



Agent Guide to Income Continuation Term E-Application

Underwritten by S.USA Life Insurance Company, Inc.

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Product Overview

PRODUCT DESCRIPTION	Term insurance with the death benefit payable monthly for a predetermined benefit payment period.	
PREMIUM GUARANTEE (Base Policy Only)	For the 2, 3, and 5 year benefit payout options, premiums are level for the first 10 years, then increase in 5 year increments to age 65, and then increase annually to age 70. For the to-age-70 payout option, premiums are expected to remain level to age 65 (and are guaranteed to remain level for the first 10 years), then increase annually to age 70.	
ISSUE AGES	18 - 55 age last birthday.	
MONTHLY BENEFIT AMOUNTS	\$500 - \$30,000 per month payable to the beneficiary. Available in \$500 increments. A portion of the monthly benefit payments may be taxable.	
BENEFIT PAYMENT PERIODS	Owner elects a payment period of 2, 3 or 5 years or to the insured's age 70 or a single lump sum	
BILLING OPTIONS & PREMIUM MODES	<ul style="list-style-type: none"> • Direct Bill: Annual; Semi-Annual; Quarterly • EFT: Annual; Semi-Annual; Quarterly; Monthly • Credit Card: Annual; Semi-Annual; Quarterly; Monthly • Initial premium payment can be made by credit card. • Initial premium must be made before the policy will be issued. • Annual \$100 policy fee 	
UNDERWRITING	<p><u>Simplified Issue*</u> Monthly Benefit Amounts: \$500 - \$10,000</p> <p>Total Benefit (sum of monthly payments + Lump Sum Benefit Rider) must be less than \$250,000**</p> <p>Issue Ages: 18 - 55</p> <p>All "No" Answers to application medical questions</p> <p>Classifications:</p> <ul style="list-style-type: none"> • Simplified Issue Non-Tobacco (no tobacco or nicotine products within last 12 months) • Simplified Issue Tobacco • Sub-Standard (tables A to P) 	<p><u>Fully Underwritten</u> Monthly Benefit Amounts: \$500 - \$30,000</p> <p>Total Benefit (sum of monthly payments + Lump Sum Benefit Rider) \$250,000 or above</p> <p>Issue Ages: 18 - 55</p> <p>Classifications:</p> <ul style="list-style-type: none"> • Preferred Non-Tobacco (\$250,000 minimum) • Standard Non-Tobacco (no tobacco or nicotine products within last 12 months) • Standard Tobacco • Sub-Standard (tables A to P)

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Product Overview Continued...

CONVERTIBILITY	The product is convertible prior to the 10 th anniversary of the policy. Simplified Issue policies will be converted to a Simplified Issue permanent product and fully underwritten will be converted to a fully underwritten permanent product.
OPTIONS (ADDITIONAL COST)	<ul style="list-style-type: none"> • Inflation Protection Feature: the monthly benefit increases by 3% on every policy anniversary. • Additional Lump Sum Benefit Rider: provides a lump sum payment upon insured's death, issue ages 18-55, available in amounts from \$10,000 - \$500,000 (If the base policy is rated the same rating will apply to this rider). Premiums are guaranteed for the first 10 years, and increase in 5 year increments thereafter. This Rider is convertible to Whole Life. • Waiver of Premium Benefit Rider: waives premiums on the base policy and riders if the insured becomes totally disabled. Insured must be disabled for a continuous period of 180 days. Provides coverage through age 65; if insured is totally disabled at age 65, coverage extends to age 70.
Forms	<p>Application- ICC16-U-APPICTECS16 HIPAA Authorization- HIPAA GES 14 Aviation Questionnaire, if applicable- ICC16-U-QUEAVIECS16 Avocation Questionnaire, if applicable- ICC16-U-QUEAVOECS16</p> <p>NOTE: ADDITIONAL STATE-SPECIFIC FORMS REQUIRED IN SOME INSTANCES. ALL CONSENT FORMS, DISCLOSURES, AND REPLACEMENT NOTICES THAT GENERATE AS PART OF THE E-APPLICATION PROCESS SHOULD BE READ OR SHOWN TO CLIENT.</p>

* Simplified Issue will be evaluated based on height/weight, answers to the medical questions, MIB & prescription history. If a decision cannot be made based off those requirements, the case will be withdrawn. If the case is withdrawn and the proposed insured wants further reconsideration, they can provide the needed medical requirements at no expense to the company. If additional underwriting is required on a Simplified Issue application, the applicant will still receive Simplified Issue premium rates, as applied and if approved sub-standard, Tables A – P may be applied.

