

Presents

Using iPipeline's iGO e-Application with Foresters Financial



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- Using the iPipeline iGO e-App
- Pre-Screening
- iPipeline iGO e-App Process
- Tips for using the iPipeline iGO e-App
- Support

as	25 120						
	Name	Status 0	Carrier	Product	Date Modified •	View Forms	Case Actions
	Illustration Test Three, Cheryl Face Amount: \$100,000 Case Details	Application e-Submitted	Foresters Financial	SMART UL - Medical	10/16/2018		Case Actions 🔹
	Illustration Test Two, Cheryl Face Amount: \$100,000 Case Details	Application e-Submitted	Foresters Y Financial	SMART UL - Medical	10/16/2018		Case Actions 🝷
	Illustration Test One, Cheryl Face Amount: \$100,000 Case Details	Application e-Submitted	Foresters Y Financial	SMART UL - Medical	10/16/2018		Case Actions 👻
	Sprint three jira retests, Karen Face Amount: \$650,000 Case Details	Application e-Submitted	Foresters ¥ Financial	Advantage Plus - Medical	10/15/2018		Case Actions 🔹
	FUW Sprintthree Four, Anita Face Amount: \$80,000 Case Details	Application e-Submitted	Foresters Y Financial	Advantage Plus - Non- medical	10/15/2018		Case Actions 🔹
	FUW Sprint three - Fourteen, Shelly	Application e-Submitted	Foresters	SMART UL - Non- medical	10/15/2018		Case Actions 🔹

Using iPipeline's iGO e-App



Using iPipeline's iGO e-App¹

- e-App is available through the iPipeline iGO e-App platform using Internet Explorer (desktop/laptop) or Safari (Apple iPad[®] only). Foresters does not support using Chrome or Firefox
- Available in all states, for non-medical² and medical products (PlanRight does not qualify for an e-App)
 - Term
 - SMART UL
 - Advantage Plus

¹ Touch to Sign is available on Apple iPad only. POS decision for non-medical products will be unavailable Monday to Saturday from 2:00 a.m. to 6:00 a.m. and from Saturday 10:00 p.m. to Sunday 10:00 a.m. (ET). Some e-App features are not available in NY (refer to ezbiz, Toolbox/e-App section for more details).

2 Insurability depends on answers to medical and other application questions as underwriting searches and reviews

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Using iPipeline's iGO e-App

- Get a POS decision email in **less than 10 minutes** for all electronically submitted Foresters non-medical products (does not apply to medical products). Decision will either be:
 - Medically Eligible
 - Refer
 - Issued
 - Declined
- Calling Apptical for a POS decision is for PlanRight only
- To lower the likelihood of a "Refer" decision, make sure that the information being entered on the e-App is accurate (such as SSN, address, DOB etc.)

Pre-Screening



iPipeline's iGO e-App Pre-screening

To submit the application electronically you and each signing party must have a separate email address. You cannot create their email address or use your email address or use an email address you have access to. Each signing party must be able to receive emails at their own email address and open links in an email to access documents, such as PDFs (not available in NY)*

As non face-to-face sales are not permitting by us in NY, you must verify identity of the Proposed Insured and/or Owner in person when writing the application on paper or via e-App

In CA, Owner's age cannot be 65 or older*

Payer or Owner cannot be a Trust or a corporation*

For juvenile cases, the Owner must be the Parent or Legal Guardian*

Except for medical products, First Premium on PAC (FPOP) for the initial premium and Draft via Pre-Authorized Check (PAC) for subsequent premiums (no direct bill) are the only allowable payment options available for e-App*

*For cases that do not meet the criteria above, please proceed with writing the application on paper 7



iPipeline's iGO e-App Pre-screening

The Payer must be an account holder of the bank account from which premium will be drafted

If banking information is provided, it must be valid in order to proceed with the e-App

Credit, Debit, Pre-Paid cards, money orders or cashier's checks are not valid forms of premium payments (for e-App or paper). For medical products only, if a personal check is to be used for payment, do not send the check to Foresters after submitting the e-App. The personal check will be collected upon certificate delivery

e-App certificates cannot be backdated to save insurance age. Certificate date is the date issued*

*For cases that do not meet the criteria above, please proceed with writing the application on paper

For additional information, refer to the e-App Eligibility document found on ezbiz, Foresters producer website in the Toolbox/e-App section

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- Specific state variations not covered in this presentation
- State forms automatically triggered within e-App
- Follow the yellow brick road a yellow box requires completion; whereas, a white box is not required but provides helpful information to accelerate the underwriting process
- For each screen, if all required information is provided you will see a green checkmark. If required information is missing you will see a red question mark





e-App launch

- 1. Logon to your agency's website OR logon to ezbiz, Foresters producer portal (<u>www.foresters.com</u>)
- 2. Click the e-App button
- Select Start New Case begin a new e-App OR View My Cases review of recent cases



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		Case Inf	ormation	
Status Started	Date Modified			
Proposed Insured				
First Name			Last Name	
John			Doe	
Date of Birth	Age	Gender		
MM / DD / YYYY		Please select	•	
(Examples: \$500,000.00, Kic Carrier and Product Application Signed State:	i's Policy, Business Policy, etc)	Product Type		
Alabama		Universal Life		Find Available Products
Product				
Carrier		Product		iGO e-App
Foresters Financial		SMART UL - Medical		Select e-Sign
Foresters Financial		SMART UL - Non-medica	al	Select e-Sign

Start New Case

Case Information Screen

Starting a new case

- **Proposed Insured**: Enter the first and last name of your client
- **Case Description**: optional. Enter details about case (example: 20-year \$100K etc.)
- Carrier & Product:
 - Application Signed State: State where the Owner signs the e-App. You must be licensed in this state to proceed
 - Product Type: Select Product Type, then select "Find Available Products"
 - Once product is determined, click
 "Select" to launch e-App



		My Cases	Need Assistance? 🝷	Welcome Fornmo Fifteen 👻
SMART UL - Non-medical			Save Save	Case Actions
	Case Information	Application		
As a reminder • The e-App is (Apple iPad • Autofill mus • Ensure your • If writing but must be lice Also, does the Ow	ifying Welcome to s available through the iPip only). Foresters does not s at be turned off in order to state licensing and appoint siness in a strict or Fraterna insed and appointed before where know that	eline iGO e-App platform us upport using Chrome or Fire prevent data integrity issues ments are in place with Fores I state (Connecticut, Massach you can use IGO e-App	ronic Applicati ing only Internet Explor fox s iters usetts, New Mexico, Lou	ON! er (desktop/laptop) or Safari isiana or Pennsylvania) you
	SMART UL - Non-medical Pre-Quali As a reminder • The e-App i (Apple iPad • Autofill mus • Ensure your • If writing bu must be lice Also, does the Ow	SMART UL - Non-medical Case Information Pre-Qualifying Welcome to As a reminder • The e-App is available through the iPip (Apple iPad only). Foresters does not s • Autofill must be turned off in order to • Ensure your state licensing and appoint • If writing business in a strict or Frateman must be licensed and appointed before Also, does the Owner know that	SMART UL - Non-medical Case Information Application Pre-Qualifying Welcome to Foresters Elector As a reminder • The e-App is available through the iPipeline iGO e-App platform us (Apple iPad only). Foresters does not support using Chrome or Fire • Autofill must be turned off in order to prevent data integrity issues • Insure your state licensing and appointments are in place with Foresters • If writing business in a strict or Fraternal state (Connecticut, Massach must be licensed and appointed before you can use IGO e-App Also, does the Owner know that	My Case Med Assistance? - SWART UL - Non-medical Case Information Application Pre-Qualifying Welcome to Foresters Electronic Application Ms a reminder • The e-App is available through the iPipeline iGO e-App platform using only Internet Explore (Apple iPad only). Foresters does not support using Chrome or Firefox • Autofill must be turned off in order to prevent data integrity issues • Autofill must be turned off in order to prevent data integrity issues • Insure your state licensing and appointments are in place with Foresters • If writing business in a strict or Fratemal state (Connecticut, Massachusetts, New Mexico, Lou must be licensed and appointed before you can use IGO e-App Kos, does the Owner know that

Pre-Qualifying Screen

- Ensure you read this screen as these rules help determine whether your client qualifies for using the e-App
- If they do, answer "Yes" at the bottom and proceed to the next screen
- If "No," please proceed with writing the application on paper





Pre-Qualifying Cont

- If a 1035 Exchange is intended and a spousal or an irrevocable beneficiary signature is required, your client does not meet the requirement to complete an e-App and you will need to write the application on paper
- For medical products, if attaching a "conforming illustration" you must be able to attach the full unsigned PDF version of that illustration along with the unsigned PDF version of the "Numeric Summary/Signature page". Both must be saved using the "ForeSight Illustration Software" and attached to the e-App. Both will form part of the application package. A scanned copy of either is not allowed



Foresters Financial				My Cases	Need Assistance? -	Welcome -			
Doe, John Foresters	SMART UL			Save ▷ View F	Case Actions	Y			
		Case Information	n Application						
✓ Pre-Qualifying									
 License and Appointment 	License	and Appoin	itment Check						
	All fields Enter you	 All fields should be completed throughout the e-App. Fields in yellow are mandatory Enter your Foresters agent number to avoid delays and get paid quickly 							
	Primary Age	nt Information							
	Product Name SMART UL		Application Signed State Alabarna						
	Agent First Nam	e	Agent Last Name						
	Forrest		Gump						
	Agent #								
	515015								
	Agent SSN	% of Split							
		100							
		Validate							
	Ves No	ore than one Agent?							
	< Back	Next >							

License and Appointment Check Screen

- Validate the product and application signed state. If either are incorrect, click "Back" to go back to the "Case Information" section to correct the state and/or product type
- Enter your first and last name
- Enter Agent # OR SSN number; only 1 required. Tip- entering Agent # helps to avoid delays and helps you get paid quicker
- Click "Validate" to proceed.
- If you validate, screen opens and you can proceed. If you don't validate, contact Foresters
- You can split comp with up to 2 additional agents (Note: The comp split must equal 100% to proceed to the next screen). Answer "Yes" to more than one agent and complete information



		Case	Information		Applicatior			
~	Pre-Qualifying		2					
~	Pre-Qualifying, Cont	Proposed Ins	sured					
~	License and Appointment	Use proper capital	ization througho	ut the e-A	pp. Capitaliz	ing the first letter of t	he Proposed Insured's first and	llast
?	Proposed Insured	name as well as th Insured's expectat	e street name wi ions	ll ensure t	he issue pap	erwork and subseque	nt correspondence meet the P	roposed
	Proposed Insured, Cont	 Click the "View For e-signed. If not, clip 	ms" button to en ck on the "Case li	nsure you l nformatio	have the righ n" tab and re	it application for the s e-select the state	tate where the application will	be
	Lifestyle Questions							
	Coverage Information	Personal Details						
	Illustration Certificat	First Name		м.і.	Last Nam	e	Suffix	
	Beneficiary	John			Doe			
	Other Insurance	Date of Birth	Age Near	rest	Gender			
	Physician Information	MM / DD / YYYY			O Male	() Female		
	Medical Questions	Social Security No.						
	Medical Questions, Cont	Country of Birth						
	Payment Information	County of Birth		V				
	Temporary Insurance Agr	Is the Proposed Insured	a U.S. Citizen?					

Proposed Insured

• Collect personal details about the Proposed Insured in this

• Enter a valid SSN. SSN must

be 9 characters long

 Enter Country of Birth. If "USA" is selected, enter

<u>Screen</u>

section

"State"



Temporary Insurance Agr	Is the Proposed Insured a U.S	. Citizen?		
Validate and Lock Data	O Yes O No			
	Primary Language			
	English	□ Spanish		
	Contact Information			
	Number and Street			
	City	State		Zip Code
				\bigcirc
	A gray check mark besid	le Zip Code is a possible invalid address, ple	ase review. An addition	al check will occur at Foresters
	Home #	Alternate Phone / Cell #		
	Email Address			
	Foresters Member?			
	OYes			
	O No, applying for member	ship		

Proposed Insured Screen

- If Proposed Insured is not a U.S. citizen, select "No" then select "Visa Type" under immigration status
- Primary Language optional
- Address Validation green checkmark beside Zip Code means the address has been validated and a grey checkmark means "Possible invalid address. Please review. An additional check will occur at Foresters" – this is ok. You can still proceed. The message just lets you know the address will be validated again at Foresters
- Email Address optional

Note: this field is for **communication preferences** only; NOT where you enter the email address in order to e-Sign the application 17





 Pre-Qualifying, Cont 	Proposed Insured Cont
 License and Appointment 	Photo I.D. Information
Proposed Insured	
? Proposed Insured, Cont	Indicate the type of Photo I.D. used to verify identity:
Lifestyle Questions	Туре:
Coverage Information	
Illustration Certificat	Employment Information
Non-Residence Sale Decl	What is the Proposed Insured's current employment status?
Beneficiary	Employed
Other Insurance	Employed Retired Student
Physician Information	Home Maker Unemployed
Medical Questions	Child Disabled
Medical Questions, Cont	O Yes O No
Payment Information	I elect to designate a secondary addressee (only if designating another person to receive notification regarding a poss lapse in coverage.)
Temporary Insurance Agr	O Yes O No
Validate and Lock Data	Is the Owner other than the Proposed Insured?

Proposed Insured Cont Screen

- Verify the identity of the Proposed Insured
- Photo I.D. Information (3 choices):
 - Driver's License
 - Passport
 - Other Government ID
- Enter the Proposed Insured's employment status
- Answer active duty military or reserves question
- Can elect to select a secondary addressee (optional)
- Answer the question is the Owner other than the Proposed Insured?

