

Presents

Onboarding

Using iPipeline iGO e-application with Foresters Financial





Agenda

- Using iPipeline iGO eapplication
- Pre-screening
- Completion and submission of e-application
- Tips for iPipeline iGO e-app
- Process
- Support



Using iPipeline iGO Application



Using iPipeline iGO e-application

- E-application availability
 - Non-med products
 - Term
 - Smart UL
 - Advantage Plus
 - Your Legacy
- Available in all product approved states
 - except
 - Massachusetts
 - New York
 - Vermont
- E-App is used for non-med product. Apptical for a POS decision available only for PlanRight.

Pre-Screening



iPipeline iGO e-App Pre-screening

For Your Legacy only, you must verify identity of the Proposed Insured and Owner (on a juvenile case) in person when writing the application on paper or via e-App

Except for juvenile cases, the Proposed Insured, Owner and Payer must be the same person*

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

A valid Security Number (SSN) is required for e-App submission*

Other than Your Legacy, 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 Your Legacy, the only acceptable method of payment is a personal check and/or transfer of funds. There is no other method of payment available for this product. If the source of premium is a combination of a personal check and a transfer of funds, do not accept the personal check. The personal check will be collected upon certificate delivery

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



iPipeline iGO e-App Pre-screening

Credit and Debit cards, money orders or cashier's checks are not valid forms of premium payments (for e-App or paper). For Your Legacy only, a personal check can be mailed to Foresters during underwriting review or will be accepted upon certificate delivery

Other than Your Legacy, applications with 1035 Exchange requests or lump sum payments cannot be submitted via e-App.*

For Your Legacy, if a 1035 Exchange requires a spousal or an irrevocable beneficiary signature he application cannot be submitted via e-App *

For Your Legacy, up to three (3) life insurance contracts can be listed for 1035 Exchange/Absolute Assignment*

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

To submit the application electronically you and the Proposed Insured or the Owner (on a juvenile case) must each have a separate email address*

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

Completion and submission of e-application



iPipeline iGO e-App Process

Notes:

- Specific state variations not covered in PowerPoint
- State forms automatically triggered within E-application
- Follow the yellow brick road; any yellow box requires completion and any white box is not required but provides helpful information to accelerate the underwriting process
- Within each section, if all required information is provided you will see a green checkmark once you select next. If required information is missing you will see a red question mark.





Process

Step # 1: E-app launch:

- 1. Logon to Foresters ezbiz (<u>www.foresters.com</u>)
- 2. Select Foresters E-App on top right hand corner





Process

Step # 2: E-app launch:

- 1. Start New Case begins a new e-App
- 2. View My Cases view of recent cases

ancial	Posiend by -31 metric Welcome I Sign Cut2 1 Help 1 Take the X
Start New Case	View My Cases
Earther Corr Take	e the tour!



Option # 1: Start new case



Case Information

Starting a new case

- **Proposed Insured**: Complete this section
- Case Description: Enter details about case (example: 20-year \$100k D.B.)
- Carrier & Product:
 - Application Signed State: State where the Owner signs the e- App. Agent 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





Pre-Qualifying Screen

- Ensure agent reads section as these rules help determine whether the client qualifies for e-App process
- If they do, answer "Yes" at the bottom and proceed to the next screen
- If no, please write application on paper application



- 16

y Casos			Welcome	Sign Out? Help Take the tor
Smith, Ron	Foresters Financial	SMART UL	Case Actions	•
Case Information	Application			
😴 Pre-Qualifying			Back	Save
License and Appointment	License and Appointment Al fields should be complete	t Check ed throughout the e-App. Fields in yellow	are mandatory	View Forms
	Enter your Foresters agent	number to avoid delays and get paid quic	kidy	
	Product Name	Application Signed State		
	SMART UL	Arizona		
	Agent First Name	Agent Last Name	Agent #	
	Jun	Abaile (Sek V	alitate to oberk your License and Social	disease t
	Agent SSN	% of Spit	Validate	
	Will there be more than one Agent?	C Yes @ No		

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 agent name
- Enter agent # or SSN number; only 1 required. Tip– entering agent # helps to avoid delays and helps agent get paid quicker
- Click "validate" to proceed. If validated, agent can proceed. If agent doesn't validated, they'll need to contact Foresters
- If more than one agent then select "Yes" and enter agent information. We provide ability to split comp with up to 2 additional agents (Note: The comp split must equal 100% to proceed to the next screen)