**When simplified underwriting is used, the maximum combined coverage is \$350K: Income Continuation Term, Final Expense, Simple Issue Term, Simple Issue Whole Life, Senior Life, and 10 Year Term Rider.

Refer to the policy for applicable exclusions and limitations. You must disclose all limitations and exclusions to the client. Not available in all states.

System access: If you have not logged into the system, please visit: www.insuranceadmin.com/agent, your ID will be your email address and your password was selected during your online contracting process.

Instructions for online contracting are located at www.insuranceadmin.com/doc. For additional contracting support, please contact: support@insuranceadmin.com or phone: 855-321-2755.

Important Note: Quoting is currently only available for states below:

AK, AL, AR, AZ, CO, GA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, NE, NJ, NM, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV, WY

Once you have your login credentials, use the link below to access the login screen.

Go to : www.insuranceadmin.com/agent

Enter your credentials here.

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Sign In [Forgot password?](#)

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Agent Portal Login

Email Address

Password

☐ Remember me

[Log In](#)

Don't have an account? Ask your marketer for registration instructions.

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ADMINISTRATION
For support call: 855-321-2755

Underwriting Classifications

COVERAGE AMOUNT	AGE	
	18-40	41-55
\$10,000 to 249,999	Non-Med, ScriptCheck, MVR	
\$250,000 to \$499,999	Paramed, blood/urine, ScriptCheck, MVR	Paramed, blood/urine, ScriptCheck, MVR
\$500,000 to \$1,499,999		Paramed, EKG, blood/urine, ScriptCheck, MVR, TU & TPF for \$1M and up
\$1,500,000 to \$4,999,999	Paramed, blood/urine, ScriptCheck, MVR, TU, TPF	Paramed, EKG, blood/urine, ScriptCheck, MVR, TU, TPF
\$5,000,000 and up		Paramed, EKG, blood/urine, ScriptCheck, MVR, Insp, TPF

Insp - Inspection report

TU - Telephone Interview

TPF - Third Party Financials [W2 or 1099, *and* income tax returns]

Note: An MIB is ordered on all applications. All requirements are ordered by the Home Office.

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Underwriting Classifications

Category	Preferred Non-tobacco	Standard Non-tobacco	Standard Tobacco
TOBACCO USE	No tobacco use past 2 years *Exception: no more than 2 cigars per year	No tobacco use past 12 months *Exception: no more than 2 cigars per month	N/A
BLOOD PRESSURE	Current blood pressure is no more than 140/85.	Current blood pressure is no more than 155/92	Current blood pressure is no more than 155/92
CHOLESTEROL	Total Cholesterol cannot exceed: Age 20-40 - 230, Age 41-55 - 250	Total Cholesterol cannot exceed: Age 20-40 - 275, Age 41-55 - 285	Total Cholesterol cannot exceed: Age 20-40 - 275, Age 41-55 - 285
CHOL/HDL RATIO	Cannot exceed 5.5	Cannot exceed 8.0	Cannot exceed 8.0
BLOOD/URINE	Within acceptable limits	Within acceptable limits	Within acceptable limits
DRIVING	No DWI or DUI in the past 5 years. Not more than 1 moving violation in the last 2 years.	Individual Consideration	Individual Consideration
FAMILY HISTORY	No immediate family member has died of cardiovascular disease (CAD), cerebral vascular disease (CVD), diabetes or cancer* prior to age 60. *Excludes gender-specific cancers for applicants that are a different gender than the family member.	N/A	N/A
BUILD	See chart	See chart	See chart

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Underwriting Classifications

