Using iPipeline's iGO e-Application with Foresters Financial -Term, SMART UL & ADV+II



Foresters Y Financial

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Using iPipeline's iGO e-App

Using iPipeline's iGO e-App¹



- e-App is available through the iPipeline iGO e-App platform using Microsoft Edge (desktop/laptop) or Safari (Apple iPad[®] only). Foresters Financial[™] does not support using Chrome or Firefox
- Available in all states (except NY), for non-medical¹ and medical products
 - Strong Foundation Non-medical only
 - Your Term
 - SMART UL
 - Advantage Plus
- PlanRight is not available on the iPipeline iGO platform. For more information on how to access LiveApp for PlanRight, contact the Sales Desk at 866 466 7166, Option 1

¹ Insurability depends on answers to medical and other application questions and underwriting searches and reviews [®] Apple and iPad are registered trademarks of Apple Inc.

Using iPipeline's iGO e-App



- Get a POS decision¹ 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
- 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.)

¹ 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)



Pre-Screening

Pre-screening



For document e-Delivery and the e-Signature process, each person signing must have their own email address or cell phone number and cannot share or use one that another person has, or you the Agent, have access to. Examples of, but not limited to: between spouse; between juveniles age 16 or 17 who are required to sign the application and their parent Except for your own signature, you, the Agent, cannot use your own email address or create an email address for another signer or allow any person signing to use your email address or an email address that you have created or have access to, nor can you offer your cell phone number or a different cell phone number for them to use The email address used for the Proposed Insured and/or Owner cannot contain the name of another person signing. Also, the Owner's email address cannot contain the name of the primary or contingent beneficiary, except if the Owner is listed as a beneficiary, the Owner's email address may contain the Owner's name

Each person signing must be able to receive emails at their own email address or text messages at their own cell phone number and open links in an email to access documents, such as PDFs

Pre-screening



Payer or Owner cannot be a Trust or a corporation*

For SMART UL and Advantage Plus II, if the Proposed Insured's age is less than 16 and the Owner is not the Legal Guardian, the signature of both the Owner and the **Legal Guardian is required? This applies to an e-App as well as to a paper application

For Term, SMART UL and Advantage Plus II, if the Proposed Insured is age 16 or 17, the signature of the **Legal Guardian is required? This applies to an e-App as well as to a paper application

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*

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

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

^{**} The word "Legal Guardian" appears throughout this presentation. The parent of the child will be the Legal Guardian in most situations. If there is no parent, then the person signing would have to have the proper documentation reflecting they have legal guardianship of the child

Pre-screening



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





- 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 website (https://ezbiz.foresters.com)
 - 2. Click the *e-App* button
 - 3. Either Select:
 - Start New Case: which allows you to begin a new e-App; or
 - View My Cases: which allows you to view recent cases





View My Cases

- Dashboard
 - Lists all your cases
 - Case remains active for **120** days from last review
 - Search or sort feature helps identify cases
 - Status column helps manage cases

		,								
		Name	Status 0		Carrier	Product +	Date Modified	View Forms	Case Actions	
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	•	TDtwo Feb eleven, Karen JIRA 55 one browser open Face Amount: \$150.000 Case Details	Awaiting Consum e-Signati	er ure	Foresters Financial	Advantage Plus	2/11/2016		Case Actions	
	*	CTR Test Three, Karen Locked.5 bene and 4 children Face Amount: \$150.000	Awaiting e-Signati	Agent ure	Foresters Financial	SMART UL	1/12/2017		Case Actions	
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Case	name		Status 0	Page 1 of Carrier	1 Got	Product •	Date Modified	View Forms	Case Actions	
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Start New Case

- Case Information
 - Proposed Insured: Enter the first and last name of your client

TIP: do not enter Date of Birth or Gender on this screen as the product rules are not built in

- Case Description (optional): Enter details about the 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 the Product Type, then click *Find Available Products*
 - Once the product is determined, click *Select* to launch e-App