📝 Pre-Qualifying	Back Next	Save
Check Proposed Insured Proposed Insured Proposed Insured, Cont	Vise proper capitalization throughout the e-App. Capitalizing the first letter of the Proposed Insured's first and last name as well as the street name will ensure the issue paperwork and subsequent correspondence meet the Proposed Insured's expectations Click the "View Forms" button to ensure you have the right application for the state where the application will be e-signed. If not, click on the "Case Information" tab and re-select the state	View Form
	Prefix First Name M.I. Last Name Suffix Image: Suffix Smith Image: Suffix Image: Suffix Image: Suffix Date of Birth (mm/dd/yyyy) Age Nearest Gender Social Security No. Image: Suffix Image: Suffix Image: Suffix Image: Suffix Is the Proposed Insured a U.S. Citizen? Image: Yes No	
	Contact Information Home Address	

Proposed Insured Screen

- Collect personal details about the proposed insured in this section
- Enter Valid SSN do not accept SSN that starts with a "9". SSN must be 9 characters long. If no SSN available, complete paper application
- Enter Country of birth and then birth state,
- If insured is not a U.S citizen select "no" then select visa type under immigration status
- Address validation blue message "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



Smith, Ron	Foresters / Financial	SMART UL	Case Actions	
Case Information	Application			
Pre-Qualitying	Proposed Insured Cont		Back Next	Save
Check	Photo I.D. Information			View For
Proposed Insured Proposed Insured, Cont	Indicate the type of Photo I.D. used to ver Type: Driver's License	nty identity: Driver's License No. 12345	Issue State CT •	
Lifestyle Questions	Employment Information			
Illustration Certification Non-Residence Sale	What is the Proposed Insured's current er	mpkoyment status? Empkoyment Sta	tus •	
Declaration Beneficiary Other Intervence	C Employed Retired			
Physician Information Medical Questions	C Student Home Maker Unemployed		A P	
Medical Questions, Cont Payment Information	/ Disabled reserves?	Internetino di la	Yes C No	
A	I elect to designate a secondary address person to receive notification regarding a	ee (only if designating another possible lapse in coverage.)	Yes C No Back Next	

Proposed Insured Cont

<u>Screen</u>

- Verify the identity of the proposed insured
- Photo I.D. Information -Three choices: Driver's License, Passport and Other Government ID
- Enter the proposed insured's employment status
- Location to identify an insures secondary addressee





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
- Once you complete the information, the Details box will turn from Red to Green





<u>Coverage</u> Information Screen

 Provide the product Details of the clients case. Here you'll enter the face amount, guideline tests, death benefit options and select available riders that client is purchasing





Illustration Certification Screen

- Required for any illustrated product i.e.
 SMART UL, ADV+ and Your Legacy
- This form is built into the e-App, based on the product selected on the Case Information screen





Non-Residence Sale Declaration Form

 Required if the state of solicitation is different than the state in which the Proposed Insured or Owner (if a juvenile case) resides



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https://kgoforms-td3.lpipeline.com/CossEnterpriseSuite/(Skxdovcgexx4ptymdH1zoven))/webforms/CossPopup.aspx7co	19 40 A
rimary Beneficiary	
ationship to Proposed Insured	Powered by +11 IPIPELINE
	Welcome Sign Out? Help Take the tour
Ant	CONTRACTOR Francisco Franc
Jusiness Partner	
Chartable Organization M.I. Last Name	Case Actors
Child []	
Derperation	
Jaugnet-ro-Law	
Employer - Entity	
Employer - Individual	Save
Canada Su ana ana ana ana ana ana ana ana ana an	Back Next
Xy State Zip Code	
	View Forms
eneficiary Type Make your client aware, if "irrevocable" beneficiary is selected, that call in home of transactions a proof to does without the constant of	
Irrevocable Revocable each irrevocable beneficiary	@ Yes C No
	ed Insured % Share Beneficiary Type
Save Delete Close	The second se
	y Beneficiary
	C Yes C No
Machined Characterist	
Medical Questions, Cont	
Medical Questions, Cont	
Medical Questions, Cont Payment Information Temporary Insurance	

Beneficiary Screen

- First answer the question "Split the share percentage equally among all Primary Beneficiaries" – Yes or No
- Select up to 5 primary and 3 contingent beneficiaries
- After making the selection, wait for the screen to refresh before proceeding otherwise an incorrect pop up message will appear