Category	Preferred Non-tobacco	Standard Non-tobacco	Standard Tobacco
TRAVEL	U.S. resident and either U.S. Citizen or must have permanent Visa or Green Card. No travel to high risk areas (depends on state law).	U.S. resident and either U.S. Citizen or must have permanent Visa or Green Card. No travel to high risk areas (depend on state law).	U.S. resident and either U.S. Citizen or must have permanent Visa or Green Card. No travel to high risk areas (depend on state law).
AVIATION	No participation in any hazardous aviation in the past 2 years. If a private pilot must have over 500 solo hours & fly less than 250 hours per year. Must fly in a conventional aircraft (jet/prop).	Individual Consideration	Individual Consideration
HAZARDOUS AVOCATIONS	No participation in any hazardous sports activity in the past 2 years.	Individual Consideration	Individual Consideration
ALCOHOL/DRUGS	No history of treatment for drug or alcohol abuse in the past 10 years.	No history of treatment for drug or alcohol abuse in the past 7 years.	No history of treatment for drug or alcohol abuse in the past 7 years.
OTHER CONSIDERATIONS	No conviction of a felony in the last 5 years.	Individual Consideration	Individual Consideration

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Quote Engine

Policies

Commissions

Contracting

Downlines

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Select Quote Engine

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Rate Quotes

Income Continuation Term

Income Continuation Term Rates

Age: 35 Gender: Female Information is for AGENT USE ONLY.

Tobacco: No State: AL

Monthly Benefit Amount: \$5,000

Payout Period: 2 Years

3% Inflation Protection: No

Risk Class: Simple Issue Substandard: No

Waiver of Premium Rider: No

Additional Lump Sum Benefit Rider: No

[See Rates](#)

Enter:

- Age
- Gender
- Tobacco Use
- State
- Monthly Benefit Amount Election
- Payout Period Election
- 3% Inflation Protection Election
- Risk Class
- Substandard Rating (Yes or No)
- Waiver of Premium Rider Election
- Additional Lump Sum Benefit Rider Election

CLICK "SEE RATES"

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Rate Quotes

Income Continuation Term

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Additional Lump Sum Benefit Rider: No

[See Rates](#)

\$30.53 Monthly
\$92.45 Quarterly
\$179.67 Semi-Annually
\$348.86 Annually

Breakdown	Month.	Qtr.	Semi.	Ann.
Premium	21.78	65.95	128.17	248.86
Policy Fee	8.75	26.50	51.50	100.00
Total	30.53	92.45	179.67	348.86

[Download PIS](#) [Apply Online](#)

Information is for AGENT USE ONLY.

Summary of rates here

Link to Preliminary Information Statement (PIS)

Link to begin Online Application

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**Sample Preliminary
Information Statement
(PIS)**



Get A Quote - Preliminary Information

Insured:
Gender: Female
Age: 35

Risk: Standard Risk
Tobacco Use: Qualifies as Non-Tobacco User
Monthly Benefit Amount: \$ 5,000.00
Premium Mode: Monthly
Benefit Payment Period: 2 Years
Inflation Feature: 0%

**Income Continuation Policy
10 Year Renewable & Convertible Term**

Illustrated Coverage	Benefit Period	Initial Amount	Annual Premium	Semi-Annual Premium	Quarterly Premium	Monthly Premium
Income Continuation Term	2 Years	\$ 5,000.00	\$ 248.86	\$ 128.17	\$ 65.95	\$ 21.78
Policy Fee			\$ 100.00	\$ 51.50	\$ 26.50	\$ 8.75
Total Premiums:			\$ 348.86	\$ 179.67	\$ 92.45	\$ 30.53

- Premium guaranteed not to change for 10 year(s).
- Renewable thereafter in 5 year increments.
- Convertible to whole life up to age 45 or the 10th policy anniversary, if later.
- Guaranteed Death Benefit as long as premiums are paid.
- This policy does not develop cash values.

Indices
are based on
5.00% interest

The following values are for each \$1,000 of insurance for the basic policy

	Guaranteed	
	Year 10	Year 20
Net Payment Cost Index	3.00	4.24
Surrender Cost Index	3.00	4.24

Note: When the policy is issued, we will furnish a complete policy summary. This will contain cost data based on the actual benefits and premiums for which the policy is issued. After you receive it, you will have a period of not less than 10 days to review it. If you are not completely satisfied, you may return the policy for an unconditional return of the premiums paid.

Your satisfaction with this purchase is important to us. If you have any questions regarding this statement, please contact your agent representative. If one is not listed below, please contact us at the address listed below.

