Institution	
WELLS FARGO BANK NA (ARIZONA)	<input checked="" type="radio"/> Checking <input type="radio"/> Savings

Please wait, while we generate your policy. This could take up to a minute....

By checking this box, I agree that I have read and downloaded my Policy Packet, the health history in my policy is accurate, and that my first premium has been paid.

Please contact your advisor if you have any questions.

- EFT details are displayed in **Read Only** mode
- Issue section remains disabled till **Policy Packet** is ready

Payment Method – EFT/Credit Card Payment Failure



insurance coverage!

You'll be covered once you pay, download and finalize your policy

insurance coverage!

You'll be covered once you pay, download and finalize your policy

Your payment amount is:

\$486.53

Semi-Annually

Name of Payor

DARRCIE BUURGGE

Please select a method of payment:

Electronic Funds Transfer (EFT)

Your verified information will be used to make recurring premium payments with automatic bank drafts.

Credit Card

Authorize your credit card information for your initial payment.

ABA Routing Number

021000022

Account Number

00000016

Name of Financial Institution

TEST

Checking Savings

We're sorry, your bank details cannot be validated due to the below reason:

- Invalid Routing Number format.

Submit Payment

Failure reason displayed when payment verification fails for EFT

Your payment amount is:

\$486.53

Semi-Annually

Please select a method of payment:

[Change Payor](#)

Electronic Funds Transfer (EFT)

Your verified information will be used to make recurring premium payments with automatic bank drafts.

Credit Card

Authorize your credit card information for your initial payment.

Pay with card



Cardholder Name

Cardholder Name

Card Number

**** * * * *

Expiration Date (MM/YY)

MM/YY

CVV (3 digit)

Postal Code

We're sorry, your payment cannot be processed at this time due to the below reason:

- Invalid data was supplied with the transaction

Submit Payment

Failure reason displayed when payment fails for credit card

Payment Failed Multiple Attempts



Electronic Funds Transfer (EFT)
Your verified information will be used to make recurring premium payments with automatic bank drafts.

Credit Card
Authorize your credit card information for initial payment.

Pay with card

Cardholder Name
Cardholder Name

Card Number
**** * * * *

Expiration Date (MM/YY) CVV (3 digit) Postal Code
MM/YY * * *

We're sorry, your payment cannot be processed at this time due to the below reason:

- Payment Transaction API returned Null

① Due to multiple unsuccessful attempts to verify your bank account information, please try another payment method

Submit Payment

By checking this box, I agree that I have read and downloaded my Policy Pack(s), the health history in my policy is accurate, and that my first premium has been paid.

After every third failed attempt using the same payment method, an additional message is displayed along with the actual failure message

Issue Section With Policy Packet



insurance coverage!
You'll be covered once you pay, download and finalize your policy

Your payment amount is:

\$486.53

Semi-Annually

Your payment details have been verified and your payment will be processed within the next business day.

Name of Payor

DARRCIE BUURGGE

ABA Routing Number

021000021

Account Number

000000016

Name of Financial Institution

UNLISTED WEST BANK

Checking Savings

Download and save your Policy now

[Policy Packet \(PDF\)](#)

By clicking this checkbox, I agree that I have read and downloaded my Policy Packet, my health information is accurate and that my first premium has been paid.

Finalize Policy

Please contact your advisor if you have any questions.