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





Important Notice: Replacement Form Screen

 If applicable, this replacement form is built into the e-App



inancial			Pc	
My Cases			Welcome Joe Smith Sign Out?	Help Take the tour
Smith, Ron	Foresters Financial	Your Legacy	Case Actions	
Case Information	Application			
Pre-Qualifying	1035 Exchange/Absolute As	signment	Back Next	Save
Pre-Qualifying, Cont	Indicate the number of companies	you will be requesting a 1035 exchange from	1 •	View Forms
Proposed Insured	First Company			
Proposed Insured, Cont	Existing Company Name			
Coverage Information	Existing Company Address			
Illustration Certification			CONTRACTOR OF T	
Non-Residence Sale	City	State	Zip Code	
Sector and the sector	Contract Number			
Other Insurance 1035 Exchange/Absolute	Contract Number	Attached O Lost/Destroyed		
Assignment	Conduction			
Physician Information	Contract Number	Attached Lost/Destroyed		
Medical Questions	Contract Hulling			
		Attached Lost/Destroyed		

<u>1035 Exchange /</u> <u>Absolute Assignment</u> <u>Screen</u>

- Where 1035 Exchange information is collected for Your Legacy applications only
- For Your Legacy, if a 1035 Exchange requires a spousal or an irrevocable beneficiary signature, the application must be written on paper
- Other than Your Legacy, applications with 1035 Exchange requests or lump sum payments are not allowed via an e-App





Questionnaire Screens

- There are 7 questionnaires built into the e-App
- Questionnaires automatically load based on the proposed insured's response to the Lifestyle and Medical questions



ty Cases			Welcome Sign Out?	Help Take the to
Smith, Ron	Foresters Y	SMART UL	Case Actors *	
Case Information	Application			
Pre-Qualifying	Payment Information		Back Next	Save
Check Check Proposed Insured Proposed Insured, Cont Coverage Information Coverage I	Payment Information Payer is: Proposed insured Subsequent premum payments made by: PAC * Preferred Draft Date * Yes C th Draft Date	Planned Premium 5 100.00	First premium payment to be made by: Dmft via Pre-Authorized Check (PAC) Payment mode: Quarterly	Visit Form
	PAC Banking Informal 2 Name of Financial Institutor 3 4 Routing Transit # Clear.E 7 Routing Transit #: Please 9 xuting	Account #	Rease re-onter account #	

Payment Information Screen

For Term, SMART UL and ADV + only

- Proposed Insured (or Owner if a juvenile case) must be the Payer, first premium and subsequent premiums must be draft via Pre-Authorized Check (PAC). Otherwise, please write the application on paper
- You can select a Preferred
 Draft Date
- Routing Transit # must be 9 digits long. Account # can be up to 16
- You'll need to enter the Routing Transit # and Account # twice. They must match in order to proceed to the next screen
- Credit and Debit cards are not valid forms of premium payment





Temporary Insurance Agreement (TIA) Screen

For Term, SMART UL and ADV + only

- 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





Payment Information / Temporary Insurance Agreement Screen

For Your Legacy only

- A personal check can be mailed to Foresters during underwriting review or will be accepted upon certificate delivery
- TIA rules are built into the e-App
- If Proposed Insured does not qualify, temporary insurance is not in effect





Validate and Lock Data Screen

- All green check marks let you know the application is complete and it is "in Good Order (iGO)
- If you see a red question mark on one of the sections on the left navigation tree this means required information was missed. Revisit and complete the required fields and proceed back to this screen
- Click Lock Application button to proceed to the e- Signature process



26

ty Cases			Welcome	Sign Out? Help Take the low
Smith, Ron	Foresters γ	SMART UL	Case Actions	•
Case Information	Application			
Check	Validate and Lock Data		Back	Save
Proposed insured Proposed insured, Cont Proposed insured, Cont Lifestyle Questions Lifestyle Questions Ilustration Certification Non-Residence Sale Declaration Beneficiary Other insurance Physician Information Medical Questions	Your clerif's application package has been Please be aware that unlocking the applica you to complete the Signature process aga If you need to edit the application package, your edits are complete and the application process by selecting "Validate and Lock D This case will remain on iPipeline for archived and your clerif's application pack	ient's application package h locked to protect client data from dig ton package will cancel all previously in. click the "Unlock Application Data al is in Good Order, lock the applicatio ata" located on the left-hand navigation r 120 days from the time you s age will no longer be available for upo	as been locked! stal ateration during the Signature ; y collected electronic signatures ar nd Cancel Signature Process' but n package and proceed to the Sign on tree. tarted this case. After this, the jate or submission.	View Forms process. Ind will require on. Once tabure case will be
Medical Questions, Cont Payment Information Temporary Insurance Agreement Validate and Lock Data	Unlock Ap	plication Data and Cancel 5	Signature Process	