NOT A DEPOSIT	NOT FDIC INSURED	NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY	NOT GUARANTEED BY ANY BANK	MAY LOSE VALUE
Prepared by: Insphere Insurance Solutions, Inc. 9151 Boulevard 28 North Richland Hills, TX 76180 Phone: 817-255-3100		SUSA Life Insurance Company, Inc. P.O. Box 1050, Newark, NJ 07101-1050 1-800-SUSA-123 (1-800-787-2123) www.susa.com		For Presentation in: State of AL Prepared on: 07/19/2017 Page 1 of 1

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PRELIMINARY INFORMATION

First Name Last Name Date of Birth

Gender Tobacco Use State of Issue

Risk Class Substandard

Indicate the Monthly Benefit Amount being applied for

Choose the Payout Period

Add 3% Inflation Protection?

Add Waiver of Premium Benefit Rider?

Add Additional Lump Sum Benefit Rider

Mode (frequency) of Premium Payments

1 2 3 4 5 6 7 8 9 10 11 12

Section 2 →

- Enter Client First and Last Name
- Enter Date of Birth

All other fields should be prefilled if coming from quote engine. However, you can make adjustments here.

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Misty Test
Age: 32, Female, Non-Smoker
\$5,000 MDB
\$28.36 Monthly Premium*

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ICT Application: Misty Test

PROPOSED INSURED INFORMATION

First Name: Misty Middle Name: Last Name: Test

SSN: 123-12-1234 ✓ Gender: Female ▾ Date of Birth: 04/01/1985 Country of Birth: United States ▾ State of Birth: Alabama ▾ ✓

Mailing Address: 5050 Somewhere ✓ City: Anywhere ✓ State: AL ▾ ✓ Zip Code: 12345 ✓

Daytime Phone: 888-888-8888 ✓ Evening Phone: 888-888-8888 ✓ Best Time to Call: PM ▾

Driver's License #: 888888 Driver's License State: AL ▾ Email Address: mistytest@gmail.com ✓ US Citizen or Permanent Resident?: Yes ▾ ✓

OWNER INFORMATION

Is the Proposed Insured the Owner of the Policy? No ▾ ✓

Owner First Name: Bobby ✓ Owner Middle Name: Owner Last Name: Test ✓

Owner Address: 5050 Somewhere ✓ City: Anywhere ✓ State: AL ▾ ✓ Zip Code: 12345 ✓

Owner SSN: 123-12-1235 ✓ Date of Birth: 04/01/1985 ✓ Relationship: Spouse ▾ ✓ Owner Phone: 123-123-1234 ✕ ✓

← Section 1 1 2 3 4 5 6 7 8 9 10 11 12 🔍 Section 3→

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Enter applicable mailing and biographical information.

If proposed insured is different from owner, check box and enter the owner information.

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ICT Application: Misty Test

BENEFICIARY INFORMATION

Primary Beneficiaries

Please list the beneficiaries below.

Beneficiary Name Peggy Test Remove				
Address 1234 Somewhere		City Anywhere	State AL	Zip Code 12345
SSN 123121234	Date of Birth 12/31/2002	Relationship Child	Phone 123-123-1234	
Percentage of Proceeds (All proceeds must total 100) 100				

Total Proceeds (must equal 100)

100

Add Primary Beneficiary

Contingent Beneficiaries

Would you like to add any contingent beneficiaries?

Select

Section 2


1 2 3 4 5 6 7 8 9 10 11 12

Section 4

Complete beneficiary information. If more than one beneficiary, click "Add Primary Beneficiary."

To add Contingent Beneficiaries select "Yes" from the dropdown box. Otherwise "No" and move on to the next section by pressing "Section 4"

[Policies](#)
[Reports](#)
[Quoting](#)
[Supplies](#)
[Applications](#)
[Support](#)



Misty Test
 Age: 32, Female, Non-Smoker
 \$5,000 MDB
 \$324.10 Annual Premium*

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ICT Application: Misty Test

REPLACEMENT INFORMATION

Is there any life insurance or annuity contract in force on the Proposed Insured with this or any other company?

Is the insurance applied for intended to replace or change any life insurance or annuity contract in force with this or any other company?

Are any other life insurance or annuity applications pending with this or any other company?

List all current or pending life insurance or annuity coverage below.

Insured's Name	Company	Owner	Replacement	Face Amount	Accidental Death Benefit	Year Issued
Misty Test	Transamerica Life	Bobby Test	Yes	150000	No	2011
			Select		Select	

Answer replacement questions and complete replacement information, if applicable. Please list all current or pending life insurance or annuities.