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Foresters 7 Financial				My Cases Need A	Assistance? 👻	Welcome Fornmo Fi	ifteen 🗸
Doe, John Foresters	SMART UL - Non-medical			Save 2	View Forms	Case Actions	~
	Ca	se Information	Applicatio	n			
 Pre-Qualifying 							
 Pre-Qualifying, Cont 	Secondary	Addresse	e Designatio	on			
 License and Appointment 	Addressee Inform	nation					
Proposed Insured							
 Proposed Insured, Cont 	First Name	M.I.	Last Name			Gender	
Secondary Addressee Des	Number and Street					O mare O remare	
Lifestyle Questions	Enter a location						
Coverage Information	City	State		Zip Code			
Illustration Certificat			\checkmark				
Non-Residence Sale Decl							
Beneficiary	< Back	Next >					
Other Insurance							
Physician Information							
Medical Questions							
Medical Questions, Cont							
Payment Information							
Temporary Insurance Agr							
Validate and Lock Data							

Secondary Addressee Designation

- Electing a secondary addressee is optional
- Enter Addressee's name, gender and address



For Fina	esters 7	My Cases Need Assistance? - Welcome -
Doe, Fore	John sters	SMART UL Case Actions
		Case Information Application
~	Pre-Qualifying	
~	License and Appointment	Lifestyle Questions
~	Proposed Insured	For purposes of the questions in the Lifestyle, Medical, Rider or the Other Insurance section, "you" and "you" mean the proposed insured "diagnosed" "tested" "advised" "treated" "counseline" and "treatment" mean by a licensed physician or
~	Proposed Insured, Cont	medical practitioner.
?	Lifestyle Questions	Within the past 12 months, have you used tobacco, in any form, or another nicotine product?
	Coverage Information	O'Yes O No
	Illustration Certificat	Within the past 5 years, have you:
Ο	Non-Residence Sale Decl	a) Used marijuana (more than once a week), heroin, cocaine, a narcotic, a barbiturate, a hallucinogen or another controlled substance except as prescribed by a licensed physician or medical practitioner?
	Beneficiary	O Yes 💿 No
	Other Insurance	b) Received or been advised to receive treatment or counseling for, or to discontinue or reduce, the use of alcohol, or a non-prescribed or prescribed drug?
Ο	Physician Information	Ves ONo
Ο	Medical Questions	Details
Ο	Medical Questions, Cont	Do you expect, within the next 2 years, to change your country of residence or to travel outside of the United States,
Ο	Payment Information	
	Temporary Insurance Agr	Within the past 2 years, have you:
Ο	Validate and Lock Data	a) Flown, or do you intend within the next 2 years to fly, in an aircraft as a student pilot or licensed pilot?
		b) Engaged, or do you intend within the next 2 years to engage, in motor vehicle or boat racing, mountain or rock climbing, scuba diving, skydiving, ballooning, hang gliding or ultra light flying?
		Within the part E years, have you had your driver's license suspended or revealed or been convicted of or pled guilty to

Lifestyle & Medical Questions Screen

- Where the Proposed Insured answers "Yes" or "No" to a number of Lifestyle & Medical questions
- If "Yes" to any of the questions, additional information is required
- Click on the red "Details" box and enter additional information in the pop up. Click "Save"
- Once you complete the information, the "Details" box will turn from red to green

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		Ca	se Information	Application		
* * *	Pre-Qualifying Pre-Qualifying, Cont License and Appointment	Coverage Ir Product Name	nformation SMART UL - Medical			
* * *	Proposed Insured Proposed Insured, Cont Lifestyle Questions	Face Amount: \$ Life Insurance Qualifi Guideline Premium	cation Test Test (GPT) Cash Valu	Je Accumulation Test (CV/	AT)	
	Non-Residence Sale Decl Beneficiary Other Insurance	Death Benefit Option Oliver Increasing Initial Lump Sum Pred Yes No	nium?			
	Physician Information Medical Questions	Indicate the anti non-1035 exchange	cipated amount of 103 funds	5 exchange funds (not	t availal	ble in NY), if any, and the amount and source of any
	Medical Questions, Cont Additional Medical Ques	1035 Exchange Funds	i Dura da			
	Payment Information Temporary Insurance Agr Validate and Lock Data	Optional Benefits	i			
		Accidental Death Ric	der er (CTR) ieductions se Option			

Coverage Information Screen

- Provide the Product Details of your client's case
- Here you'll enter the face amount, select riders etc.
- Lump Sum payments as well as 1035 Exchanges (not available in NY) are allowed for non-medical and medical products





<u>Coverage</u> Information Screen

Illustration Section

- If the answer is "No" to "Was an illustration conforming to the insurance product as applied for in the application shown to the prospective owner?" the Illustration Certification from will trigger
- If the answer is "Yes" to "Was an illustration conforming to the insurance product as applied for in the application shown to the prospective owner?" you will need to attach the full unsigned PDF version of that illustration along with the unsigned PDF version of the Numeric Summary/Signature page (not available in NY)

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Face Amount: 5

iPipeline's iGO e-App Process

Contraction and the second second							
Y Proposed Insured, Cont	100,000						
✓ Lifestyle Questions	Life Insurance Qualification Test						
Coverage Information	Gouideline Premium Test (GPT)	ash Value Accumulation Test (CVAI)				
Non-Residence Sale Decl	O Level Rilocreasing						
	Initial Lumo Sum Premium?						
Beneficiary	OYes ONo						
Other Insurance							
Physician Information	Optional Benefits						
Medical Questions	The state of the set of the set	rporate Ste 🔣 Google 🛎	NAA Corporate Site Producer Quck We Producer Quck We	ame SMARTUL - Medica	6		
Medical Questions, Cont		Y Proposed ins					
Additional Medical Ques	Children's Term Rider (CTR)	Proposed in	Attachments				×
Payment Information	Waiver of Monthly Deductions	Lifestyle Date	Annuals Marco Piles				
Temporary Insurance Avr	Guaranteed Purchase Option	2 Coverage Inf	Direl with me				
	Illustration	C Non Residen	Cristian Harris				
		C Repetition	Description				
	Was an illustration conforming to the	e insur					
	€ Yes ○ No	C) other insura					
	Click the "Attach Illustration" hu	Iton to -	File Location			Browse	
		Medical Que		Att	Close		
	Arrest Illustration	Medical Que					
	Action inustration	Additional M					
	Attach Numeric Summary	Payment Infr	Attachments				
		Temporary la	File Name	Display Name	File Size	Actions	
	K Back Next >	Validate and					
							ective or

Coverage Information Screen

- Click the "Attach Illustration" button to attach the Illustration. The attachment must be in PDF format
- Click "Browse" to locate the full unsigned PDF version of the illustration on your device
- Click "Attach"



Proposed Insured	Face Amount: >						
Proposed Insured Cont	100,000						
	Life Insurance Qualification Test						
 Lifestyle Questions 	Guideline Premium Test (GPT) Cash	Value Accumulation Test	(CVAT)				
? Coverage Information	Death Benefit Option						
Non-Residence Sale Decl	O Level () Increasing						
Beneficiary	Initial Lump Sum Premium?						
Other Insurance	OYes ⊙No						
Physician Information	Optional Benefits	✓ License and Appoint	tment Product Marbe	SMAKEUL - Medical			
Medical Questions		Proposed Im Atte	chiments				
Medical Questions, Cont	Accidental Death Rider	Y Proposed Ins					
Additional Medical Oues	Children's Term Rider (CTR)	🖌 Lifestyle Que	Attach New File				
Rayment information	Waiver of Monthly Deductions	? Coverage Inf	Display Name				
	Guaranteed Purchase Option	O Non-Residen	Description				
Temporary Insurance Agr	122 8	Beneficiary	Descipion				
Validate and Lock Data	Illustration	C) Other Insura					
	Was an illustration conforming to the i	D Physician Inf	File Location			Browse	
	©Yes O No	Medical Que		- think	Class		
	Attach Illustration	Medical Que		ALLOCH	ciuse		
		Additional M					
	Click the "Attach Numeric Summa	Payment Inft					
		Temporary la	Attachments				
	Attach Numeric Summary	Validate and	File Name	Display Name	File Size	Actions	
		and the second se	Smart UL Illustration.pdf	Smart UL Illustration.pdf	651.94 KB	8	
	C Back Next >						ective owner
							format

Coverage Information Screen

- Not available in NY
- Click the "Attach Numeric Summary" button to attach the Signature page. The attachment must be in PDF format
- Click "Browse" to locate the unsigned PDF version of the "Numeric Summary" on your device
- Click "Attach"



Foresters Financial	My Cases Need Assistance? • Welcome Fornmo Fifteen •
Doe, John Foresters	SMART UL - Medical SMART UL - Medical Case Information Application Case Information Case In
 Pre-Qualifying Pre-Qualifying, Cont License and Appointment Proposed Insured Proposed Insured, Cont Lifestyle Questions Coverage Information Non-Residence Sale Decl Beneficiary Other Insurance Physician Information Medical Questions Medical Questions, Cont Additional Medical Ques Payment Information 	Export Case
Temporary Insurance Agr Validate and Lock Data	Guaranteed Purchase Option
	Was an illustration conforming to the insurance product as applied for in the application shown to the prospective owner?

Coverage Information Screen

- Not available in NY
- To View or Delete the attachment(s), go to "Case Actions" at the top of this page and select "Attachments" from the drop down
- If you change the answer to the illustration question because it was initially incorrectly answered, be sure to delete the prior illustration attached



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iPipeline's iGO e-App Process

itachments				ns 💌				
Attachments								
File Name	Display Name	File Size	Actions	_				
Smart UL illustration.pdf	Smart UL illustration.pdf	651.94 KB	0					
Smart UL for e-app.pdf	Smart UL for e-app.pdf	523.62 KB	â Q					
		_	_					
	For	esters				My Cases N	eed Assistance? - V	Veicorne Fornmo Fi
	Fina	ncial	Attachments					
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				Foresters	H			
				Financial	y Name	File Size	Actions	
		Foresters S	MART Universal L	ife	UL illustration.pdf	651.94 KB		
		Flexible Premiur	m Universal Life Inst	urance	UL for e-app.pdf	523.62 KB	a	
		Life Ins	surance Illustration					
		Proposal on: Valued Client Prepared by: New WWW co	etact					
		Valued Compa 1112223 Alberto Al 99	19990989					
		T. 5551212121	1					
	The Industry Party of C	unitar 11	C Mallon Address	freeiten con				
	789 Don Mills Rd Toronto, Ontario, Canada M	AC 179 B	O Box 179 Iuffalo, NY 14201-0179	T. 800 628 1540				
	Foresters Financial and Fore society) and its subsidiaries.	sters are trade names and	trademarks of The Independent	nt Order of Poresters (a fraternal benefit				
		AUGIDUINDEN			· ·			
		Daumant Infr						
		e ajunent mit						
	0	remporary in						
	0	Validate and						

Coverage Information Screen

- Not available in NY
- Click the red garbage can icon to delete or the magnifying glass icon to view the attached



Foresters Financial			My Cases	Need Assistance? -	Welcome Fornmo Fifteen
Doe, John Foresters SMA	RT UL - Non-medical			Save View Forms	Case Actions
	Case Informati	ion Aj	pplication		
✓ Pre-Qualifying					
✓ Pre-Qualifying, Cont	Owner				
 License and Appointment 	ls Owner?				
✓ Proposed Insured	O Parent O Legal Guardian				
✓ Proposed Insured, Cont	Relationship to the Proposed Insur	red			
✓ Lifestyle Questions	Aunt/Uncle Brother/Sister				
✓ Coverage Information	Grandparent No Relation				
? Owner	First Name	M.I.	Last Name		Suffix
Illustration Certificat					Y
Beneficiary	Date of Birth Ge	ender			
Other Insurance	MM / DD / YYYY				
Physician Information	Social Security No.				
Medical Questions					
Medical Questions, Cont	O Yes O No				
Payment Information					
Temporary Insurance Agr	Contact Information				
Validate and Lock Data	Address same as Proposed Insured				
	Number and Street				

Owner Screen (Juvenile)

- For SMART UL and ADV+ juvenile plans are available. If the Proposed Insured is a juvenile, complete details about the Owner, including address
- The relationship to the Proposed Insured must either be their parent or legal guardian
- If Owner is Legal Guardian, select the relationship to the Proposed Insured from the drop-down list
- Verify the identity of the Owner. Photo I.D. Information (3 choices):
 - Driver's License
 - Passport
 - Other Government ID
- Email Address optional

Note: this field is for communication preferences only; NOT where you enter the email address in order to e-Sign the application



🖌 Pre-Qualifying, Cont	Owner	
 License and Appointment 	Relationship to the Proposed Insured	
✓ Proposed Insured	Child	
Y Proposed Insured, Cont	Domestic partner Sibling	
✓ Lifestyle Questions	Grandchild Grandparent M.I. Last Name Suffix	
✓ Coverage Information	Flancee Steochild	>
? Owner	Other	
Illustration Certificat	MM / DD / YYYY O Male O Female	
Beneficiary	Social Security No.	
Other Insurance		
Physician Information	Is Owner a U.S. Citizen?	
Medical Questions	O Yes O No	
Medical Questions, Cont	Contact Information	
Payment Information	Address same as Proposed Insured	
Temporary Insurance Agr	Number and Street	
Validate and Lock Data		

<u>Owner Screen (non-</u> Juvenile)

- If Owner is other than the Proposed Insured, select the relationship to the Proposed Insured from the drop down
- Complete details about the Owner, including address
- Verify the identity of the Owner. Photo I.D. Information (3 choices):
 - Driver's License
 - Passport
 - Other Government ID
- Email Address optional

Note: this field is for communication preferences only; NOT where you enter the email address in order to e-Sign the application



oe, john aresters	SMART UL		(Save 🔁 View Forms	Case Actions
	c	Case Information	Application		
 Pre-Qualifying 					
License and Appointm	Illustration	n Certification			
Proposed Insured	As a signed illustrat	ion cannot be submitted, y	ou must check one	of the boxes below.	
Proposed Insured, Cor	t 🗌 No Illustration was	s used in the sale of the insuran	ce product applied for	in the application and no illustr	ation was provided to the
Lifestyle Questions	of delivery of the Insu	An illustration conforming to the urance contract.	e insurance contract is	ued, if any, will be provided to t	he Owner no later than at the time
Coverage Information	An illustration that	t does not conform to the insur	ance product opplied f	or in the application was used in	the sale of that insurance product.
Illustration Certificat	An illustration confor insurance contract,	ming to the insurance contract	issued, if any; will be p	rovided to the Owner no later t	san at the time of delivery of the
Non-Residence Sale De	cl	n illustration, which complies w	ith state requirements	was displayed to the prospection	ve Owner in the sale of the
Beneficiary	Plan Applied For:	Face Amount:	s	upon the following internation	5.
) Other Insurance					
) Physician Information	Premium Amount:	Premium Mod	le:		
] Medical Questions					
Medical Questions, Co	sex:	Issue Age:	Insurance C	ass:	
) Payment Information	Official Official Print	bacafit amount?	OTobacco	O Non-Tobacco	
] Temporary Insurance	Agr	benent amound.			
) Validate and Lock Data		and the second III stability	war NOT provided I	o the prospective Owner Ar	illustration conforming to the