Validate and Lock Data Screen

- e-Application must be locked in order to e-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 Application Data" 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



Signature Method Screen

- Three choices:
 - Print application package for your client's wet signature – in case your client does not want to sign electronically. 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 the way you normally would send in a paper application
 - Email application package to your client for e-Signature (also known as ClickWrap)
 - Use stylus/finger to e-Sign the application package (iPad/Tablet only)

Case	Application	
Pre-Qualifying	Back	Save
A Linence and Amountment	Signature Method	View Forms
Check	Please choose a signature method:	
Proposed Insured		
Proposed Insured, Cont	Print application package for your client's wet signature	
Lifestyle Questions	Email application package to your client for e-Signature	
Coverage Information		
Beneficiary	Use stylua/finger to e-Sign the application package (Pad/Tablet only)	
G Other Insurance		
Physician Information	Back	
A Medical Questions		
A Medical Questions, Cont		
A Payment Information		
Temporary Insurance		
Agreement		
Validate and Lock Data		
Signature Method		



Signing using the ClickWrap Signature Method

e-Signature Instructions Screen

• First screen for this signature method

Case Information	Application	
	Back	Save
Proposed Insured	e-Signature Instructions	
Proposed Insured, Cont	e-Signature emails will be sent to the signing parties below:	View Form
Lifestyle Questions		
Coverage Information	Proposed Insured Ron Smith	
Illustration Certification	(if the proposed insured is not a juvenile)	
Beneficiary		
Gther Insurance	The e-Signature process requires each e-Signer to agree to the Terms of Use and e-Signature Consent and then to	
Physician Information	review on-line the application package.	
Medical Questions	Following review of this information, each e-Signer will be instructed to click an "I Agree" statement, insert the city, where	
Medical Questions, Cont	he/she is located when signing and apply his/her electronic signature.	
Payment Information	This process will serve as his/her electronic signature. A secure process has been put in place to ensure his/her review of	
Temporary Insurance	personal information and e-Signing is confidential and secure.	
greement	Agent e-Signature Instructions	



Agent e-Signature Instructions Section

• Enter the last 4 digits of your SSN as well as your email address

Other Insurance Physician Information Medical Questions	The e-Signature process requires each e-Signer to agree to the Terms of Use and e-Signature Consent and then to review on-line the application package.
Medical Questions, Cont	he/she is located when signing and apply his/her electronic signature.
Payment Information Temporary Insurance	This 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.
Agreement	Agent e-Signature Instructions
Validate and Lock Data Signature Method E e-Signature	Jerry Alan, please enter the last 4 digits of your SSN that you, as the agent, will use to sign in to your agent Signature process once all other parties have e-Signed.
Instructions	
	Please also enter and confirm your email address where e-Signature notifications will be sent.
	Email address
	Confirm Email address
	Back Next



Proposed Insured e-Signature Screen

- Required information that has already been data entered is carried over to this screen
- Enter the email address for the proposed insured (or Owner if juvenile case)
- Click "Send Message"
- If for some reason the proposed insured did not receive the message, you can go back to this screen and hit "**Resend**." You can also resend the e-Signature from your Dashboard. Click on Case Details under the name of your client. Once the screen opens, click Resend

	1000			Back	Next	Save
Proposed Insured, Cont		Proposed Insured's e-Signatu	re			
Lifestyle Questions		Your	e-Signature email has not yet been s	ent!		View Forms
Coverage Information		Ye	ou have 1 of 1 e-signature emails to ser	nd		
Illustration Certification						
Beneficiary						
Other Insurance			Send Message			
Physician Information		By completing the information below, your	client will receive a personalized email mess	age instructing them h	now to gain access	
Medical Questions		to their electronic application package and	i the necessary steps that must be complete	d to apply their electro	onic signature.	
🔒 Medical Questions, Cont						
Payment Information		Last 4 digits of e-Signer's Social Security				
Temporary Insurance		Number	1111			
Agreement		e-Signer's name as it appears on the	Rop Smith		-	
Validate and Lock Data		application				
Signature Method		e-Signer's Email Address				
e-Signature Instructions						
Proposed Insured e-		Agent's Email Address:	jgostanczik@foresters.com			
Signature	~	Subject:	Action Required: Foresters Application N	lotification-DO NOT F	REPLY	
		Email Message:				