If required by issue state, Replacement Notice will generate and should be completed and reviewed prior to submission (see pages 26-28).

If not applicable, select “No” and move on by selecting “Section 5.”

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Misty Test
Age: 32, Female, Non-Smoker
\$5,000 MDB
\$28.36 Monthly Premium*

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ICT Application: Misty Test

PREMIUM AND BILLING INFORMATION

NOTE: If you choose to pay your policy premium in semi-annual, quarterly or monthly payments, you will pay more over the year than if you choose to pay your premium in one annual premium payment.

Premium Mode: Monthly ▾

Payment Method: Bank Draft ▾ ✓

Bank Account Number: 1231233456 ✓

Bank Routing Number: 051400549 ✓

Bank Name: Wells Fargo ✓

Send Premium Notices to: Owner ▾ ✓

← Section 4

1 2 3 4 5 6 7 8 9 10 11 12 🔍

Section 6 →

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Complete billing information.

Choose between Bank Draft or Credit Card.

Please review carefully with applicant to ensure account information is entered correctly.

Direct Bill is not allowed for monthly payments.

Premium Notice will be sent to owner unless other option selected

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Misty Test
Age: 32, Female, Non-Smoker
\$5,000 MDB
\$28.36 Monthly Premium*

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ICT Application: Misty Test

PERSONAL AND HEALTH INFORMATION

Height

5

Weight in pounds

145

In the past 12 months, has the Proposed Insured had a weight change of more than 10 pounds?

No

When is the last time the Proposed Insured used tobacco or nicotine products in any form (including but not limited to cigarettes, cigars, pipe tobacco, chewing tobacco and snuff)?

never

Does the Proposed Insured intend to travel outside the U.S. in the next 2 years?

No

Has the Proposed Insured ever been convicted of a felony or misdemeanor or is there a felony or misdemeanor charge currently pending against him/her?

No

In the past 5 years, has the Proposed Insured been convicted of any moving violations, had his/her driver's license suspended, revoked, or restricted or been convicted of driving while impaired or intoxicated?

No

In the past 5 years, has the Proposed Insured flown as a pilot, student pilot or crew member or does he/she intend to become a pilot within the next 2 years?

No

Does the Proposed Insured currently or in the next 2 years plan to participate in any of the following activities: aeronautics, including hang gliding or sky diving; BASE jumping, parachuting, or ballooning; racing, including car, motorcycle, or boat; scuba/skin diving; or mountain/trail climbing or rock climbing?

Yes

In the past 5 years, has the Proposed Insured made a claim for or received benefits, compensation or pension for any injury, sickness, disability or impaired condition, been unable to work, attend school or perform the normal activities of like age and gender, or been confined at home?

No

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

No

In the past 12 months, has the Proposed Insured been hospitalized or evaluated in an emergency room or immediate care center for any illness requiring ongoing treatment by a member of the medical profession or medical facility?

No

Complete the Personal and Health Information.

The questions must be shown to the applicant or read exactly as they appear on the screen.

All questions must be answered to move on.

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skin or connective tissue disorder?

No

In the past 10 years, has the Proposed Insured used illegal drugs, or consulted a member of the medical profession or other healthcare provider or been treated, hospitalized, or taken medication for abuse of alcohol or drugs (including prescription drugs)?

No

In the past 12 months, has the Proposed Insured been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery, or diagnostic test (other than an HIV test)?

No

Does the Proposed Insured have a primary care physician?

Yes

What is the physician's name, phone and address?

Mr Doctor

Date and reason last consulted

03012017 Check up

AVOCATION QUESTIONNAIRE

Does the Proposed Insured currently or in the next 2 years plan to participate in: Scuba Diving

No

Does the Proposed Insured currently or in the next 2 years plan to participate in: Racing (includes performance testing or recreational use of any motor driven vehicle to include midget, sports car, stock car, modified, championship, drag, go-cart, motorcycle, motorboat, dune buggy, snowmobile, hydroplane)

No

Does the Proposed Insured currently or in the next 2 years plan to participate in: Hang Gliding

No

Does the Proposed Insured currently or in the next 2 years plan to participate in: Skydiving or Parachute Jumping

No

Does the Proposed Insured currently or in the next 2 years plan to participate in: Sports Aviation

No

Does the Proposed Insured currently or in the next 2 years plan to participate in: Mountain Climbing or Rock Climbing

No

← Section 5

1

2

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4

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6

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12

Q

Section 7→

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Conditional Questionnaires...