Illustration Certification Screen

- This form is built into the e-App, based on the product selected on the Case Information screen
- For non-medical SMART UL and ADV+, this form is automatically built into the e-App
- For medical SMART UL and ADV+, only if a conforming illustration was not shown to the Prospective Owner will this form appear



Foresters Y		My Cases	Need Assistance? 🝷	Welcome Fornmo Fifteen 👻
Doe, John Foresters	SMART UL - Non-medical	E	Save Diview Forms	Case Actions
	Case Information	Application		
 Pre-Qualifying Pre-Qualifying, Cont License and Appointment Proposed Insured Proposed Insured, Cont Lifestyle Questions Coverage Information Owner Illustration Certificat 	Non-Residence Sale De Was the Proposed Insured solicited in conn Ves No Was the Owner solicited in connection with Ves No Was the solicitation made in the state of res Ves © No Please state reason(s) why solicitation did n	ection with this Foresters app this Foresters application? sidence of the Owner?	lication?	
 ? Non-Residence Sale Decl Beneficiary Other Insurance 	K Back Next >			

Non-Residence Sale Declaration Form

 Required if the state of solicitation is different than the state in which the Owner resides



inan	icial			
Doe, J Forest	John ters	Primary Beneficiary		Case Actions
		Relationship to Proposed Insured	_	
~	Pre-Q	Aunt		
~	Licen	Business Partner Charitable Organization		
~	Propo	Child Corporation		may be entered.
	Propo	Dornestic Partner	M.I.	
	Lifest	Employer - Individual Family-owned Business		
×	Lilesu	Fiancee Grandchild		Repeticiony Type
~	Cover	Grandparent Neobew		beneficiary type
~	Illustr	Niece		
~	Non-F	Sibling		
2	Benet	Spouse-common law		
•	Dene	Step Child		
	Other	Uncle		_
	Physie	Other - Entity Other - Individual		
	Medie	City		-
	Media	-		
	Paym	State Zip	o Code	
	Temp			
_		Beneficiary Type		
U	Valida	O Irrevocable Revocable		~
			Save Delete	Close
			Save Delete	close

Beneficiary Screen

- Must enter at least one primary beneficiary; contingent beneficiary is optional.
- Can select up to 5 primary and 3 contingent beneficiaries
- Answer the question "Split the share percentage equally among all Primary Beneficiaries?" – "Yes" or "No"
- After making the selection, wait for the screen to refresh; otherwise an incorrect pop up screen will appear
- Can also enter a Charity Benefit Beneficiary Designation (optional but this benefit is not paid if no eligible beneficiary is designated)

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Foresters 7 Financial		My Cases Need Assistance? - Welcome -
Doe, John Foresters	SM	RT UL Case Actions
		Case Information Application
Y Pre-Qualifying	g	
 License and A 	ppointment	Other Insurance
 Proposed Inst 	ured	Is there another annuity or life insurance application pending, on the life of the proposed insured, with Foresters or another insurer?
Proposed Insu	ured, Cont	OYes ONo
✓ Lifestyle Ques	stions	Do you currently have an annuity or life, accidental death, critical illness or disability income insurance pending or in force?
 Coverage Info 	ormation	OYes ONo
 Illustration Co 	ertificat	Have you ever had an application for life, health, disability or critical illness insurance declined, rated or modified?
✓ Non-Residence	e Sale Decl	Ves UNo
✓ Beneficiary		annuity, if the insurance applied for in this Application is issued (includes military group life insurance)?
? Other Insurar	nce	OYes ONo
Physician Info	ormation	
Medical Ques	tions	K Back Next >
Medical Ques	tions, Cont	
Payment Info	rmation	
Temporary In	surance Agr	
U Validate and I	Lock Data	

Other Insurance Screen

- Proposed Insured answers "Yes" or "No" to the Other Insurance questions
- If "Yes" to the replacing questions, the appropriate Replacement form screens will appear



oresters 7	My Cases Need Assistance? - Welcome
Doe, John Foresters	SMART UL Case Actions
	Case Information Application
Pre-Qualifying	
 License and Appointm 	Important Notice: Replacement form
Proposed Insured	Be sure to ask the Proposed Insured if they would like the Important Notice: Replacement form read aloud. Regardless of
 Proposed Insured, Co 	their answer, click the link below to open the "Important Notice: Replacement form" and activate the questions
 Lifestyle Questions 	"Important Nation: Banlarement form"
Coverage Information	Was the important Notice: Replacement form read aloud?
 Illustration Certificat. 	O Yes O No
 Non-Residence Sale D 	Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?
 Beneficiary 	
Other Insurance	Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or
? Important Notice: Rep	contract?
Physician Information	Yes No
Medical Questions	
Medical Questions, Co	C Back Next >
Payment Information	
Temporary Insurance	<i>r</i>
Validate and Lock Dat	

Important Notice: Replacement Form Screen

- If applicable, this form is built into the e-App
- Click on the "Important Notice: Replacement form" hyperlink first in order to activate the screen



oe, John oresters	SMART UL	Esa	ve 🔀 View Form	Case Actions	~
	Case Information	Application			
 Pre-Qualifying 					
License and Appointment	Physician Information				
Proposed Insured	Has the Proposed Insured ever consulted a p	ohysician?			
Proposed Insured, Cont	O No				
Lifestyle Questions	Physician Name and Address				
Coverage Information	Date you last consulted a physician:				
Illustration Certificat	MM / DD / YYYY				
Non-Residence Sale Decl	Descarta				
Beneficiary	Reason(s):				
Other Insurance					
Physician Information	Were you advised that results of that consult	tation were outside normal	ranges?		
) Medical Questions	Name of Physician Last Consulted				
Medical Questions, Cont					
Payment Information	Number and Street				
] Temporary Insurance Agr				Foreign Addres	s?
) Validate and Lock Data	City	State	Zip (Code	
	Phone #				

Physician Information Screen

- Make sure you answer the first question "Has the Proposed Insured EVER consulted a physician?" If the Proposed Insured is taking medication, they must have met with one
- If applicable, enter information about your client's last consultation with their doctor
- Doctors with foreign addresses are accepted. Click the "Foreign Address" checkbox and enter the City and Country



Foresters 7 Financial				My Cases	Need Assistance? -	Welcome 🗸			
Doe, John Foresters SM	ART UL			Save Diew Fo	Case Actions	Y			
		Case Information	Application	n					
✓ Pre-Qualifying									
 License and Appointment 	Medical	Questions							
Proposed Insured	What is your hei	ght and weight?							
 Proposed Insured, Cont 	Height: (ft)	(in)	Weight: (lbs)						
 Lifestyle Questions 	1								
Coverage Information	2	aking prescription med	ication or under trea	tment?					
 Illustration Certificat 	5	n diagnosed with Acqui	red Immune Deficien	cy Syndrome (AIDS) AIDS	Related Complex (ARC)	ortested			
✓ Non-Residence Sale Decl	7 8	Indiagnosed with Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested Immunodeficiency Virus (HIV)?							
✓ Beneficiary	9 10								
✓ Other Insurance	Within the past 2	2 years, have you:							
Physician Information	 a) Had or been a echocardiogram, 	dvised to have a test (oth , angiogram, biopsy, or en	er than for HIV) such idoscopy?	as an EKG, CT scan, bone s	ican, MRI scan, colonos	copy,			
? Medical Questions	O Yes O No								
Medical Questions, Cont	b) Been advised (other than for H	to have a check up, consu IIV) that has not vet been :	ltation, medication, t started or completed	reatment, surgery, hospita I, or the results of which ar	alization, lab test or dia e not vet known?	gnostic test			
Payment Information	OYes ONo								
Temporary Insurance Agr	Do you currently	r.							
Validate and Lock Data	a) Reside in a nu skilled nursing ca next 12 months (rsing home or skilled nurs are, hospice care, or hom or for a chronic condition	sing facility or psychia e healthcare for a ter ?	atric facility, or are you rec minal condition that is exp	eiving or been advised ected to result in death	to receive, h within the			
	OYes ONo								
	b) Require the us	se of a wheelchair due to a	a chronic illness or di	sease?					

Medical Questions Screen

- Enter the Proposed Insured's height and weight
- Answer all questions listed on this screen



| Learning | Academy

iPipeline's iGO e-App Process popMedicalDetails Q10

Foresters Financial		Medical Details on Proposed Insured	^
Doe, John		I	
Foresters	SMART UL	Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for:	
		Diabetes, high blood pressure, a disease or disorder of the blood or lymphatic system, coronary artery disease, heart murmur, chest pain, irregular heartbeat, aneurysm, stroke, transient ischemic attack, congestive heart failure (CHF), a disease or disorder of the arteries or valves, peripheral vascular or arterial disease (PVD or PAD), or had a heart attack,	
✓ Pre-Qualifying		heart surgery, heart procedure or circulatory surgery?	
 License and Appointment 	Medical	Include diagnosis, date first diagnosed, treatment, medications, medical facilities and physicians' name, addresses, phone numbers	
 Proposed Insured 	Within the past medical advice	рионстипност3	
 Proposed Insured, Cont 	O Yes O No		ł
 Lifestyle Questions 	Within the past	☑ Diabetes	
✓ Coverage Information	incurca duvice	High blood pressure	
✓ Illustration Certificat	a) Diabetes, hig murmur, chest (
✓ Non-Residence Sale Decl	heart surgery, h	M A disease or disorder of the blood or lymphatic system	
✓ Beneficiary			
✓ Other Insurance	Details		
 Physician Information 	b) Cancer (exclu a disease or dis	Coronary artery disease	
 Medical Questions 	OYes ONo		
? Medical Questions, Cont	c) Asthma, emp		~
Payment Information	OYes ONo	Save Delete Clo	se
Temporary Insurance Agr	d) Dementia, Alz	heimer's disease, paralysis, multiple sclerosis, Parkinson's disease, Lou Gehrig's disease (ALS), muscular	
Validate and Lock Data	dystrophy, fibror	nyalgia, or a disease or disorder of the brain or nervous system?	
	e) Anxiety, depre	ssion. manic depression. bi-polar disorder. schizophrenia or a mental health disorder?	
	OYes ONo		
	f) Blood in the ur bladder, kidney,	ine, hepatitis, Crohn's disease, Systemic Lupus, cirrhosis, or a disease or disorder of the liver, prostate, genito-urinary organs, connective tissue or the digestive or immune system (other than HIV)?	

Medical Questions Cont Screen

- Answer all questions listed on this screen
- In the pop-up, if a condition is selected there are three different scenarios:
 - 1. Condition is selected and yellow "Details" box appears. Be sure to include diagnosis, date first diagnosed, treatment, medication, medical facilities and physician's name, address and phone numbers
 - 2. Condition is selected and white "Details" box appears. Providing details is optional
 - Condition is selected but no yellow or white "Details" box appears. This means the associated questionnaire will appear once you advance to the next screen 36


Foresters 7 Financial	My Cases Need Assistance? - Welcome Fornmo Fifteen -
Doe, John Foresters	SMART UL - Medical Case Actions
	Case Information Application
✓ Pre-Qualifying	
✓ Pre-Qualifying, Cont	Additional Medical Questions
 License and Appointment 	Do you currently drink alcohol?
 Proposed Insured 	Yes No
 Proposed Insured, Cont 	Within the past 5 years, have you consulted a physician other than previously identified, or a medical practitioner, or been treated, tested or monitored in a clinic, hospital or emergency room?
 Lifestyle Questions 	OYes ONo
✓ Coverage Information	Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for high cholesterol?
✓ Illustration Certificat	OYes ONo
✓ Non-Residence Sale Decl	Net Worth:
✓ Beneficiary	
✓ Other Insurance	Is your primary physician different from the last physician consulted?
✓ Physician Information	Do you have, alive or deceased, a parent or sibling diagnosed with or treated for, prior to age 65, diabetes, heart attack, heart
 Medical Questions 	disease, stroke, cancer, polycystic kidney disease, Huntington's Chorea, or Alzheimer's?
✓ Medical Questions, Cont	Yes O No
? Additional Medical Ques	Back Next >
Payment Information	
Temporary Insurance Agr	
Validate and Lock Data	

Additional Medical Questions

- For medical products only
- Answer all questions listed on this screen



For	resters 7 Incial	My Cases Need Assistance? • Welcome •
Doe	, John esters	SMART UL Case Actions
		Case Information Application
~	Pre-Qualifying	
~	License and Appointment	Diabetes Questionnaire
~	Proposed Insured	Please list medical and physical problems diagnosed, treated, tested positive for or for which you have been given medical advice by a member of the medical profession, in relation to this condition (e.g. Type I or Type II Diabetes Mellitus,
~	Proposed Insured, Cont	Gestational Diabetes, Impaired Glucose Tolerance or Impaired Fasting Glucose etc.).
-	Lifestyle Questions	
~	Coverage Information	When was this condition first diagnosed?
~	Illustration Certificat	MM / DD / YYYY
~	Non-Residence Sale Decl	Do you test your own blood sugar at home?
~	Beneficiary	O Yes O No
~	Other Insurance	Have you had a glycosylated haemoglobin test (HbA1c)?
	Physician Information	OYes ONo
	Medical Questions	Do you take medication in relation to this condition (this includes related medication(s) such as those used to lower blood pressure and/or cholesterol)?
	Medical Questions	OYes ONo
	medical Questions, conc	Have you ever been admitted to a hospital or required emergency care in relation to this condition?
?	Diabetes Questionnaire	OYes ONo
0	Diabetes Questionnaire,	
0	Payment Information	C Back Next >
0	Temporary Insurance Agr	
0	Validate and Lock Data	