Proposed Insured/Owner Email

- Proposed insured (or Owner if juvenile case) will receive an email from Foresters Financial, letting them know their application is ready for review.
- To review the application, they will need to click "Access your Application"





10

our Foresters life ins emains secure and c	urance application package is a onfidential, please enter the info	vailable for review. 7 rmation below:	Fo ensure your informa	tion
	Last 4 Digits of Your SSN	9345		
ſ				
	Sign 1	In		

Secure Website

- Redirects the proposed insured (or Owner if juvenile case) to a secure website.
- In order to access the website, they need to enter the last 4 digits of their SSN
- This site will remain active for 10 days calendar days from the date they receive the email
- If 10 calendar days have passed the proposed insured (or Owner if juvenile case) 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 again.



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Find	1.					
	The Independent Order of A Fraternal Benefit Society. 799 Den Mills Road, Terorito, OK, Canada U.S. Maling Address: P.O. Box 179 Buthal	Foresters ("Foresters") MOC 119 F. 877 32 9, NY 14201-0179 T. 800 82	9 4631 18 1540 foresters.co	Foresters Y Financial	-	
	Product Details complete and	submit only if applying for SM	AART Universal Life in	surance.)		
	Proposed Insured			1000		
	First name: Ron	Middle name:	La	t name:Smith	nda	ow.
	SMART Universal Life					-
	Amount of life insurance applied for on t	he proposed insured: \$ 100.0	00			
	Underwriting: Non-medical O	Medical				
	Planned premium: \$ 100.00		O Monthly ⊗ Ou	arterly O Senii-annually O Annually		
	Life insurance qualification test: © Guideline Premium Test (GPT) © Cash Visike Accumulation Test (CMT)		Death benefit option: © Level O Increasino		a	
	Initial lump sum premium: \$		Source of lump sum p	remium:		
	Riders Subject to state and product	availability)				-
	O Accidental death:	O Children's term:		O Disability income (accident only):		
5	\$	\$		\$	an	d
	O Waiver of monthly deductions		O Guaranteed purcha	se option		
2	O Other rider(s):					
	F4 - + + + + + +					
	After reviewin	g your application package	, please check the	box indicating you have completed the rev	ew of all documents	5
	Revie	v Your Application P	ackage	By clicking the "I Agree" button, I controvewed and agree with the Terms of Consent and that I have also reviewe application package	im that I have Use and e-Signat. I each page of the	ire
		10 10010				

Review e-Application

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Must also review the application package by clicking on the Review Application button. The application package will pop-up for the proposed insured's (or Owner's if juvenile case) review



Review e-Application

- If the proposed insured's responses are too long to fit in the space provided, the Overflow form will appear. It is the equivalent to attaching an additional sheet of paper when writing a paper application
- Any section where this has happened, you'll see "See Overflow Form" letting you and the proposed insured (or Owner if juvenile case) to review this form in order to see the response given
- Some cases but not all cases will have an Overflow form







Walcome Don Smith			50
welcome kon smith,			
To begin the Signature process, pleas below.	se review the Terms of Use and e-	Signature Consent by using	the scroll window
TERMS OF USE			1
CONDITIONS OF USE By using this Web site in relati Foresters, hereinafter referred ("Terms") without limitation or site. If you do not agree with th exit immediately. The Compa- bound by any such revisions a Terms governing this Web site	ion to an application for insurance to as the Company", you agree' qualification. Please read these T trese Terms, you are not granted p ny may revise these Terms at any and should therefore periodically v 8.	with The Independent Orde with the following Terms Of U rems carefully before using remsision to use this Web s time by updating this postin visit this page to review the c	r of Jse this Web te and must g. You are urrent
DISCI AIMER			-1
Enot			
Next, please review your application agree with what they say. If you nee your agent before applying your elec information gathered during the Appl applicable record retention requirem After reviewing your application pact and then select either "I Agree" or "D	a package in its entirety for accuracy 4 of to change or update any information ctronic signature. lication process will be kept by The In- ents. kage, please check the box indicating Upcline".	and to make sure you completel or if you have questions, pleas dependent Order of Foresters a you have completed the review	v understand and e discuss with coording to of all documents
Review Your Applicatio	In Package	ig the TAgree button, Tcontine I and agree with the Terms of Ur and that I have also reviewed e on package	e and e-Signature ach page of the