Avocation or Aviation questionnaires may generate based on the client's answers; the client must answer those questions as well if applicable.

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C-EAPICTECW17 09-2017

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Misty Test
Age: 32, Female, Non-Smoker
\$5,000 MDB
\$28.36 Monthly Premium*

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ICT Application: Misty Test

SPECIAL REQUESTS

Special Requests (if any)

← Section 6

1 2 3 4 5 6 7 8 9 10 11 12

Section 8 →

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Special Requests may be entered here.

- Examples:
- Bank drafting date request
 - Policy mailings, etc.



Misty Test
Age: 32, Female, Non-Smoker
\$5,000 MIB
\$28.36 Monthly Premium*

Exit Without Saving

ICT Application: Misty Test

DECLARATIONS AND AUTHORIZATIONS

I understand and agree that the statements and answers in this application are complete and true to the best of my knowledge and belief and shall be attached to and form a part of the contract of insurance. I also understand and agree that the insurance applied for, if issued, shall be subject to such statements and answers and take effect on the issue date stated in the Policy Data page provided the applicable first premium has been paid.

I understand that the statements and answers in the application are the basis for any policy issued by the Company and that no information about the Proposed Insured will be considered to have been given to the Company unless it is stated in the application, and the Proposed Insured will notify the Company of any changes in the statements or answers given in the application between the time of application and delivery of the policy.

I understand that a sales representative does not have the Company's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable. That the company will have no liability until a policy is issued on this application and delivered to and accepted by the owner, and the first premium due is paid in full while each proposed insured is alive.

I understand that the amount applied for may be reduced or denied if other simplified issue policies from the company or its affiliates are in-force or pending on the life of the Proposed Insured.

I understand that scheduled premiums for each policy renewal are based on the Proposed Insured's Attained Age and are not guaranteed. They may be adjusted upward or downward as described in the premium payment section of the policy, subject to the maximum premium as described therein.

I have received and read the required MIB, Inc. and Fair Credit Reporting Act Notices.

AUTHORIZATION: I, the Proposed Insured, authorize any physician, medical professional, hospital, clinic, pharmacy, pharmacy benefit manager, laboratory, medical care facility, insurer, reinsurer, MIB, Inc., or any other similar organization or person having knowledge of me or my health to release information about me to the Medical Director of SBLI USA Life Insurance Company, Inc. (the "Company") or its reinsurers for underwriting or claims purposes. The information collected may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition but excludes psychotherapy notes and records pertaining to treatment for drug use and alcoholism. If the Company needs those records, it will ask for them on a separate authorization form. This authorization also includes information about prescription drug records. To facilitate rapid submission of such information, I authorize all said sources, except MIB, Inc., to give such records or knowledge to any agency employed by the Company to collect and transmit such information. I understand a telephone interview may be necessary to verify information given to the Company on this application. This interview may be from the Company or from a consumer-reporting agency by a trained interviewer acting on the Company's behalf.

I, the Proposed Insured, authorize the Company or its reinsurers to make a brief report of my personal health information to MIB, Inc.

I, the Proposed Insured, also authorize the Company to obtain an investigative consumer report as described in the Company's NOTIFICATION IN ACCORDANCE WITH FEDERAL AND STATE LAW. This Authorization is for the purpose of underwriting the life insurance.

The Authorization is in effect for 24 months from the latest date shown below or for the maximum time allowed by the law of the state where the policy is delivered or issued for delivery if shorter than 24 months, and a photocopy may be accepted as valid. The authorization will survive the Insured's death if it occurs during such 2 year period. I understand that this Authorization may be revoked by contacting the Company at the address listed at the top of this application; however, the Company retains the right to use any information obtained under my authorization prior to my revocation.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

By my signature below, I certify under penalties of perjury that my Social Security Number (Taxpayer Identification Number) provided is correct and I am not subject to back-up withholding.