<u>Questionnaire</u> <u>Screens</u>

- There are 9 questionnaires built into the e-App for non-medical and medical products
- Questionnaires automatically load based on the Proposed Insured's response to the Lifestyle and Medical questions
- Note: other questionnaires may be required based on Underwriting review, once the e-App is at Foresters



Foresters ¹ / _{Financial}			My Ca	ses Need Assistan	ice? - Welcome Fe	ornmo Fifteen -		
Doe, John Foresters	SMART UL - Non-medical			Save View Fo	Case Action	s 💌		
	Cas	e Information	Application					
 Pre-Qualifying Pre-Qualifying, Cont License and Appointment 	Payment Informat	formation						
Proposed Insured Proposed Insured, Cont Lifestyle Questions Coverage Information	Payer is: Proposed Insured Owner (if other than prop Other	bosed insured)	First premium Draft via Pre-An	payment to be made	e by:			
✓ Owner	Planned Premium: \$	Foresters Y Financial				My Cases	Need Assistance? +	Welcome Fornmo Fifteen
Illustration Certificat Non-Residence Sale Decl	Payment mode:	Doe, John Foresters	SMART UL - M	ledical			Save Diew Forms	Case Actions
✓ Beneficiary	Preferred Draft Date			Case Inf	formation	Application		
Other Insurance	Yes	 Pre-Qualifying 	Pa	vment Infor	mation			
Medical Questions	PAC Banking Infor	Pre-Qualifying, Cont License and Appointm	nent Payı	ment Information				
Medical Questions, Cont Payment Information	Banking informat valid forms of premi	Proposed insured Proposed insured, Co Lifestyle Questions	Paye	r is: posed insured		First premium pay	ment to be made by: rized Check (PAC)	×
Temporary Insurance Agr	valutions of prenin	 Coverage Information 	n Ow	ner (if other than proposed er	insured)			
		Owner Illustration Certificat.	Plan	ned Premium: \$				
		✓ Non-Residence Sale D	Payn	nent mode:	×			
		Beneficiary Other Insurance	Prefe	erred Draft Date				
		 Physician Information 	تن ۱	ies No				
		 Medical Questions 	PAC	Banking Informat	ion			
		 Medical Questions, Control of Additional Additina Additional Additional Additional Additional Additional Add	ont					
		 Additional Medical Qi Payment Information 	n es	Banking information p lid forms of premium pa	rovided must be valid ir ayment	n order to proceed with	n the e-App. Credit, Debit	and Pre-Paid cards are not

Payment Information Screen

- Select Payer from drop-down list. If 'Other' selected 'Other Payer Identification' screen triggered
- Except for medical products, First Premium on PAC (FPOP) for the initial premium and Draft via Pre-Authorized Check (PAC) for subsequent premiums (no direct bill) are the only allowable payment options available for e-App
- For medical products only, if a personal check is to be used for payment, do not send the check to Foresters after submitting the e-App. The personal check will be collected on delivery
- A Preferred Draft Date can be selected for non-medical and medical products

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Other Insurance

iPipeline's iGO e-App Process

V Other Insurance	Mosthy
 Physician Information 	Preferred Draft Date
 Medical Questions 	Yes
 Medical Questions, Cont 	₩ No
 Additional Medical Ques 	
? Payment Information	PAC Banking Information
Temporary Insurance Agr	f) Banking information provided must be valid in order to proceed with the e-App. Credit, Debit and Pre-Paid cards are not
Validate and Lock Data	valid forms of premium payment
	Name of Financial Institution Wells Fargo
	Wells Fargo
	Routing Transit #:
	122199983
	Account #:
	92361077941
	 If the Account # provided is more than 17 digits, please ensure it is for a valid bank account and NOT a Credit, Debit or Pre-Paid card Click the "Validate" button below to validate the banking information entered
	Validate Account Type: Checking Savings

Payment Information Screen

- When banking information is provided it must be valid in order to proceed
- Click the "Validate" button to validate banking information
- Credit, Debit and Pre-Paid cards are not valid forms of premium payment (not for paper applications either!)



	Case Informa	ation	Application			
✓ Pre-Qualifying		4: 6 :				
 Pre-Qualifying, Cont 	Other Payer Iden	tification				
 License and Appointment 	(i) You cannot be the Payer unl	less you are the Pr	oposed Insured, the P	Proposed Insured is your	r dependent or ye	ou are the
✓ Proposed Insured	Owner					
 Proposed Insured, Cont 						
✓ Lifestyle Questions	Full legal name of Individu	al				
✓ Coverage Information	First Name	M.I.	Last Name			
✓ Owner						
✓ Illustration Certificat	Number and Street					
✓ Non-Residence Sale Decl						
✓ Beneficiary	City		State		Zip Code	
✓ Other Insurance						
✓ Physician Information	A gray check mark beside Zi	ip Code is a possib	le invalid address, ple	ase review. An additiona	al check will occu	r at Foresters
✓ Medical Questions	Phone #					
✓ Medical Questions, Cont						
✓ Payment Information	Social Security No.					
? Other Payer Identificat						
Temporary Insurance Agr	Relationship to the Proposed Ins	ured				
Validate and Lock Data	Email Addross					
	Gender I	Date of Birth (mm	/dd/yyyy)			

Other Payer Identification Screen

- Triggered if Payer selected is
 Other and payment method is
 Pre-Authorized Check (PAC)
- If Payer is not a U.S. citizen, select "No" then select "Visa Type" under immigration status
- Address Validation green checkmark beside Zip Code means the address has been validated and a grey checkmark means "Possible invalid address. Please review. An additional check will occur at Foresters" – this is ok. You can still proceed. The message just lets you know the address will be validated again at Foresters
- Enter valid SSN (i.e. 9 characters long). If no SSN available, complete paper application
- Select the relationship to the Proposed Insured from the drop down
- Email Address optional

Note: this field is for communication preferences only; NOT where you enter the email address in order to e-Sign the application 41

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Is the Payer a U.S. Citizen?



Additional Other Payer Information

Is the payer paying the premium as a loan or for financing to, or will it create a debt by, the insured or owner or is there an intent or arrangement that the payer will be paid back the premium?

⊖Yes ●No

Is there an agreement or understanding that the insurance applied for will be assigned, pledged or transferred to the payer or that the payer will receive a fee, compensation or benefit for paying the premium?



Is the full legal name of Payer the same as what appears on the bank account records for the account provided?

⊖Yes ●No

Enter the name of the Payer that appears on the Payer's bank account records for the account provided

First Name	M.I.	Last Name
Kext Next Sectors		

Other Payer Identification Screen

 Answer the Additional Information questions, including if the full legal name of the Payer is what appears on the bank account for the records for the account provided





iPipeline's iGO e-App Process

 Pre-Qualifying, Cont 	Temporary Insurance Agreement (TIA)
 License and Appointment 	Has the Proposed Insured:
Proposed Insured	Within the past 24 months, had either an investigation or treatment, by a physician or medical practitioner, for chest pain, heart problem, stroke, cancer or AIDS ("Investigation" does not include negative tests for HIV)?
 Proposed Insured, Cont 	OYes ●No
 Lifestyle Questions 	Within the past 4 months, been admitted or been medically advised to be admitted to a hospital or other licensed health care
 Coverage Information 	
✓ Owner	Within the past 4 months, had surgery performed or recommended, had or been medically advised to have a medical test
 Illustration Certificat 	(other than for HIV) or investigation, that has not yet been started or completed, or the results of which are not yet known?
Von-Residence Sale Decl	
✓ Beneficiary	Temporary Insurance Agreement (TIA) Acknowledgement
✓ Other Insurance	First premium payment, in the amount of:
Physician Information	\$
 Medical Questions 	1 This amount must be at least equal to the monthly premium quoted for the insurance, including each rider, applied for in
 Medical Questions, Cont 	the application
 Payment Information 	
 Other Payer Identificat 	K Back Next >
? Temporary Insurance Agr	

Temporary <u>Insurance</u> <u>Agreement (TIA)</u> Screen

- TIA rules are built into the e-App
 - If Proposed Insured qualifies for TIA enter the first premium payment amount
 - If Proposed Insured does not qualify, temporary insurance is not in effect
- If TIA is applied for, the premium amount entered must equal the monthly premium quoted for the insurance, including each rider, applied for in the application



Doe, John Foresters	SMART UL - Non-medical Case Actions
	Case Information Application
 Pre-Qualifying 	
✓ Pre-Qualifying, Cont	Validate and Lock Data
 License and Appointment 	The documents are incomplete and not in Good Order
Proposed Insured	
✓ Proposed Insured, Cont	You may choose one of the following options:
✓ Lifestyle Questions	1. To be considered in \checkmark Good Order, click the screen(s) marked ? in the left-hand navigation tree and Complete the
? Coverage Information	 To Save the documents for completion at a later time, click the "Save" button at the top of the screen.
✓ Owner	3. To Print the documents, click "View Forms" at the top of the screen. Click "Save/View as PDF" then "Open." Click "File" and
✓ Illustration Certificat	then "Print," Complete the remaining sections of the paper application, obtain any other supplemental forms not part of the printed application from Foresters producer portal, collect all signatures and send to Foresters Financial as you normally
✓ Non-Residence Sale Decl	would send in a paper application.
✓ Beneficiary	Recurr to incomplete sections of the Application
✓ Other Insurance	< Back

Validate and Lock Data Screen

- One or more red question marks on the left navigation tree lets you know the documents are incomplete and it is "Not in Good Order (NiGO)"
- Revisit and complete the required fields and proceed back to this screen
- Click "Return to Incomplete Sections of the Application" button to revisit and complete the required fields. Once you have, proceed back to this screen

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Doe, John Foresters	SMART UL - Non-medical	Save View Forms Case Actions
	Case Information Application	n
Pre-QualifyingPre-Qualifying, Cont	Validate and Lock Data	
License and AppointmentProposed Insured	Congratulations! The documents are complete and in Good	d Order
 Proposed Insured, Cont Lifestyle Questions 	1 The documents now qualify for the Signature process	
Coverage Information Owner	Please click the "Lock Documents and Proceed to the Signal	ature Process" button
 Illustration Certificat Non-Residence Sale Decl 	Lock Documents and Proceed to the Signature Proc	ess
Beneficiary	Seck	

and Proceed to the Signature Process" button to begin the e-Sign process

Click "Lock Documents

Validate and Lock

let you know the documents are complete and is "in Good Order (iGO)"

All green check marks

Data Screen

•



	Case Information	Application			
Pre-Qualifying					
Pre-Qualifying, Cont	Validate and Lock Data				
License and Appointment	The documents have been locked!				
Proposed Insured	-				
Proposed Insured, Cont	The documents have been locked to protect clie	ent data from digital altera	ation during th	e Signature process.	
Lifestyle Questions	Please be aware that unlocking the documents	will cancel all previously c	ollected electro	onic signatures and wi	ill require you t
Coverage Information	complete the Signature process again.				
Owner	If you need to edit the documents, click the "Ur complete and the documents are in Good Orde	lock Documents and Car	d proceed to th	Process" button. Once the Signature process by	e your edits are y selecting "Va
Illustration Certificat	and Lock Data" located on the left-hand naviga	ition tree.			
Non-Residence Sale Decl	This case will remain on iPipeline for 120 days documents will no longer be available for upda	s from the time you starte te or submission.	ed this case. A	fter this, the case will b	be archived and
Beneficiary	Unlock Documents and Canc	el Signature Process			
Other Insurance		_			
Physician Information	Kext >				
Medical Questions					
Madial Quartiers Cart					

<u>Validate and</u> Lock Data Screen

- The e-App must be locked in order to sign the application
- Notice the green check marks have now turned to locks. This means the information is locked down and cannot be changed
- If you need to change any information once it has been locked, click "Unlock
 Documents and Cancel Signature Process" button and the locks will turn back to green check marks. Go to the screen where the change needs to be made, make the change then proceed to "Validate and Lock" screen



Foresters 7 Financial	My Cases Need Assistance? Welcome Fornmo Fift	teen *
Doe, John Foresters	iMART UL - Non-medical Case Actions	~
	Case Information Application	
Pre-Qualifying		
🔒 Pre-Qualifying, Cont	Signature Method	
License and Appointment	Please choose a signature method:	
Proposed Insured	Print documents for wet signature	
Proposed Insured, Cont	Electronically sign documents	
Lifestyle Questions	A Each signing party must have their own email address	
Goverage Information		
e Owner		
lllustration Certificat	< Back	
A Non-Residence Sale Decl		
Beneficiary		
General Contraction Contraction		

Signature Method Screen

Two choices:

- "Print documents for wet signature" – when all signing parties do not want to sign electronically. This is the only signature method available in NY
- "Electronically sign documents – can be selected if using a laptop, desktop or iPad (Not available in NY)



Print and Wet Sign Pre-Qualifying, Cont To use the e-Signature process and submit the application package electronically, click the "Back" button. License and Appointment... If you proceed with the Print and Wet Sign option, electronic submission will no longer be available. Proposed Insured To complete the Wet Sign process, please: Proposed Insured, Cont Δ Lifestyle Questions 1. Click the "Review Documents" button to print the documents 2. Print two (2) copies of the Replacement Forms, if applicable Coverage Information Owner 3. Provide the applicable documents to each signer for review Illustration Certificat... 4. Complete the Producer Certification section and obtain all signatures Non-Residence Sale Decl... 5. Complete the Producer Report and leave the applicable point of sale forms with the appropriate recipient Beneficiary 6. Send the signed paper application package to Foresters Financial as you normally would send in a paper application Other Insurance Review Documents Physician Information 🚯 This completes the process. To start a new case, click "My Cases" at the top of this page and select "Start New Case". To Medical Questions logout, click the "Welcome" link in the upper right hand corner and select "Sign Out?" Medical Questions, Cont Payment Information Thank you for using Foresters Electronic Application! Other Payer Identificat...