		Case In	formation		
Status	Date Modified				
Started	10/19/2018				
Proposed Insured					
First Name			Last Name		
John			Doe		
Date of Birth	Age	Gender			
MM/DD/ YYYY		Please select	-		
Case Description	d's Policy, Business Policy, etc)				
Case Description (Examples: \$500.000.00, Kir Carrier and Product Application Signed State:	d's Policy, Business Policy, etc)	Product Type			
Case Description (Examples: \$500,000,00, Ki Carrier and Product Application Signed State: Alabama	d's Policy, Business Policy, etc)	Product Type Universal Life			Find Available Products
Case Description (Examples: \$500.000.00, Kii Carrier and Product Application Signed State: Alabama Product	d's Policy, Business Policy, etc)	Product Type Universal Life		Y	Find Available Products
Case Description (Examples: \$500.000.00, Kil Carrier and Product Application Signed State: Alabama Product Carrier	d's Policy, Business Policy, etc)	Product Type Universal Life Product			Find Available Products IGO e-App
Case Description (Examples: \$500.000.00, Kil Carrier and Product Application Signed State: Alabama Product Carrier Foresters [*] Financial	d's Policy, Business Policy, etc)	Product Type Universal Life Product SMART UL - Medical			Find Available Products IGO e-App Select e-Sgo



- Pre-Qualifying
 - Ensure you read this screen as these rules help determine whether your client qualifies for using the e-App
 - If they qualify, answer "Yes" at the bottom of this screen and proceed to the next screen
 - If they don't qualify, answer "No" at the bottom of this screen and proceed with writing the application on paper

 Pre-Qualifying 	Pro Qualifying
	Welcome to Foresters Electronic Application!
	As a reminder
	The e-App is available through the IPipeline IGO e-App platform using only Microsoft Edge (desktop/laptop) or Safari (Apple iPad only). Foresters does not support using Chrome or Firefox
	Autofill must be turned off
	 For document e-Delivery and the e-Signature process, each person signing must have their own email address or cell phor number and cannot share or use one that another person has, or you the Agent, have access to
	 Except for your own signature, you, the Agent, cannot use your own email address or create an email address for another signer or allow any person signing to use your email address or an email address that you have created or have access to, nor can you offer your cell phone number or a different cell phone number for them to use
	 The email address used for the Proposed Insured and/or Owner cannot contain the name of another person signing. Also, the Owner's email address cannot contain the name of the primary or contingent beneficiary, except if the Owner is listed a beneficiary, the Owner's email address may contain the Owner's name
	 Each person signing must be able to receive emails at their own email address or text messages at their own cell phone number and open links in an email to access documents, such as PDFs
	Ensure your state licensing and appointments are in place with Foresters





- *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



- License and Appointment Check
 - 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, the screen opens and you can proceed. If you don't validate, contact Foresters
 - You can split comp with up to 2 additional agents.
 Answer "Yes" to more than one agent and complete information

NOTE: the comp split must equal 100% to proceed to the next screen



Doe, John Foresters	MART UL		(Save Die	w Forms	Case Actions	v
		Case Information	Application				
 Pre-Qualifying 							
 License and Appointment 	License a	and Appoin	tment Check				
	All fields si Enter your	hould be completed th Foresters agent num	hroughout the e-App. Fields ber to avoid delays and get	in yellow are mano paid quickly	latory		
	Primary Ager	t Information					
	Product Name SMART UL		Application Signed Stat Alabama	te			
	Agent First Nam	e	Agent Last Name				
	Forrest		Gump				
	Agent #						
	515015						
	Agent SSN	% of Split					
		100					
		Validate					
	Vill there be mo	re than one Agent?					
	< Back	Next >					



- Proposed Insured
 - Collect personal details about the Proposed Insured in this section
 - Enter DOB
 - Enter gender and a valid SSN. SSN must be 9 characters long
 - Enter Country of Birth. If "USA" is selected, enter "State"
 - If Proposed Insured is not a U.S. citizen, select "No" then select "Visa Type" under immigration status
 - Primary Language (optional)

Deposed Insured's first and last name as well as the street name will ensure the issue paperwork and subsequent correspondence meet the Owner's expectations Click the Yuev Forms' button to ensure you have the right application for the state where the solicitation occurred. If not, click on the "Case Information" tab and re-select the state onal Details Name M.1 Last Name of Birth Age Nearest DD / YWY
Use 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 Owner's expectations Click the "View Forms" button to ensure you have the right application for the state where the solicitation occurred. If not, click on the "Case Information" tab and re-select the state onal Details Name M.1. Last Name Doe G O O F O F O O F O F O F O F O F O F O
Proposed Insured's first and last name as well as the street name will ensure the issue paperwork and subsequent correspondence meet the Owner's expectations (Cick the "View Forms" button to ensure you have the right application for the state where the solicitation occurred. If not, click on the "Case Information" tab and re-select the state onal Details Name M.1 Last Name o o o o of Birth Age Nearest Doe o
Click the "View Forms" button to ensure you have the right application for the state where the solicitation occurred. If not, click on the "Case Information" tab and re-select the state onal Details Name M.1 Last Name
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Name M.I. Last Name Doe Gradient Age Nearest DD / YWY
Name M.I. Last Name Doe t of Birth Age Nearest DD / YWY
Name M.I. Last Name Doe
o of Birth Age Nearest DD / YYYY
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of Birth Age Nearest
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er Social Security No.
tale Female
try of Birth
0
• Proposed Insured a U.S. Citizen?
o Proposed Insured a U.S. Citizen? sNo
er Social Security No. tale Female try of Birth