Agree/Decline

- After review, if there is something that needs to be changed, the proposed insured (or Owner if juvenile case) should click on the I Decline button. 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 proposed insured (or Owner if juvenile case) accepts the Terms of Use and e-Signature Consent and is ready to proceed with what is shown in the application package they can click the I Agree button



Agent Email Message #1

- After the proposed insured (or Owner if juvenile case) e-Signs, it's now your turn
- You will receive this email letting you know your client has successfully e-signed the application package. Please ignore this email and wait for the next one that will immediately follow

-oresters /	
Hello John Adams,	
This email is being sent to inform you that Ron Smith (Propos	sed Insured) has successfully reviewed and eSigned all necessary forms.
Your action is not needed at this time.	
Regards,	
Regards, Foresters Financial	
Regards, Foresters Financial Take steps to ensure you are receiving all communication regarding y	our client's application.



Agent Email Message #2

- Click on the Access your Application button to start the e-Signature process
- Important to e-Sign and submit the application shortly after you receive this email.





Producer Report Screen

 Before you can e-Sign the application package, you must complete the Producer Report

Check	Producer Report Back	Next	Save View Forms
 Proposed Insured, Cont Lifestyle Questions Coverage Information Illustration Certification Beneficiary Other Insurance Physician Information 	Rating class applied for: Tobacco If underwriting approval is given other than as quoted, Foresters will contact you and, if we do not receive certificate will be issued to maintain face amount. Certificate date shall be: Date issued To save insurance age e-App certificates cannot be backdated to save insurance age. If backdating, please proceed with writing Will the certificate applied for be a replacement for or change existing life insurance or an appuilty?	re direction otherwise, the	
Medical Questions Medical Questions, Cont Payment Information Temporary Insurance Agreement	Are you related to the Proposed Insured? On this Application are you a Beneficiary, Payer or Owner?	Yes No	
Signature Method	Have you submitted an additional application to Foresters: On the Proposed Insured or Owner (if other than the Proposed Insured)?	<u> </u>	



iPipeline iGO e-App Point-of-Sale Leave Behind Email

- Once you click the "Submit to Foresters" button the entire application
 package will be electronically sent to Foresters and a second email will
 automatically be sent to the Proposed Insured (the Owner, if a juvenile case) to
 let them know their application package is complete and has been sent
- Once your client receives this second email, they can log on again to a secure website to see a fully e-Signed application package. This application package includes Overflow Form (if applicable), any supplemental forms (if applicable e.g. replacement forms or questionnaires), along with the Point of Sale (POS) and any disclosure forms that you would be required to leave behind if doing a paper application
- This is why you and your client each <u>must</u> have a separate and unique email address. The POS forms are to be left with your client and if you use your email address they will be sent to you and your regulatory obligation will not have been met



Signing Using the Stylus/Finger Signature Method

• Only available if using an iPad with SAFARI. If using a laptop this option is not available





Signature Disclosures Screen

• Read aloud to client and check box beside name and then click "Next"





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

 Need to review and agree to the Terms of Use, e-Signature and e-Delivery Consent before proceeding with the e-Signature process

		Back	Next	Save
Beneficiary	Terms of Use, e-Signature and e-Delivery Consent			View Forms
Other Insurance				
Physician Information	To begin the Signature process, please review the Terms of Use e-Signatur scroll window below. You may print and retain a copy of these documents for fut	e, and e-Delivery Co ure reference.	nsent by using the	
Medical Questions			24	
Medical Questions, Cont	TERMS OF USE			
Payment Information	CONDITIONS OF USE			
Temporary Insurance	By using this Web site in relation to an application for insurance with F	oresters, hereinafter re	eferred to	
greement	as "the Company", you agree with the following Terms Of Use ("Terms	s") without limitation or	a su data	
Talidate and Lock Data	qualification. Please read these Terms carefully before using this web these Terms, you are not granted permission to use this Web site and	must exit immediately.	The	
Signature Method	Company may revise these Terms at any time by updating this posting	g. You are bound by an	y such	
Signature Disclosures	revisions and should therefore periodically visit this page to review the	current Terms governi	ing this	
Y Terms of Use, e-Signature	TTOP SIG.			
nd e-Delivery Consent	DISCLAIMER			
🚰 Signature - Proposed	Print			
nsured/Owner				
Producer Report	Next, please review your application package in its entirety for accuracy and to	make sure you complete	ely understand and	