Signing using Print and Wet Sign Signture Method

 You will need to print the application package in its entirety, you and your client will need to sign in pen and the application package needs to be sent to Foresters Financial the way you would normally send in a paper application



Foresters Financial		My Ca	ases Need Assistance? •	Welcome Fornmo Fiftee
Doe, John Foresters	SMART UL - Non-medical		Save 🖉 View Forms	Case Actions
	Case Information	Application		
Pre-Qualifying				
A Pre-Qualifying, Cont	Signature Method			
License and Appointme	nt Please choose a signature method:			
Proposed Insured	Print documents for wet signature			
Proposed Insured, Cont	Electronically sign documents			
Lifestyle Questions	A Each signing party must have their own	n email address		
Coverage Information				
Owner				
A Illustration Certificat	K Back Next >			
A Non-Residence Sale Dec	:h			
Beneficiary				
Other Insurance				

<u>Electronically sign</u> <u>documents Signature</u> <u>Method</u>

- Not available in NY
- Available if using a laptop or computer with Internet Explorer as the browser or an iPad with Safari as the browser



	Case Information Application			
Pre-Qualifying				
Pre-Qualifying, Cont	e-Signature Instructions			
License and Appointment	e-Signature emails will be sent to the signing parties below:			
Proposed Insured	Proposed Insured John Doe			
Proposed Insured, Cont	Owner Sue Doe			
Lifestyle Questions	Payer Jane Smith			
Coverage Information	The e-Signature process requires each e-Signer to agree to the Terms of Use and e-Signature Consent and then to review the			
Owner	documents online.			
Illustration Certificat	Following review of this information, each e-Signer will be instructed to click an "I Agree" statement, insert the city, where he/she is located when signing and apply his/her electronic signature.			
Non-Residence Sale Decl	This process will serve as his/her electronic signature. A secure process has been put in place to ensure his/her review of			
Beneficiary	personal information and e-Signing is confidential and secure.			
Other Insurance	Agent e-Signature Instructions			
Physician Information	Encreat Cump, places onter the last 4 digits of your SSN that you as the agent will use to sign in to your agent Signature			
Medical Questions	process once all other parties have e-Signed.			
Medical Questions, Cont	Agent SSN (Last 4 Digits)			

<u>Electronically sign</u> <u>documents</u> (ClickWrap - slides 50 – 69)

• Not available in NY

<u>e-Signature Instructions</u> <u>Screen</u>

- First screen for this signature method
- Enter the last 4 digits of your SSN as well as your email address



iPipeline's iGO e-App Process

	Case Information Application	
 Pre-Qualifying Pre-Qualifying, Cont 	Proposed Insured's e-Signature	Enter the emain Proposed Insur
License and Appointment Proposed Insured	You have 3 of 3 e-Signature emails to send	and/or Payer.
Proposed Insured, Cont	Vour e-Sienature email has not vet heen sent	emails will be s
Lifestyle Questions		
Coverage Information	Case Information Application	electronically s
e Owner	Byo	receive, the ap
Illustration Certificat	gain Pre-Qualifying. Cont	documents. Th
Non-Residence Sale Decl	Last License and Appointment You have 2 of 3 e-Signature emails to send	their own emai
Beneficiary	Proposed Insured	
Other Insurance	Joh Proposed Insured, Cont O You Case Information Application	
Physician Information	Proc Lifestyle Questions	
Medical Questions	Coverage Information	
A Medical Questions, Cont	Owner By comp Pre-Countying, cont gain acc License and Appointment	
	Illustration Certificat Last 4 di Dependent insured You have 1 of 3 e-Signature emails to send	
	Non-Residence Sale Decl	
	Beneficiary e-Signer Proposed insured, Cont O Your e-Signature email has not yet been sent! O Your e-Signature email has not yet been sent!	
	Other Insurance Sue Doe Lifestyle Questions	
	Physician Information Owners Coverage Information Send Message	
	Medical Questions By completing the information below, each signing party will receive gain access to the applicable documents and the necessary steps that	a personalized email message instructing them how to t must be completed to apply their electronic signature
	Medical Questions, Cont Last 4 digits of e-Signer's Social Security Number	
	Non-Residence Sale Decl 1111	
	Beneficiary e-Signer's name as it appears on the application	
	Other Insurance Jane Smith	
	Physician Information Payer's Email Address:	
	Medical Questions	
	Medical Questions, Cont Each signing party must have their own email address	

Proposed Insured/Owner and/or Payer e-Signature Screen

- Required information that has already been data entered is carried over to this screen
- he email address for the ed Insured/Owner Payer. This is the email s where the e-Signature will be sent in order to nically sign, and , the applicable ents. They must have vn email address

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ł	Pre-Qualifying		-	
6	Pre-Qualifying, Cont		Remember, you cannot use you	ur email address or create an email address or use an X
i	License and Appointment		Insured is you or an immediate	family member. Please confirm the email address
ţ	Proposed Insured		entered for the Proposed fish	
i	Proposed Insured, Cont			ок
i	Lifestyle Questions		-	
6	Coverage Information		Send Messa	er
i	Owner		By completing the informatio	n below, each signing party will receive a personalized email message instructing them how to
i	Illustration Certificat	۵	gain access to the applicable Pre-Qualifying	documents and the necessary steps that must be completed to apply their electronic signature.
1	Non-Residence Sale Decl		Pre-Qualifying, Cont	Remember, all signing parties must have their own email address. You cannot use $^{ imes}$
1	Beneficiary	-	License and Appointment	access to for them. Please confirm the email address entered for each signing party
ł	Other Insurance	-	Proposed Insured	is correct.
1	Physician Information	-	Proposed Insured, Cont	ок
ŀ	Medical Questions		Lifestyle Questions	
5	Medical Questions, Cont	-	Coverage Information	Cand Marcana
i	Payment Information		Owner	By completing the information below each signing party will receive a personalized email message instructing them
			Illustration Certificat	gain access to the applicable documents and the necessary steps that must be completed to apply their electronic si
			Non-Residence Sale Decl	Last 4 digits of e-Signer's Social Security Number
		-	Beneficiary	1111
			senendary	e-Signer's name as it appears on the application
		•	Other Insurance	Tim jones
		۵	Physician Information	Owner's Email Address:
		-	Medical Questions	rgaston@foresters.com
		8	Medical Questions, Cont	Each signing party must have their own email address
		0		

Proposed Insured/Owner and/or Payer e-Signature Screen

- If your email address matches the Proposed Insured/Owner and/or Payer, you will be asked to confirm the email address is correct. Click "OK"
- If the email addresses for the Proposed Insured/Owner and/or Payer match, you will be asked to confirm the email address is correct. Click "OK"
- If necessary, re-type the Proposed Insured/Owner and/or Payer's email address
- Click "Send Message"
- If for some reason the Proposed Insured/Owner and/or Payer did not receive the e-Signature email, you can go back to this screen and click "Resend." You can also resend the e-Signature email from your Dashboard. Click on "Case Details" under the name of your client. Once the screen opens, click "Resend"



Pre-Qualifying, Cont	e signature i rocess	e Signatare i rocess Email(s) sent					
License and Appointment	All required signature emails have	S All required signature emails have been sent!					
Proposed Insured							
Proposed Insured, Cont	You have successfully sent email(s) to a	You have successfully sent email(s) to the following individual(s), instructing them how to gain access to the applicable documents and the necessary steps that must be completed to collect their electronic signature(s).					
Lifestyle Questions	documents and the necessary steps th						
Coverage Information	Signing Party Name	Email Address	MM/DD/YYYY				
Owner	John Doe	iohndoe@test.com	07/25/2019				
Illustration Certificat	john boo	jonneoegiesneon	0772012013				
Non-Residence Sale Decl	Sue Doe	suedoe@foresters.com	07/25/2019				
Beneficiary	Jane Smith	janesmith@test.com	07/25/2019				
Other Insurance							
Physician Information	Ver will be medified of the following wi						
Medical Questions	You will be notified of the following via	i email:					
Medical Questions, Cont	1. e-Signer makes three failed attempt Number).	1. e-Signer makes three failed attempts to login using their assigned password (last 4 digits of the e-Signer's Social Security Number).					
Payment Information	2. e-Signer successfully e-Signs the doc 3. e-Signer declines to e-Sign the docu	 e-Signer successfully e-Signs the documents. e-Signer declines to e-Sign the documents. Your electronic signature will be required after all other e-Signatures have been captured. After e-Signing you will be able to 					
Other Payer Identificat	Your electronic signature will be requi						
Temporary Insurance Agr	electronically submit the completed do	electronically submit the completed documents to Foresters Financial for review.					

e-Signature Process Email(s) Sent

Sent Screen Congratulations! You've completed the data collection

e-Signature Process Email(s)

- completed the data collection process and sent the e-Signature email to each e-Signer
- Next step is to sign the e-App
- You will be notified by email if:
 - e-Signer makes 3 failed attempts to sign in to the secure website
 - e-Signer has successfully e-Signed
 - e-Signer declines to e-Sign



iPipeline's iGO e-App Process <u>Proposed Insured/Owner and/or Payer Email</u>

 Proposed Insured/Owner and/or Payer will receive an email from Foresters Financial, letting them know their documents are ready for review. To review the application package, they will need to click "Access Documents"

Foreste Financial	rsƳ	
Hello: John Doe (Documents are re Once you have re	Foresters Financial	Ý
lf you have any qu	Hello: Sue Doe (Owner), Documents are ready fo Once you have reviewed	Foresters 7
Regards, Forrest Gump (A Please keep contr Insurance is under	Regards,	Hello: Jane Smith (Payer), Documents are ready for your review. Please click the button below to be directed to these online documents. Once you have reviewed these documents for accuracy, you may apply your e-Signature by following the instructions on the screens.
Your email provide	Forrest Gump (Agent) Please keep control, at a Insurance is underwritte	If you have any questions, please do not hesitate to contact me at cgaston@foresters.com
	Your email provider may	Regards, Forrest Gump (Agent) Please keep control, at all times, of the device you are using during the review and e-Signature process. You will have 10 calendar days to click the "Access Documents" button before it will expire. Insurance is underwritten by The Independent Order of Foresters.
		Having trouble viewing the images in this email? Your email provider may have prevented the automatic download of some images contained in this message. You may manually adjust your settings to allow the images to display, or <u>Click Here</u> to be directed to the online documents. If you are viewing this message from within your Junk or Spam folder, you may be required to move the message to your inbox.

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Secure Website

- The Proposed Insured/Owner and/or Payer needs to enter the last 4 digits of their SSN in order to access a secure website
- This site will remain active for **10** calendar days from the date they receive the email. If 10 calendar days have passed the Proposed Insured/Owner and/or Payer will not be able to access the website. You will receive an email letting you know this has happened. To reactive the website you will need to resend the e-Signature email





Welcome - Consent

Welcome John Doe,

To begin the Signature process, please review the Terms of Use and e-Signature Consent by using the scroll window below.

TERMS OF USE

CONDITIONS OF USE

By using this Web site in relation to an application for insurance with The Independent Order of Foresters, hereinafter referred to as "the Company", you agree with the following Terms Of Use ("Terms") without limitation or qualification. Please read these Terms carefully before using this Web site. If you do not agree with these Terms, you are not granted permission to use this Web site and must exit immediately. The Company may revise these Terms at any time by updating this posting. You are bound by any such revisions and should therefore periodically visit this page to review the current Terms governing this Web site.

DISCLAIMER

TO THE FULLEST EXTENT PERMISSIBLE, THE MATERIALS ON THIS WEB SITE ARE PROVIDED "AS IS" AND WITHOUT WARRANTIES OF ANY KIND, EITHER EXPRESSED OR IMPLIED, AND THE COMPANY, AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND ACENTS (WHICH SHALL INCLUDE CAREER ACENTS AND BROKERS) (COLLECTIVELY "REPRESENTATIVES") AND SUPPLIERS DISCLAIM ALL WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. NEITHER THE COMPANY, NOR ITS REPRESENTATIVES OR SUPPLIERS, WARRANT THAT THE FUNCTIONS CONTAINED IN THE MATERIALS WILL BE UNINTERRUPTED OR

Print

Please review the documents in their entirety for accuracy and to make sure you completely understand and agree with what they say. If you need to change or update any information or if you have any questions, please discuss with the agent who assisted with this application before applying your electronic signature.

After reviewing the documents, please check the box indicating you have completed the review of all documents and then select either "I Agree" or "I Decline".

Review Documents							
By clicking the "I Agree" button, I confirm that I have reviewed a	By clicking the "I Agree" button, I confirm that I have reviewed and agree with the Terms of Use and e-Signature Consent and that I have also reviewed each of the documents						
I Decline	L. D.	Agree]				

Welcome – Consent Screen

Proposed Insured/Owner and/or Payer is required to review and agree to the **"Terms of Use and e-Signature Consent"** before proceeding with the e-Signature process

•



Welcome - Consent

Welcome John Doe,

To begin the Signature process, please re

TERMS OF USE

CONDITIONS OF USE By using this Web site in relation to an applicat without limitation or qualification. Please read immediately. The Company may revise these governing this Web site.