Once the **Policy Packet** PDF is ready, a link to download will be available

Check box will be enabled once the PDF gets downloaded

Once you click check box the **Finalize Policy** button gets enabled

Policy Packet



POLICY SCHEDULE

Policy Schedule displayed in Policy Packet with Issue Date & Expiration Date

INSURED: OSTERHOLT BORDELON

ISSUE AGE AND SEX: 52 Male

END OF POLICY CONVERSION PERIOD: 03/13/2039

OWNER: OSTERHOLT BORDELON

RATING CLASS: PREFERRED PLUS NONTOBACCO

TERM PERIODS: INITIAL TERM PERIOD OF 25 YEARS, FOLLOWED BY ONE YEAR PERIODS

POLICY NUMBER: 5000137864

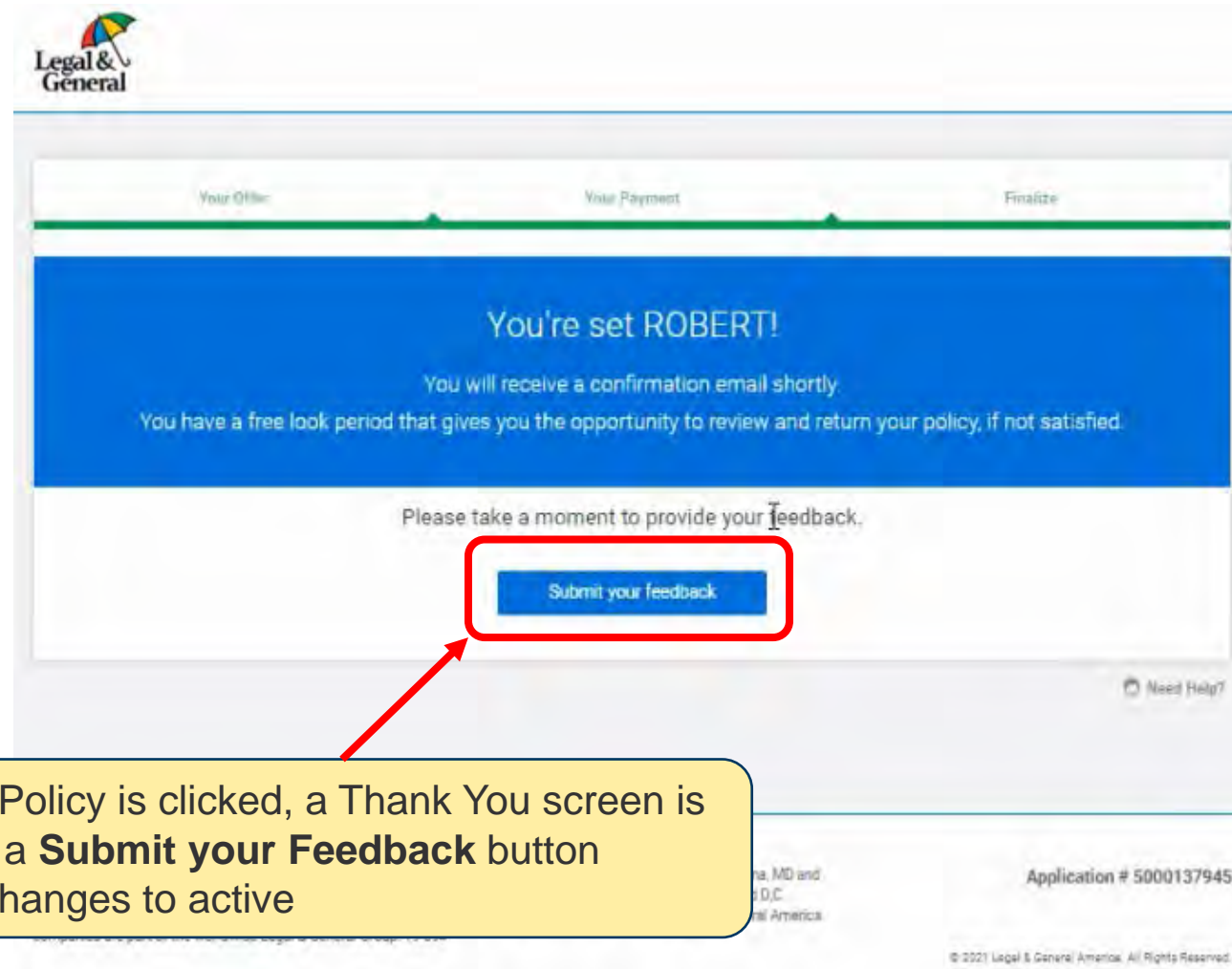
ISSUE DATE: 03/14/2021

POLICY DATE: 03/14/2021

EXPIRATION DATE: 03/14/2064

FORM NUMBER	TYPE OF COVERAGE	EXPIRATION DATE	FACE AMOUNT	INITIAL ANNUAL PREMIUM	LEVEL PERIOD
ICC18-OPTC	RENEWABLE AND CONVERTIBLE TERM	03/14/2064	\$500,000	\$1,452.89	25 YEARS
ICC10 ADB	ACCELERATED DEATH BENEFIT			\$0.00	

Thank You Screen on Click of Finalize Policy



- Once Finalize Policy is clicked, a Thank You screen is displayed with a **Submit your Feedback** button
- Policy status changes to active

Policy Packet Requests and Accept Offer



Applicant View

Contingent Beneficiary will be updated after activation of the policy if the contingent beneficiary relationship is not available in the drop-down selection. Click on DAIssue@lgamerica.com to email the information and accept the offer.

If there is an age change, click on DAIssue@lgamerica.com and ask for a policy at Save Age. We will Terminate Withdraw the policy and then reapprove and reissue.

Please note that the advisor can't view the policy packet until after the owner "accepts the policy."

Policy changes will require the user to "Save & Exit" and click on DAIssue@lgamerica.com to email the changes. We will re-pend, reapprove and issue the policy on the platform.

Congratulations, RANDY!

You're approved for \$200,000 of coverage for 20 years and a few steps away from your coverage.

Your payment amount is:
\$67.02
Semi-Annually

I certify that circumstances have not changed since applying for this policy and that I am living and insurable as set forth in the application for this policy.

Please wait while we generate your policy packet. This could take up to a minute...

If you need to make a change to your policy or add/update your contingent beneficiary, please click 'Save and Exit' and email us at daissue@lgamerica.com with the changes needed. Our team will review your policy within two business day. Please contact your advisor if you have any questions.