Review Application Package

• Must also review the application package by clicking on the Review Application button. The application package will pop-up for the proposed insured's (or Owner's if juvenile case) review





e-Signature – Proposed Insured/Owner Screen

• Need to review and indicate whether they agree with a few statements

	Back Next
Illustration Certification	eSignature - Proposed Insured/Owner
Beneficiary	Apply a Signature
G Other Insurance	Links Des designs that Lunderstand and arres that
Physician Information	i, John Doe, declare that i understand and agree that:
Medical Questions	My signature is required in the application, including the PAC Authorization to allow pre-authorized drafts and in
Medical Questions, Cont	every document in the application package that has a signature line for the Proposed Insured or Owner as well as, if
Payment Information	applicable, my initials in the "Important Notice: Replacement of Life Insurance or Annuities".
G Temporary Insurance	 By signing only in the signature box below, I am electronically applying my signature and
Agreement	initials as applicable to each of those signature and initial lines as if I had signed and initialed in my own bandwriting
Validate and Lock Data	
Signature Method	 My personal information can be shared with those licensed insurance agents and agencies that are part of the hierarchy of insurance distributors that my agent belongs to for purposes of this
Signature Disclosures	application and a report can be made about me to MIB, even if I should withdraw or cancel my application.
Terms of Use, e-Signature and	 I reviewed and agreed to the Terms of Use, e-Signature and e-Delivery Consent.
e-Delivery Consent	
Signature - Proposed	 I confirm that the email address below is mine; that I can receive emails at that email address and can appendix the second secon
Insured/Owner	open links (click on buttons) in an email to access documents (such as PDFs).



e-Signature – Proposed Insured/Owner Screen

• At the bottom of the screen, enter the proposed insured (or Owner if juvenile) case unique email address and the city where the application is being signed

Email Address:	Test	Last 4 digits of PI or Owner SSN:		
0	Please enter the city	y where you are signing the application.		
Signed at C	ty: Mpls	Signed at State:	AL 💌	
This is a 2 ste	p process: Click "Si	gn" to activiate the signature box, then	e-sign the box.	
	icking "Conturn" vo	u are applying your a Signature and are	agracing with	Sign



e-Signature – Proposed Insured/Owner Screen

- e-Signature is a 2 step process:
 - Click Sign
 - Using their finger or a stylus, the proposed insured (or Owner if juvenile case) signs within the red box (anything outside of the red box will not appear on the signature pages)
 - If the signature shown is unsatisfactory click "Clear Signature" and sign again
 - Click Capture

Fidas	e enter the city w	mere you are sign	ang the applicatio		
Signed at City:	Mpls	s	igned at State:	AL	
This is a 2 step pro	cess: Click "Sign	" to activiate the s	ignature box, the	n e-sign the box	2
	1	2-	-		Clear Signatu
		//			Capture
	and the second second second				
By clicking	"Capture" you a	are applying your	e-Signature and a	are agreeing with	1



Producer Report Screen

• Before you can e-Sign you must complete the Producer Report

Check	Producer Report Back	Next	Save View Forms
 Proposed Insured, Cont Lifestyle Questions Coverage Information 	Rating class applied for: Tobacco If underwriting approval is given other than as quoted, Foresters will contact you and, if we do not receive	ve direction otherwise, the	
 Illustration Certification Beneficiary Other Insurance Physician Information 	Certificate will be issued to maintain face amount. Certificate date shall be: Date issued To save insurance age e-App certificates cannot be backdated to save insurance age. If backdating, please proceed with writing Will the certificate applied for be a replacement for or change existing life insurance or an annuity?	g on paper OYes O No	
Medical Questions Medical Questions, Cont Payment Information	Are you related to the Proposed Insured?	🔾 Yes 🔘 No	
Temporary Insurance Agreement Validate and Lock Data	On this Application are you a Beneficiary, Payer or Owner? Have you submitted an additional application to Foresters:	🔵 Yes 🔘 No	
Signature Method	On the Proposed Insured or Owner lif other than the Proposed Insured)?	•••	



Agent e-Signature

- Now it's your turn to e-Sign. Follow the same steps as your client
- If the signature shown is unsatisfactory click "Clear Signature" and sign again
- Click Capture
- Click "Submit to Foresters"