DISCLAIMER

TO THE FULLEST EXTENT PERMISSIBLE, THE COMPANY, AND ITS OFFICERS, DIRE SUPPLIERS DISCLAIM ALL WARRANTIES, PURPOSE. NEITHER THE COMPANY, NOR

Print

Please review the documents in their entit	Riders (Subject to state and	Subject to state and product availability.)			
information or if you have any questions,	O Accidental death: \$	O Children's term: \$	O Children's term: \$		
After reviewing the documents, please ch	O Waiver of monthly deduction	ins	O Guar		
Revier	O Other rider(s):				
By clicking the "I Agree" button, I confirm th					
I Decline		I Agree			

The Independent Order of For A Fraternal Benefit Society. 789 Don Mills Road, Toronto, ON, Canada M3C U.S. Mailing Address: P.O. Box 179 Buffalo, NY	esters ("Foresters") 1T9 F. 877 3: 14201-0179 T. 800 8) 29 4631 28 1540 foresters.cor	n F	Foresters γ	
Product Details (Complete and subm	it only if applying for S	MART Universal Life in	surance.)		
First name: John	Middle name:	Las	t name: <u>Doe</u>		
SMART Universal Life					("Terms")
Amount of life insurance applied for on the pro	posed insured: \$ 100,0	000			nust exit ment Terms
Underwriting: Non-medical Medic	al				incin remis
Planned premium: \$ 100.00		O Monthly 🛇 Qua	arterly O Semi-ann	ually O Annually	
Life insurance qualification test: Soludeline Premium Test (GPT) Cash Value Accumulation Test (CVAT)		Death benefit option: & Level O Increasing			LIED, AND ") AND RTICULAR
Initial lump sum premium: \$		Source of lump sum p	remium:		D OR
Riders (Subject to state and product availa	bility.)				
O Accidental death: \$	O Children's term:		O Disability income (a	ccident only):	te any
O Waiver of monthly deductions O Guaranteed purchase option					
O Other rider(s):					
Complete if the proposed insured is a juvenil	e.			\$	
b) Are all brothers and sisters insured for the s	ame amount? If "No", st	tate amount and reason	in the Remarks section t	pelow. O Yes O No	
··· · · · · · · · · · · · · · · · · ·	LAgree			0	

Review e-Application

- Each e-Signer must review the documents by clicking on the "Review Documents" button before they can e-Sign
- If an e-Signer declines to e-Sign you will be notified by email



iPipeline's iGO e-App Process

Name of Insurer	Annuity/Life	Accidental death \$	Critical illoans S	Disability income	Issue year or		
	insurance 3	ucaul a	6 6601 IIII	(per moner) a	indicate il pending		
 Have you ever had an application for life, heal If "Yes", provide date and reason: 	ith, disability or critical illne	iss insurance de	clined, rated o	r modified?	O Yes ⊗ No		
 Will coverage be discontinued or reduced, or p an annuity, if the insurance applied for in this 	premium payments stoppe Application is issued (inclu	d, on existing lif des military gro	e insurance co up life insuran	werage or ce)?	⊖ Yes ⊗ No		
Additional Information (Explain all "Yes" answ	vers where applicable.)						
Include Question #, diagnosis, date first diagnosed, t	treatment, medications, me	dical facilities an	d physicians' n	ame, addresses, pho	ne #s.		
	See Overflow Form						
	The states of				10 000		
	789 Don Mills U.S. Mailing	Road, Toront Address: P.O.	o, Canada N Box 179, Bu	I3C 1T9 Ifalo, NY 14201-01	79 T. 800 828	3 1540 foresters.com	Foresters $rac{\gamma}{\gamma}$
					Overflow F	orm	
					Overnown	Unin	
	Overflow for	the most rece	ent: • appl	ication for individu	al life insurance	O application for reinstatement	O application for change
	Proposed Ins	sured: John E	Doe				
	Date of birth:	Sep 09, 19	985	(Fir	st name, middle initial a	nd last name)	
	Overflow Info	ormation		204			
	LIFESTY	LE QUESTIO	ONS SECTI	ON			
	Used	e past 5 year marijuana (m	s, nave you	i; nce a week) herr	nin cocaine a na	arcotic a barbiturate a ballucino	nen or another
	contro De	olled substan	ce except a ug and Sub	s prescribed by a stance Usage Q	licensed physic uestionnaire	an or medical practitioner?	
	OICHAT	IDE OFOTIO					
	"Application	" means the	application i	dentified in this (Overflow Form ("	Form"), relating to the proposed	insured
	identified in	this Form, in	cluding each	h additional form	that is a part of t	hat application. "I" means individ	lually
	each persor	identified in	the Applica	tion as either the	proposed insure	id and/or owner and the	
	parent/legal	guardian sig	ning this Fo	rm.			
	I, by signing	this Form: 1) Declare th	at I have provide	d the statements	, answers and representations s	hown in this
	Form and th	ey are full, co	omplete and	true, to the best	of my knowledg	e and belief. 2) Understand and	agree
	that: (a) those	se statement	s, answers a	and representation	ons relate to the	corresponding Application section	n or
	question ide	insurability the	Form; (b) ti	nose statements	answers and report	presentations will be relied upon	85
	and (c) this	Form is part of	of and subie	ect to the Applica	tion.	noe of the Application by Porest	610,

Review e-Application

- Some details for Lifestyle and Medical related questions will be mapped to an Overflow form as there may not be enough space on the applicable application page to capture the details
- It is similar to attaching an additional sheet of paper when writing a paper application
- On the application you may see "See Overflow Form" letting you and the Proposed Insured/Owner know to review this form in order to see the response that was data entered
- Some but not all cases will • have an Overflow form

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	Foresters 7 Financial					
Welcome -	Decline e-Signature					
Welcome John Doe						
To begin the Signatu	 Any electronic signatures applied w Your agent will be notified via email You will not be able to access these 	ill be removed from the documents and the e-Sig I that you declined and cancelled the e-Signature e documents on this secure Website until the age	n process restarted it process nt who assisted with th	you want to continue		
TERMS OF USE	Do you wish to continue with declining and	d cancelling the e-Signature process?				
CONDITIONS OF USE	No - Resume	e-Signature Process		Yes - Cancel e-Signature Process		
By using this Web site without limitation or qu immediately. The Com governing this Web site	Web site ion or qu The Com s Web site					
DISCLAIMER TO THE FULLEST EXT THE COMPANY, AND SUPPLIERS DISCLAIM PURPOSE. NEITHER	DISCLAIMER TO THE FULLEST EXTENT PERMISSIBLE, THE MATERIALS ON THIS WEB SITE ARE PROVIDED "AS IS" AND WITHOUT WARRANTIES OF ANY KIND, EITHER EXPRESSED OR IMPLIED, AND THE COMPANY, AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS (WHICH SHALL INCLUDE CAREER AGENTS AND BROKERS) (COLLECTIVELY "REPRESENTATIVES") AND SUPPLIERS DISCLAIM ALL WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE NEITHER THE COMPANY NOR ITS REPRESENTATIVES OF SUPPLIERS, WARRANT THAT THE ELINCTIONS CONTINNED IN THE CAMPANY NOR ITS REPRESENTATIVES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR					
Print						
Please review the documents in their entirety for accuracy and to make sure you completely understand and agree with what they say. If you need to change or update any information or if you have any questions, please discuss with the agent who assisted with this application before applying your electronic signature.						
After reviewing the documents, please check the box indicating you have completed the review of all documents and then select either "I Agree" or "I Decline".						
Review Documents						
By clicking the "I Ag	ree" button, I confirm that I have reviewed an	nd agree with the Terms of Use and e-Signature C	Consent and that I have	e also reviewed each of the documents		
	I Decline	I Agree				

Agree/Decline

- After review, if there is something that needs to be changed, the e-Signer -should click on the "I Decline" button. If this happens, you will receive an email letting you know they have declined
- You will need to go back into the e-App, unlock it, make the required changes, lock it and restart the e-Signature process
- If the e-Signer accepts the Terms of Use and e-Signature Consent and is ready to proceed with what is shown in the documents-they can click the checkbox, then click the "I Agree" button



Foresters Y Financial

Apply e-Signature

By clicking the box	to the left I, John Doe, de	clare that I understand and agree that:		•	n they	
My signature is as either the P By clicking ", signed and ii My personal application b	a is required in the application, including the PAC Authorization to allow pre-authorized drafts, if applicable, and in every document that has a signature line for me, Proposed Insured. Owner and/or Paver as well as. If applicable, my initials such as in the "Important Notice: Replacement of Life Insurance or Annuities". Foresters Financial Apply e-Signature					
	By clicking the box	to the left I, Sue Doe, declare that I understand and agree that:			"Signe	
	 My signature as either the l By clicking ". signed and i My personal application t Signed at City 	Is required in the application, including the PAC Authorization to allow pre-auth Proposed Insured, Owner and/or Payer as well as, if applicable, my initials such Foresters Financial Apply e-Signature	Authorization to allow pre-authorized drafts, if applicable, and in every document that has a signature line for me as, if applicable, my initials such as in the "Important Notice: Replacement of Life Insurance or Annuities".		default Owner on the screen change	
		By clicking the box to the left I, Jane Smith, declare that I understand and agree that	at:			
		 My signature is required in the application, including the PAC Authori as either the Proposed Insured, Owner and/or Payer as well as, if ap By clicking "Apply e-Signature and Submit to Agent" button once, I al signed and initialed in my own handwriting. My personal information can be shared with those licensed insurance application belongs to, including information about the Proposed Insurance 	zation to allow pre-authorized drafts, if applicable, and in plicable, my initials such as in the "Important Notice: Repi m electronically applying my signature and initials to each a agents and agencies that are part of the hierarchy of ins ired if under age 16.	every document that has a signa lacement of Life Insurance or An 1 of those signature and initial line surance distributors that the agen	ture line for me, nuities". as as if I had t completing the	
		Signed at City	Signed at State			
			V			

Apply e-Signature and Submit to Agent

Apply e-Signature

- The e-Signer needs to review the statements and indicate whether or not they agree
 - If they do, the e-Signer will need to enter the **"Signed at City"** and **"Signed State"** they are signing the application and click **"Apply e-Signature and Submit to Agent"** button. The **"Signed at State"** defaulted to be for the Owner is the state selected on the Case Information screen and cannot be changed

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Decline e-Signature







Hello Forrest Gump,

This email is being sent to inform you that John Dee (Proposed Insured) has successfully reviewed and eSigned all necessary forms.

You will be notified when all parties have signed and the application is ready for your signature.

Regards,

Foresters Financial

Take steps to ensure you are receiving all communication regarding your client's application.

Please add igosupport@ipipeline.com to your trusted senders list, and be sure to check your spam and junk folders frequently.

<u>Apply e-</u> Signature

•

- When the e-Signer
 has signed, you will be
 sent an email letting
 you know they have
 completed the
 signature process.
 When the last party
 has signed, it will be
 your turn to e-Sign
- If the e-Signer does not agree to the statements, you will receive an email letting you know they have declined





Thank You

Your documents review and e-Signature process are now complete and your signature, and initials if applicable, have been applied electronically to each document that require your signature and/or initials.

To view your e-signed documents, click the "View e-Signed Documents" button.

An email has been sent to the agent who assisted with this application advising them that you have completed the e-Signature process. The documents must be electronically signed by that agent, and where applicable reviewed and agreed to by that agent's case manager, for the documents to be submitted to Foresters Financial for review. If approved by Foresters, an insurance contract will be couriered directly to the Owner or delivered to the Owner by that agent.

After that agent e-Signs and submits the documents, you will be sent another email with a link to access your e-Signed documents.

If another signer declines to e-Sign, no application will be submitted to Foresters and any temporary coverage that went into effect is terminated and no longer in effect.

View e-Signed Documents

Thank you for using Foresters Electronic Application!

After closing this screen, you will not be able to access this site again to view your application.

Thank You Screen

- The e-Signer can view the documents by clicking the "View e-Signed Documents" button
- When they do, the documents will open and the signer can see that their e-Signature has been applied on all signature lines throughout the documents where they are required to sign. Their e-Signature will be "e-Signed by: First Name Last Name in scripted font"
- Note: you have not e-Signed the documents so the Proposed Insured/Owner/Payer will not see your e-Signature





Agent Email Message

- After all signers have e-Signed, it's your turn
- Click the "Access Documents" button to start the e-Signature process
- It's very important to e-Sign and submit the application shortly after you receive this email



Secure Website

- You need to enter the last 4 digits of your SSN in order to access a secure website
- This site will remain active for **10** calendar days from the date they receive the email. If 10 calendar days have passed you will not be able to access the website. To reactive the website you will need to resend the e-Signature email

Foresters documents are available for review. To ensure your information remains secure and confidential, please enter the information below: Last 4 Digits of Your SSN	
Sign In	



Welcome - Consent

Welcome Forrest Gump,

To begin the Signature process, please review the Terms of Use and e-Signature Consent by using the scroll window below.

CONDITIONS OF USE

By using this Web site in relation to an application for insurance with The Independent Order of Foresters, hereinafter referred to as "the Company", you agree with the following Terms Of Use ("Terms") without limitation or qualification. Please read these Terms carefully before using this Web site. If you do not agree with these Terms, you are not granted permission to use this Web site and must exit immediately. The Company may revise these Terms at any time by updating this posting. You are bound by any such revisions and should therefore periodically visit this page to review the current Terms governing this Web site.

DISCLAIMER

TO THE FULLEST EXTENT PERMISSIBLE, THE MATERIALS ON THIS WEB SITE ARE PROVIDED "AS IS" AND WITHOUT WARRANTIES OF ANY KIND, EITHER EXPRESSED OR IMPLIED, AND THE COMPANY, AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS (WHICH SHALL INCLUDE CAREER AGENTS AND BROKERS) (COLLECTIVELY "REPRESENTATIVES") AND SUPPLIERS DISCLAIM ALL WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. NEITHER THE COMPANY, NOR ITS REPRESENTATIVES OR SUPPLIERS, WARRANT THAT THE FUNCTIONS CONTAINED IN THE MATERIALS WILL BE UNINTERRUPTED OR ERROR-FREE, THAT DEFECTS WILL BE CORRECTED, OR THAT THIS WEB SITE, OR THE SERVER THAT MAKES IT AVAILABLE, ARE FREE OF VIRUSES OR OTHER HARMFUL COMPONENTS. NEITHER THE COMPANY, NOR ITS REPRESENTATIVES OR SUPPLIERS, WARRANT OR MAKE ANY REPRESENTATIONS RECARDING THE USE OR THE RESULTS OF THE

Print

If you would like to review the documents again before continuing the e-Signature process please click the "Review Documents" button.

Information gathered during the Application process will be kept by The Independent Order of Foresters according to applicable record retention requirements.

When you are ready to proceed, please check the box indicating you have completed the review of all documents and then select either "I Agree" or "I Decline".