PROPOSED INSURED'S SIGNATURE

NOTE TO AGENT: By electronically signing this transaction, you are affirming that you have reviewed the completed text of this consent form with the Applicant/Owner, you have reviewed the application forms and related documents with the Applicant/Owner, and confirmed that all applicable laws and regulations have been adhered to. Furthermore, you are attesting to the fact that you have validated the identity of the Applicant/Owner by one of the following forms of identification:

- Valid Government ID
- Valid Driver's License

You must have client read the screen or read aloud to the client verbatim.

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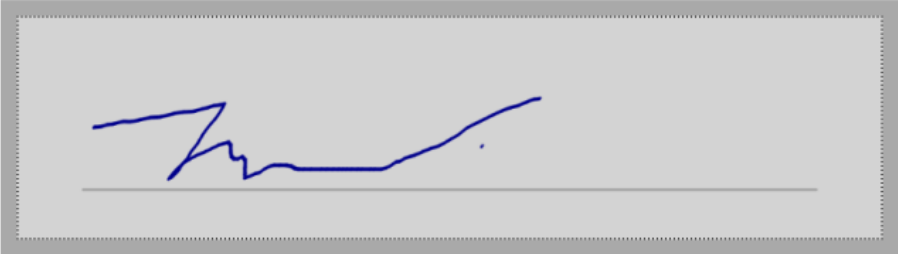
Informing your agent or contacting S.USA's Customer Service Department.

This Consent shall become effective once you select, "I Accept" below and shall remain in effect until you withdraw your consent or the policy is issued, whichever occurs first. You may withdraw this Consent by informing your agent you wish to cease the electronic application process before it is completed or by sending a written withdrawal of your consent to S.USA. This will terminate the Consent and the application as of the date you sign your withdrawal. Once the Policy is issued, cancellation rights must be exercised in accordance with Policy terms.

I Consent ✓

PROPOSED INSURED'S SIGNATURE

Please sign below. You can use your mouse on a computer or finger on a touch screen.



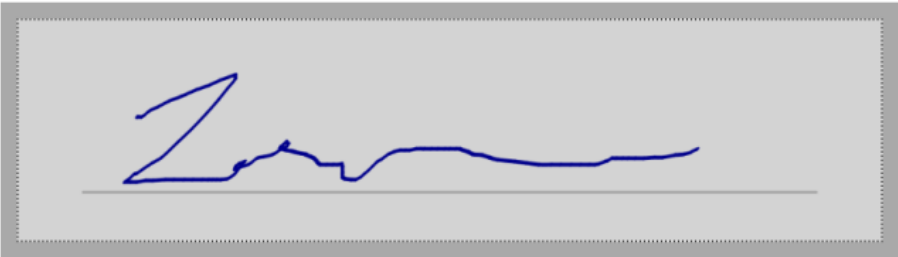
Undo last stroke

Signing Location (City, State)

Anywhere, AL ✓

OWNER'S SIGNATURE

Please sign below. You can use your mouse on a computer or finger on a touch screen.



Undo last stroke

← Section 7 1 2 3 4 5 6 7 8 9 10 11 12 🔍 Section 9 →

YOU MUST CONFIRM IDENTITY FIRST, then obtain authorization for e-signatures by reading aloud or having the client read on-screen the e-signature consent.

Have Client select "I Consent" if they wish to e-sign the application forms.

Complete City and State of signing.

Obtain signatures.

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Contracting + Downlines Policies + Commissions Quoting **Applications** Support

PROSPERITY
LIFE GROUP

Misty Test
Age: 32, Female, Non-Smoker
\$5,000 MDB
\$28.36 Monthly Premium*

[Exit Without Saving](#)

ICT Application: Misty Test

AGENT CERTIFICATION

To the best of your knowledge and belief, is there an existing life insurance policy or annuity contract insuring the proposed insured's life? Yes ✓

To the best of your knowledge and belief, replacement is or may be involved in this transaction. Yes ✓

Conditional Receipt provided? (Select, "yes" only if money is being collected.) No ✓

Agent's Name: James Mason
Agent Number: B02118999
Agent's Email: carrierrelations@healthmarketshq.com

Agent's Phone Number: 817-255-3100
General Agency Name: Inspire Insurance Solutions, Inc.
General Agency Number: M00000211

← Section 8 1 2 3 4 5 6 7 8 **9** 10 11 12 Section 10 →

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Complete Agent Certification Information

Note :

Conditional Receipt should only be completed if money is collected with application.