Signed at City:	Mpls	Signed at State:
This is	a 2 step process: Click "Sig	ign" to activiate the signature box, then e-sign the box.
	1	Sign
By clicking	"Capture" you are applying	ing your e-Signature and are agreeing with the terms described
in the App	Print S	Signed Application
	Warning: Your applica	ation needs to be Submitted.
	Sub	bmit to Foresters
	Sub	bmit to Foresters



Option # 2: View my cases

an	cial						Powered by
					We	lcome <u>Sign Ou</u>	17 Help Take the to
lay Cas	es with Activity in All	2					
ck box(e	es) below to: Case Action	is 👱					
Ale	erts (1) Hide						
	_				Date		
A	Name	Status 🕖	Carrier	Product	Modified	View Forms	Case Actions
	Map Four, Kerry Wyoming - LF Sprint 7 Face Amount: \$100,000 Case Details	Awaiting Consumer e-Signature	Foresters 7	Lifefirst	7/14/2016		Case Actions
			stated in the second	and a second second second			
Cas	ses (158) Hida	~	< Page 1 of 1 > >>	Go to page:			Start New Case
Cas	ses (158) Hide Name	Status 🛈	< Page 1 of 1 > >> Carrier	Go to page:	Date	View Forms	Start New Case
Cas F	ses (158) Hole Name Map-six-a, Gale Case Details	Status 🛈 Started	Carrier Carrier Foresters	Go to page: Product Lifefirst	Date Modified 8/11/2016	View Forms	Start New Case Case Actions
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	ses (158) Edd Name Map-six-a, Gale Case Details Map-Five-A, Gale Juvenile Face Amount: \$50,000 Case Details Map Five C, Anita Face Amount: \$88,888 Case Details	Status • Status • Starled Application e-Submitted	< Page 1 of 1 > >> Carrier Foresters ¹ / ₇ Financial Foresters ¹ / ₇ Financial	Co to page: Product Lifefirst SMART UL SMART UL	Date Modified 8/11/2016 8/11/2016	View Forms	Start New Case Case Actions

Dashboard

- Lists of agent cases
- Case remains active for 120 days from last review.
- Cases archived to the iPipeline server after 120 days
- Search feature to identify cases
- Status column helps manage cases

Tips for using the iPipeline iGo e-App



iPipeline iGO e-App Tips for Success

- You may get an error message if you have more than one browser open at the same time. If this happens, close browers and relaunch
- 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
- From time to time it's recommended you clear your browser cache to make sure unwanted data isn't carried forward into the e-App. To clear your cache open your browser, go to "Tools" then "Internet Options". Find browsing history and click "Delete"



iPipeline iGO e-App Tips for Success

- All fields in the e-App should be completed. Fields in yellow are mandatory and, if left blank, will prevent you from electronically submitting the e-App
- 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
- Most screens do not prevent you from entering a response that makes a previous response inaccurate; just like in paper. For example, if you enter the Proposed Insured's year of birth as 1965 and, on another screen, you enter a year that is earlier or later than 1965, this date will be accepted. Therefore it is important to enter accurately based on what the applicant answers. The only time you'll be alerted is if a date you've entered is in the future



iPipeline iGO e-App Tips for Success

- At any time throughout the e-App process you can click "View Forms" to see what data has been captured in the application package. You can save and/or print the application package. However, if you decide to stop the e-App process and print the application prior to electronically submitting it to Foresters, only the information entered up to that point will be shown. You will need to complete the remainder of the application in pen, collect a wet signature from all necessary signing parties, leave all applicable point of sale forms with your client and send the signed, paper application package to Foresters, as you usually do
- To use e-App, the Proposed Insured (or Owner) must have their own, separate email address. This is an email account that the Proposed Insured (or Owner) already has and that he/she considers private for their own personal use. If an email account is to be set up specifically for e-App, it must be the Proposed Insured (or Owner) who sets up that email account and keeps their account password private. You cannot set up an email account for the applicant

Support



iPipeline iGO e-App Support

If you have any issues you can click the "Help" link at the top of the 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. – 7 pm ET.

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



Learning Academy



Any questions?



Our Foresters Financial Sales Support team is only a call away, 866-466-7166, option 1 Monday-Friday 8:30am-7pm ET.

If you're looking for a deeper dive on a particular module or additional training needs please let us know at USLearning@foresters.com