 Review Documents

 By clicking the "I Agree" button, I confirm that I have reviewed and agree with the Terms of Use and e-Signature Consent and that I have also reviewed each of the documents

 I Decline
 I Agree

Welcome – Consent Screen

- You are required to review and agree to the "Terms of Use and e-Signature Consent" before proceeding with the e-Signature process
- However, you are not required to review the documents a second time
- Click the checkbox that you agree to the Terms of Use and e-Signature Consent, then click the "I Agree" button





Producer Report Screen

- Before you sign the documents, you must complete the Producer Report
 - For medical products only, enter the **"Age & Amount Requirements", "Vendor"** and **"Date"** the requirements were ordered

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Apply e-Signature

By clicking the box to the left I, Forrest Gump, declare that I understand and agree that:

- By clicking the "Apply e-Signature" button once, I am electronically applying my signature to the application and in each document that has a signature line for the agent, as if I had signed in my own handwriting.
- · The Producer Certification completed by me will be submitted with the application.
- I confirm that the Proposed Insured/Owner/Payer was in control of the device used during his/her review of the Terms of Use and e-Signature Consent and the documents for that signer while applying his/her electronic signature.
- I agree that my personal information, that may include my Social Security Number, can be provided to each agency within my contracted agency hierarchy in relation to this application.

Signed at City	Signed at State	
Step 1 of 2		
Apply e-Signature		Decline e-Signature

Apply e-Signature

- You need to review the statements and indicate whether or not you agree
- If you do, enter the "Signed at City" and "Signed at State" where you are signing the application and click "Apply e-Signature" button



Apply e-Signature

By clicking the box to the left I, Forrest Gump, declare that I understand and agree that:

- By clicking the "Apply e-Signature" button once, I am electronically applying my signature to the application and in each document that has a signature line for the agent, as if I
 had signed in my own handwriting.
- · The Producer Certification completed by me will be submitted with the application.
- I confirm that the Proposed Insured/Owner/Payer was in control of the device used during his/her review of the Terms of Use and e-Signature Consent and the documents for that signer while applying his/her electronic signature.
- I agree that my personal information, that may include my Social Security Number, can be provided to each agency within my contracted agency hierarchy in relation to this application.

Signed at City	s	Signed at State	
Test		IA 🔽	
Step 1 of 2			
Apply e-Signature			Decline e-Signature
Print e-Signed Application			
• Warning: Your client's application package needs to be submitted.			
Step 2 of 2			
Submit to Foresters Financial			

Apply e-Signature

- The last step is to click
 "Submit to Foresters
 Financial" button. When you do, the documents will be sent electronically to Foresters
- Within less than 10 minutes, you should receive a POS decision email for all electronically submitted Foresters nonmedical products (does not apply to medical products). Decision will either be:
 - -Medically Eligible
 - -Refer
 - -Issued
 - -Declined



Point-of-Sale (POS) Leave Behind Email

- Once you click the "**Submit to Foresters**" button a second email will be sent to the Proposed Insured/Owner/Payer letting them know the documents are is complete and sent to Foresters
- Once received, they can logon to a secure website to see all documents that make up the signer's package, along with the applicable POS and any disclosure forms that you would be required to leave behind with that e-Signer if writing a paper application
- This is why you and each signing party <u>must</u> have a separate email address. The applicable POS forms are to be left with them and if you use your email address as theirs, those forms will be sent to you and your regulatory obligation will not have been met





		Case Information	Application	
	Pre-Qualifying			
	Pre-Qualifying, Cont	Signature Method		
	License and Appointm	Please choose a signature metho	od:	
	Proposed Insured	Print documents for wet signature		
	Proposed Insured, Cont	Electronically sign documents		
	Lifestyle Questions	Each signing party must have t	their own email address	
	Coverage Information			
	Owner	Proposed Insured : John Doe		
	Illustration Certificat	Present Not Present		
	Non-Residence Sale D	Owner : Sue Doe		
	Beneficiary	Present Not Present		
-	Other Insurance	Payer : Jane Smith		
	Physician Information	Present Not Present		
	Medical Questions			
	Medical Questions, Co	< Back		
	Payment Information			

Electronically sign documents (Touch to Sign - slides 70 – 78)

- Not available in NY
- Only available if using an iPad with Safari as the browser. If using a laptop or desktop this option is not available
- You will need to select which of the signing parties is present or not present. If present, all signing parties will sign using their finger or stylus to e-Sign. If not present, those signing parties, including you will sign using ClickWrap signature method

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		Case Information	Application	
	Pre-Qualifying			
	Pre-Qualifying, Cont	Signature Disclosure	es	
	License and Appointm	Agent Instructions: P	lease read alou	id to client
	Proposed Insured	During this process		
	Proposed Insured, Cont	During this process		and the last second states and
	Lifestyle Questions	Step 1. You will agree to review the	e applicable documents	and disclosures presented to you.
	Coverage Information	Step 2. You will agree to read the and Electronic Delivery consent.	Ferms and Conditions as	s well as the Electronic Signature
	Owner	Step 3. If you are the Proposed Ins	sured or the Owner, you	will acknowledge that you are
	Illustration Certificat	applying as a Proposed Insured un	der, or Owner for, an in	isurance contract.
	Non-Residence Sale D	Step 4. If you are the Proposed Ins identification to me.	ured or the Owner, you	will agree to show proof of
	Other Insurance	Proposed Insured		
	Physician Information	I, John Doe, Proposed Insured, acknow	ledge that I have agreed to ste	eps 1 - 4 read aloud by my Agent.
	Medical Questions	The proof of identification I gave to	o my Agent, Forrest Gum	np, was:
	Medical Questions, Co	Passport		v
	Payment Information	Passport No:		
	Other Payer Identifica	1234		
	Temporary Insurance	Owner		
~	Validate and Lock Data	I, Sue Doe, Owner, acknowledge that I	have agreed to steps 1 - 4 read	l aloud by my Agent.
~	Signature Method	The proof of identification I gave to	o my Agent, Forrest Gum	np, was:
?	Signature Disclosures	Driver's License		V
		State Issued: Driver's License No.):	

Signature Disclosures Screen

- Read aloud the instructions in blue to the Proposed Insured/Owner/Payer – whomever is present
- Check the box beside their name, then click "Next"
- Proof of identification is defaulted to what was entered on the Proposed Insured Cont and Owner screens during the data collection process

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iPipeline's iGO e-App Process

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Pre-Qualifying	
Pre-Qualifying, Cont	Terms of Use, e-Signature and e-Delivery Consent
License and Appointm	To begin the Signature process, please review the Terms of Use , e-Signature and e-Delivery Consent by using the scroll window below. You may print and retain a copy of these documents for future reference.
Proposed Insured	
Proposed Insured, Cont	TERMS OF USE
Lifestyle Questions	By using this Web site in relation to an application for insurance with The Independent Order of Foresters, hereinafter referred to as "the Company", you agree with the following Terms Of Use ("Terms") without limitation or qualification. Please read these Terms carefulty before using this Web site. If you do not acree with these Terms, you are not caracted permission to use this.
Coverage Information	Web site and must exit immediately. The Company may revise these Terms at any time by updating this posting. You are bound by any such revisions and should therefore periodically visit this page to review the current Terms governing this Web site.
Owner	DISCLAIMER
Illustration Certificat	TO THE FOLLEST EXTERT FERMISSION. THE WALLENALS OF THIS YES BITE ARE PROVIDED YOU TO THE FOLLEST EXTERN THEORY IN THE THE REPRESED OR INFLICT, NOT HE COMPANY, AND ITS OFFICIERS, DIRECTORS, EMPLOYEES AND AGENTS (WHICH SHALL INCLUDE CAREER AGENTS AND BROKERS) (COLLECTIVELY "PEOPRESENTATIVES") AND SIDE INFORMATION OF THE REPORT OF THE ADDRESS AND AGENTS AND BROKENS AND AGENTS AND ADDRESS AND AGENTS AND ADDRESS AND AGENTS AND ADDRESS AND
Non-Residence Sale D	LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. NEITHER THE COMPANY, NOR ITS REPRESENTATIVES OR SUPPLIERS, WARRANT THAT THE FUNCTIONS CONTAINED IN THE
Beneficiary	MATERIALS WILL BE UNINTERRUPTED OR ERROR-FREE, THAT DEFECTS WILL BE CORRECTED, OR THAT THIS WEB SITE, OR THE SERVER THAT MAKES IT AVAILABLE, ARE FREE OF VIRUSES OR OTHER HARMFUL COMPONENTS.
Other Insurance	NEITHER THE COMPANY, NOR ITS REPRESENTATIVES OR SUPPLIERS, WARRANT OR MARE ANY REPRESENTATIONS REGARDING THE USE OR THE RESULTS OF THE USE OF THE MATERIALS ON THIS WEB SITE IN TERMS OF THEIR CORRECTNESS, ACCURACY, RELIABILITY, OR OTHERWISE, YOU (AND NEITHER THE COMPANY,
Physician Information	NOR ITS REPRESENTATIVES OR SUPPLIERS) ASSUME THE ENTIRE COST OF ALL NECESSARY SERVICING, REPAIR, OR CORRECTION. THE INFORMATION AND DESCRIPTIONS CONTAINED HEREIN ARE NOT NECESSARILY INTENDED TO BE COMPLETE DESCRIPTIONS OF ALL TERMS, EXCLUSIONS AND CONDITIONS APPLICABLE TO THE PRODUCTS.
Medical Questions	AND SERVICES, BUT ARE PROVIDED SOLELY FOR GENERAL INFORMATIONAL PURPOSES; PLEASE REFER TO THE ACTUAL POLICY OR THE RELEVANT PRODUCT OR SERVICE AGREEMENT; THIS WEB SITE MAY BE LINKED TO
Medical Questions, Co	OTHER WEB SITES WHICH ARE NOT MAINTAINED BY THE COMPANY, NEITHER THE COMPANY, NOR ITS REPRESENTATIVES OR SUPPLIERS, ARE RESPONSIBLE FOR THE CONTENT OF THOSE WEB SITES. THE INCLUSION OF ANY LINK TO SUCH WEB SITES DOES NOT IMPLY APPROVAL OF, OR ENDORSEMENT BY, THE COMPANY, OR ANY
Payment Information	OF ITS REPRESENTATIVES OR SUPPLIERS, OF THE WEB SITES OR THE CONTENT THEREOF.
Other Payer Identifica	Print
Temporary Insurance	Please review the documents in their entirety for accuracy and to make sure you completely understand and agree with what they say. If you need to change or update any information or if you have any questions, please discuss with the agent who assisted with this application before applying your electronic signature.
	After reviewing the documents, please check the box indicating you have completed the review of all documents and then select either "I Agree" or "I Decline".

Review Documents	
By clicking the "I Agree" button, I e -Delivery Consent and that I have als	confirm that I have reviewed and agree with the Terms of Use, e-Signature an to reviewed each of the documents
I Agree	I Decline
wner	
wner Review Documents	
Review Documents By clicking the "I Agree" button, I t e-Delivery Consent and that I have als	confirm that I have reviewed and agree with the Terms of Use, e-Signature an io reviewed each of the documents

Terms of Use, e-Signature and e-**Delivery Consent Screen**

- The Proposed Insured/Owner/Payer whomever are present, are required to review and agree to the "Terms of Use, e-Signature and e-Delivery Consent" before proceeding with the e-Signature process
- If they do not agree and wish to decline, click "I Decline" and you will be taken back to the "Validate and Lock Data" screen where you can unlock the screen by clicking on the "Unlock Documents and Cancel Signature Process" button. The locks will turn back to green check marks. If the decline was because they want to make a change, go to the screen where the change needs to be made, make the change then proceed to "Validate and Lock" screen to start the signature process again


🔒 Pre-Qu Pre-O

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Propo

🔒 Propo

Lifest

Cover.

Owne

Benef

Other

Physic

A Media Medic

Payme

Other 🔒 Tempo

Illustra A Non-R



iPipeline's iGO e-App Process

		789 Don Mills Road, To U.S. Mailing Address: P	oronto, ON, Canada M3C 1 P.O. Box 179 Buffalo, NY 1	T9 F. 877 3 4201-0179 T. 800 8	29 4631 28 1540 foresters.com	n	rinaricia	21	
ualifying	-								
alifying, Cont	Ierms								
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sed Insured	TERME	Proposed Insured							
sed Insured, Cont	CONDITIONS	First name: John		Middle name:	Las	t name:Doe			
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age Information	Web site and r by any such re	SMART Universal	Life						
r	DISCLAIMER TO THE FULL								
ation Certificat	EMPLOYEES "REPRESENT	Amount of life insurar	nce applied for on the pro	posed insured: \$ 100,	000			_	
esidence Sale D	LIMITED TO, I THE COMPAN	Underwriting: 🚫 No	n-medical O Medic	al					
ciary	SITE, OR THE NEITHER THE	Planned premium: \$	100.00		O Monthly 🛛 Qua	arterly Os	Semi-annually C) Annually	
Insurance	REPRESENT/ TERMS OF TI NOR ITS REP	Life insurance qualific	ation test:		Death benefit option:				
ian Information	OR CORRECT	O Cash Value Accum	ulation Test (CVAT)		O Increasing				
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ent Information	Delet								
Payer Identifica	Print Please revi	Riders (Subject to s	tate and product availa	bility.)		-			
orary Insurance	understan	O Accidental death:	O Accidental death: O Children's term:		O Disability income (accident o		ncome (accident only	/):	
	or if you h before app	\$	\$ \$			\$			
	After revie	O waiver of monthly	O Walver of monthly deductions			se option			
	review of a	O Other rider(s):	O Other rider(s):						
	Proposed	Complete if the prop	Complete if the proposed insured is a juvenile.						
		a) State amount of life insurance on primary caregiver.							
		b) Are all brothers and	a sisters insured for the s	ame amount? If "No", s	tate amount and reason	n the Remarks	section below. O to	BS ONO	
	By clicking the "I e-Delivery Consent a	Agree'' button, I confir nd that I have also rev	rm that I have reviewe viewed each of the doo	d and agree with the suments	Terms of Use, e-Signa	ture and			
	LAgree		I Decline						
	Owner								
	Re	view Documents							
	By clicking the "I	Agree" button, I confir nd that I have also rev	rm that I have reviewe	d and agree with the	Terms of Use, e-Signa	ture and			
	I Agree		I Decline						
	< Back				For Proc	lucer l	Jse Only	. Not	

The Independent Order of Foresters ("Foresters")

A Fraternal Benefit Society.