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Misty Test

Age: 32, Female, Non-Smoker

\$5,000 MDB

\$28.36 Monthly Premium*

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NOTICE OF DISCLOSURE OF INFORMATION

IMPORTANT: Read The Information Below Before Completing Application.

NOTIFICATION IN ACCORDANCE WITH FEDERAL AND STATE LAW

This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. The inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right upon written request to be informed whether an investigative consumer report was requested, and if so, the name and address of the consumer reporting agency to whom the request was made. You may inspect and receive a copy of your investigative consumer report from the reporting agency.

NOTIFICATION IN ACCORDANCE WITH MIB, INC.

Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not for profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692- 6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734.

The Company or its reinsurers may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

NOTICE OF INSURANCE INFORMATION PRACTICES

To issue an insurance policy, we need to obtain information about the proposed insured. Some of that information will come from the proposed insured, and some may be collected from other sources. Such information may in certain circumstances be disclosed to third parties without your specific authorization as permitted or required by law. You have the right to access and correct this information, except information that relates to a claim or civil or criminal proceeding. A more detailed written notice describing our information practices will be furnished to you upon request.

← Section 9

1 2 3 4 5 6 7 8 9 10 11 12 🔍

Section 11➔

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04/01/1985

☐ I Agree


CUSTOMER IDENTIFICATION PROGRAM NOTICE


We thank you for your patience and hope that you will support the financial industry's efforts to deny terrorists and money launderers access to America's financial system.

Q Review

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Read this disclosure aloud verbatim or have the client review read it on-screen before completing application.


[Contracting](#)
[Downlines](#)
[Policies](#)
[Commissions](#)
[Reports](#)
[Quoting](#)
[Supplies](#)
[Applications](#)
[Support](#)



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ICT Application: Misty Test

Review

Application Forms

Application ✓

HIPAA Authorization ✓

Customer Identification ✓

Generic Replacement Notice
[Review Form](#)

Quote PIS ✓

Premium Breakdown	Monthly	Quarterly	Semi-Annually	Annually
Base Rate	19.61	59.39	115.42	224.10
Policy Fee	8.75	26.50	51.50	100.00
Total Modal Premium	28.36	85.89	166.92	324.10

You will then get a summary screen showing the premium.

You will also see the items to be submitted.

If replacement notices or other state-specific forms are needed, they will appear here. Please review with the client and complete.

Model Replacement Notice

 Contracting ▾ Downlines Policies ▾ Commissions Reports ▾ Quoting Supplies Applications Support  

PROSPERITY

LIFE GROUP®

Generic Replacement Notice

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on an existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes ▾ ✓

Are you considering using funds from your existing policies to pay premiums due on the new policy? Yes ▾ ✓

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Insurer	Insured	Policy #	Use
Transamerica ✓	Misty Test ✓	888888888 ✓	Replace ▾ ✓
			Select ▾
			Select ▾

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because

Cost

I, the Proposed Insured, certify that the responses herein are, to the best of my knowledge, accurate: I Agree ▾ ✓

Example of Replacement Notice that will generate in a Model Replacement state if there is existing insurance.

Complete areas shown in green.

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Generic Replacement continued...

 Contracting + Downlines Policies + Commissions Reports + Quoting Supplies Applications Support

I Agree

NOTICE OF 30-DAY RIGHT TO EXAMINE NEW POLICY

If you decide to replace an existing policy or contract with a new S.USA Life policy or contract, you have a right to return the new policy or contract. Within 30 days after delivery, your new policy or contract may be returned to S.USA Life for cancellation. Cancellation will be effective as of the policy date and any premium payment will be refunded. The policy must be returned to S.USA Life's home office, agency, or agent.

ATTENTION: You should discuss the following important information and questions with your agent. Please read aloud to the applicant.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older-are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid. You will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

Save and Continue

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Exit Without Saving

ICT Application: Misty Test

Review

Application Forms

- Application ✓
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Total Modal Premium	28.36	85.89	166.92	324.10

View/Download/Print Application Submit to the Carrier

Now that all items are complete, please select “View Download/Print Application” to generate a pdf of the completed and signed application for the client to review. Instruct the client to review carefully and alert you to any errors.

Once the client has reviewed the forms and agreed to their submission and you are ready to submit, select “Submit to the Carrier.”

Or

“View/Download/Print Application” to obtain a copy.