Review Application Package

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- The Proposed Insured/Owner/Payer whomever is present, must review the documents by clicking on the "Review Documents" button
- Tip: Once the documents load, wait for the screen to refresh before scrolling through it

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Foresters γ



		Case Informa	tion	Application		_	-			
a	Pre-Qualifying					_				
•	Pre-Qualifying, Cont	eSignature - P	ropos	sed Insured						
۵	License and Appointm	Apply e-Signature								
۵	Proposed Insured	. 4F.A. = 2.0								
	Proposed Insured, Cont	l, John Doe, declare tha								
۵	Lifestyle Questions	 My signature is requir authorized drafts, if ap 	ed in the	application, including t	he PAC Authorization to allow pre-		_			
	Coverage Information	either the Proposed In in the "Important Notic			Case Information	Application				
•	Owner	 By signing only in the 	A Pre-0	Qualifying						
	Illustration Certificat	initials as applicable to initialed in my own har • My personal informat that are part of the hie application belongs to.	A Pre-0	Qualifying, Cont	eSignature - Owner					
•	Non-Residence Sale D		🔒 Licer	se and Appointm	Apply e-Signature					
•	Beneficiary		A Prop	osed Insured						
•	Other Insurance	• I reviewed and agree	e Prop	osed Insured, Cont	I, Sue Doe, declare that I understa	nd and agree that:				
a	Physician Information	I confirm that the em address and can open PDFs). I will be receiving doc	🔒 Lifes	tyle Questions	 My signature is required in the application, including the PAC Authorization tauthorized drafts, if applicable, and in every document that has a signature line 					
	Medical Questions		Cove	rage Information	either the Proposed Insured, Own in the "Important Notice: Replacer	as, if applicable, my initials such as r Annuities".				
	Medical Questions, Co		e Own	er	• By signing only in the signature l	box below 1 am electronically applying my signature and				
	Payment Information	my email address belo link (button) in that em	🔒 Illust	ration Certificat	initials as applicable to each of the	l lines as if I had signed and				
			A Non-	Residence Sale D	• My personal information can be	shared with those licen	sed insurance agents and agencies			
			🔒 Bene	ficiary	that are part of the hierarchy of in application belongs to including it	surance distributors the	at the agent completing the			
			🔒 Othe	r Insurance	I reviewed and agreed to the Terr	ms of lise e-Signature :	and e-Delivery Consent			
			A Phys	ician Information	- I coofirm that the email address	holow is minor that I say	and e-benvery consent.			
			🔒 Medi	ical Questions	address and can open links (click of	on buttons) in an email	to access documents (such as			
			🔒 Medi	ical Questions, Co	rurs).	steenicelly including and	sh applicable disclosure form			
			🔒 Payn	nent Information	 I will be receiving documents ele my email address below. I will hav 	etronically, including ea e 10 calendar days to ac	cn applicable disclosure form, at ccess those documents using the			

<u>e-Signature – Proposed</u> Insured/Owner/Payer Screen

The Proposed Insured/Owner/Payer – whomever is present needs to review the statements outlined on this screen before they can e-Sign



~	Validate and Lock Data	For the person named above	:	
~	Signature Method	Their Email Address		Last 4 Digits of their SSN
~	Signature Disclosures			1111
~	Terms of Use, e-Signat	A The person named above i	must have t	neir own email address
?	Signature - Proposed I			
		Please enter the city where you a	ire signing th	ne application.
		Signed at City:	Signed	at State:
			AK	•
		Click "Sign" to activate the si stylus. Next, click "Capture" t	gnature bo	x, then sign within the box using your finger or a ir e-Signature on each of the documents.
		Sign		

<u>e-Signature – Proposed</u> Insured/Owner/Payer Screen

 Next, the Proposed Insured/Owner/Payer enters their email address (which must be their own separate email address)

By clicking "Capture" you are applying your e-Signature and are agreeing with the terms described in the Apply e-Signature section above.



			Case Info	rmation	Application			
	Pre-Qualifying							
0	Pre-Qualifying, Cont	Plea	se confirm the email addr	ess entered be	longs to the Proposed Insured	as a copy ×		
0	License and Appoint	The	email address cannot bel	ong to an agent	or have been created by an a	gent for the		
	Proposed Insured	Ριομ	iosed insured.					
2	Proposed Insured, C					ок		
•	Lifestyle Questions		authorized drafts,	if applicable,	and in every document th	at has a signature	on to allow pre- e line for me, as	
0	Coverage Information		either the Propose in the "Important N	d Insured, Ov Notice: Replac	vner and/or Payer as well cement of Life Insurance o	as, if applicable, r r Annuities".	my initials such as	
6	Owner	-	Pre-Qualifying					
•	Illustration Certificat	-	Pre-Qualifying, Cont	Remember,	all signing parties must have	e their own email a ddress or use an ei	address. You cannot u mail address you bay	ise ×
0	Non-Residence Sale D.		License and Appoint	access to for them. Please confirm the email addresses entered for each				g party
4	Beneficiary	-	Proposed Insured	is correct.				
2	Other Insurance	•	Proposed Insured, C					ОК
	Physician Information		Lifestyle Questions					
	Medical Questions	-	Coverage Information	n' (Send Messag	o		
		4	Owner	By	completing the informat	ion below each		receive a personaliz
		-	III. standard Condification	me	ssage instructing them h	ow to gain acces	ss to the applicable	e documents and th
		-	illustration Certificat	ste	os that must be complet	ed to apply their	r electronic signatu	ire.
		•	Non-Residence Sale I	D Las	t 4 digits of e-Signer's So	ocial Security Nu	ımber	
		2	Beneficiary					
			Other Insurance	e-Si	gner's name as it appea	rs on the applica	ation	
		0	Physician Informatio	Jar	ie Smith			

<u>e-Signature – Proposed</u> Insured/Owner/Payer Screen

- Once an email address is entered for the Proposed Insured/Owner/Payer – whomever is present, confirm the email address is correct. Click "OK"
- If necessary, re-type the email address

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iPipeline's iGO e-App Process

Validate and Lock D	ata For the person named above:	
 Signature Method 	Their Email Address	Last 4 Digits of their SSN
 Signature Disclosure 	25	1111
✓ Terms of Use, e-Sign	A The person named above mu	st have their own email address
? Signature - Proposed	d I	
	Please enter the city where you are	signing the application.
	Signed at City:	Signed at State:
		AK
	Click "Sign" to activate the sign stylus. Next, click "Capture" to s	ature box, then sign within the box using your finger or a ave your e-Signature on each of the documents.

e-Signature – Proposed Insured/Owner/Payer Screen

- Next, the Proposed Insured/Owner/Payer whomever is present enter the "Signed at City" and "Signed at State" where the application is being signed
- Then they click "Sign" under the yellow box

By clicking "Capture" you are applying your e-Signature and are agreeing with the terms described in the Apply e-Signature section above.



 Signature Method 	Their Email Address	Last	4 Digits of their SSN			
 Signature Disclosures 	test@test.com	111	11		_	
✓ Terms of Use, e-Signat	A The person named above	e must have their o	wn email address			
 Signature - Proposed I 						
	Please enter the city where you	are signing the app	blication.			
	Signed at City:	Signed at St	ate:			
	Little Rock	AK	· · · · · · · · · · · · · · · · · · ·			
	Click "Sign" to activate the s stylus.Next, click "Capt 🖌	signature box. the Signature Method	en sign within the box using Their Email Add	g vour finger or a dress	Last 4 Digits of their SSN	
	·	Signature Disclos	ures test@test.com		1111	
	× ~ *	Terms of Use, e-S	ignat 🚹 The person	named above must have	their own email address	
		Signature - Propo	sed I			
		Signature - Owne	r Please enter the c	ity where you are signing:	the application.	
	Undo-last stroke	e-Signature Instru	Signed at City:	Signe	d at State:	
	Capture Clear		Mobile	AL	· ·	
			Click "Sign" to a stylus. Next, clie	activate the signature b ck "Capture" to save yo	box, then sign within the box u our e-Signature on each of the	using your finger or a a documents.
	By clicking "Capture" yo					
	described in the Apply					
				T		
	K Back Next			su DI	fe i	
				-		
			- Undo-last	stroke		
			Capture	Clear		
			By clicking "Cap described in the	oture" you are applying e Apply e-Signature se	; your e-Signature and are agr ction above.	eeing with the terms
			< Back	Next >		

<u>e-Signature – Proposed</u> Insured/Owner/Payer Screen

- Once the Proposed Insured/Owner/Payer clicks
 "Sign" the yellow box will turn to a dotted red box
- Using their finger or a stylus, the Proposed Insured/Owner/Payer – whomever is present, can sign their signature within the dotted red box (anything outside of the red box will not appear on the signature pages)
- Then they click "Capture."
 Tip: Wait for screen to refresh before proceeding
- If the signature shown is unsatisfactory, the e-Signer can click "Clear" and resign
- Repeat until everyone who is present has e-Signed
- If someone is not present, they will complete the Signature process using ClickWrap. You will also sign using ClickWrap



	Pre-Qualifying	
	Pre-Qualifying, Cont	e-Signature Instructions
	License and Appointm	e-Signature emails will be sent to the signing parties below:
	Proposed Insured	Payer Jane Smith
	Proposed Insured, Cont	The e-Signature process requires each e-Signer to agree to the Terms of Use and e-Signature Consent and then to review the documents online.
	Lifestyle Questions	Following review of this information, each e-Signer will be instructed to click an "I Agree"
-	Coverage Information	statement, insert the city, where he/she is located when signing and apply his/her electronic signature.
	Owner	
	Illustration Certificat	Inis process will serve as his/her electronic signature. A secure process has been put in place to ensure his/her review of personal information and e-Signing is confidential and secure
-	Non-Residence Sale D	secure.
	Beneficiary	Agent e-Signature Instructions
	Other Insurance	Forrest Gump, please enter the last 4 digits of your SSN that you, as the agent, will use to
	Physician Information	sign in to your agent Signature process once all other parties have e-Signed.
	Medical Questions	Agent SSN (Last 4 Digits)
	Medical Questions, Co	
	Payment Information	Please also enter and confirm your email address where e-Signature notifications will be sent.
	Other Payer Identifica	Agent's Email Address
	Temporary Insurance	

<u>e-Signature – Instructions</u> <u>Screen</u>

- Once everyone who is present has signed, those who are not present will complete the Signature process using ClickWrap
- You will also sign using ClickWrap
- Refer to slides 50 69





View My Cases

Dashboard

- Lists all your cases
- Case remains active for 120
 days from last review
- Cases archived to iPipeline's server after 120 days
- Search or sort feature helps identify cases
- Status column helps manage cases

Tips for using iPipeline's iGO e-App

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iPipeline's iGO e-App Tips for Success

- Each signing party **must have their own email address**; **separate from yours**. This is an email account they already have and that he/she considers private for their own personal use (e-Signature is not available in NY at this time)
- If an email account is to be set up specifically for e-App, it must be the signing party who sets up that email account and keeps their account password private. You cannot set up an email account for them (e-Signature is not available in NY at this time)
- You may get an error message if you have more than one browser window open. If this happens, close each browser window and re-launch the e-App
- From time to time clear your browser cache to prevent unwanted data from being carried forward into the e-App. To clear the cache on a laptop or computer, open Internet Explorer, go to "Tools" then "Internet Options". Find browsing history and click "Delete." For the Apple iPad, go to "Settings," "Safari" and click on "Clear History and Website Data"



iPipeline's iGO e-App Tips for Success

- Pop-up Blockers must be turned off to see the PDF of the application and forms. To turn off the Pop-up Blockers, open Internet Explorer, go to Tools, Interest Options, find Pop-up Blocker and make sure the "Turn on Pop-up Blocker" is grayed out for the time that you are reviewing the PDF
- Autofill must be turned off in order to prevent data integrity issues
- To prevent an incorrect date from mapping to the .pdf of the application set the Language Preference to English (United States). To update the Language Preference on a laptop or computer, open Internet Explorer, go to "Tools," "Internet Options" and click on the "Languages" button under "Appearances." If English (United States) does not appear in the "Language" box, click "Add" to make the appropriate selection. For the Apple iPad, go to "Settings," "General" and click on "Language & Region." Make sure "iPad Language" is set to "English (US)"
- You can complete the e-App in any order. You can click the "Next" or "Back" buttons or you can click the screen name in the left hand Navigation Tree. Regardless of the order you choose, all screens need a green check mark before you can electronically submit the e-App



iPipeline's iGO e-App Tips for Success

- Most screens do not prevent you from entering a response that makes a previous response inaccurate; just like in paper. For example: year of birth entered is 1965 but on another screen you enter a year that is earlier or later than 1965; this date will be accepted. The only time you'll be alerted is if a date you've entered is in the future. Therefore, ensure the information entered is accurate
- At any time throughout the e-App process you can click "View Forms" to see what data has been captured on the documents. You can print the documents. However, if you decide to stop the e-App process and print the documents prior to electronically submitting it to Foresters, only the information entered up to that point will be captured. You will need to complete the remainder in pen, collect a wet signature from all necessary signing parties, leave all applicable Point of Sale forms with them and send the signed, paper application package to Foresters, as you usually do

For additional information, refer to iPipeline's e-App Success Tips and Troubleshooting Ideas document found on ezbiz, Foresters producer website in the Toolbox/e-App section

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Support



iPipeline's iGO e-App Support

If you have any technical issues, click the "Help" link at the top of the e-App screen.

Once the "Help" link is opened, you can access a Live Chat session with an iPipeline representative. Live Chat is available from 8 am – 8 pm ET Monday to Friday.

If you try to chat during off hours, an email will be sent to the iPipeline Support Desk to be picked up the following day.



Disclaimer

All information is intended to be general in nature. All Foresters fraternal requirements need to be considered including the requirement that proceeds must benefit the Foresters member or the member's dependents.

The information contained in this presentation is for informational purposes only; it does not form part of the life insurance contract and is not intended to amend, alter or change any of the terms and conditions of the contract. There are other tools available to support your learning needs. You must ensure that you correctly represent, to a customer or prospect, the product features based on the actual wording of the applicable certificate and riders for your state.

The information contained in this presentation is meant to be a guide only and is intended to provide an overview of the iPipeline iGO e-App. The information in this presentation may not be regularly updated, and it may not include developments in Foresters practices and policies made after the presentation's publication.