- Proposed Insured
 - Enter address
 - Address Validation green checkmark beside Zip Code means the address has been validated. 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): This field is for communications, including the benefits of Foresters membership; NOT where you enter the email address to e-Sign the application

Number and Street	
City	State
Zip Code	
A gray check mark	oeside Zip Code is a possible invalid address, please review. An additional check
A gray check mark will occur at Foresters Phone #	peside Zip Code is a possible invalid address, please review. An additional check
A gray check mark will occur at Foresters Phone # Email Address	peside Zip Code is a possible invalid address, please review. An additional check
A gray check mark will occur at Foresters Phone # Email Address Suggest to the Prop information about mer section in the Application	peside Zip Code is a possible invalid address, please review. An additional check osed Insured they provide an email address to electronically receive ther benefits (and as otherwise described in Declarations and Agreements n)

Foresters



- Proposed Insured Cont
 - 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.
 Provide details, if applicable
 - Answer active duty military or reserves question (unless Proposed Insured's age is < 17, answer is defaulted to "No")
 - Can elect to select a secondary addressee (optional)
 - Answer: Will the Owner be different from the Proposed Insured?
 - If "No," for Term, SMART UL and ADV+ II, if Proposed Insured is age 16 or 17 enter name of Legal Guardian

 Pre-Qualifying, Cont Proposed Insured Cont Proposed Insured Indicate the type of Photo I.D. used to verify identity: Proposed Insured, Cont Indicate the type of Photo I.D. used to verify identity: Type: Coverage Information Employment Information Beneficiary What is the Proposed Insured's current employment status? Other Insurance Physician Information Retired Student Home Maker Information Home Maker Information Weili the Owner be different from the Proposed Insured? Will the Owner be different from the Proposed Insured? Will the Owner be different from the Proposed Insured? Will the Owner be different from the Proposed Insured? First Name M.I. Last Name Suffix O 	 Pre-Qualify 	ring	D	
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Other insurance ✓ Physician information Employed Medical Questions. Co Student Payment Information Home Maker Itemporary Insurance Unemployed Validate and Lock Data Child Will the Owner be different from the Proposed Insured? Disabled Will the Owner be different from the Proposed Insured? Yes No Name of Legal Guardian (cannot be the Proposed Insured) First Name M.I. Suffix 0	Beneficiary		What is the Proposed Ins	sured's current employment status?
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Ves No Name of Legal Guardian (cannot be the Proposed Insured) First Name M.I. Last Name Suffix			Will the Owner be diff	erent from the Proposed Insured?
Name of Legal Guardian (cannot be the Proposed Insured) First Name Suffix			O Yes O No	
First Name M.I. Last Name			Name of Legal Guar	dian (cannot be the Proposed Insured)
Suffix			First Name	M.I. Last Name
Suffix				
a			Suffix	
			0	

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



Foresters

Financial



- Lifestyle Questions
 - Where the Proposed Insured answers "Yes" or "No" to several Lifestyle & Medical questions
 - If "Yes" to any of the questions, additional information is required
 - Click 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

Doe, Fores	John ters	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 "your" 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	OYes ONo
	Illustration Certificat	Within the past 5 years, have you:
0	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	⊖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	©Yes ○ No
	Medical Questions	Details
	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,
	Payment Information	Canada, canobean Islands (excluding naili), western Europe, nong Kong, Australia of New Zealand?
	Temporary Insurance Agr	Within the past 2 years, have you:
	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?
		OYes ONo
		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?
		OYes ONo



- Coverage Information
 - Enter the Product Details such as face amount, select riders etc.
 - Lump Sum payments as well as 1035
 Exchanges are allowed for non-medical and medical products

	Case Information Application
 Pre-Qualifying 	
 Pre-Qualifying, Cont 	Coverage Information
 License and Appointment 	Product Name SMART UL - Medical
Proposed Insured	Face Amount: \$
 Proposed Insured, Cont 	
✓ Lifestyle Questions	Guideline Premium Test (GPT) Cash Value Accumulation Test (CVAT)
? Coverage Information	Death Benefit Option
Non-Residence Sale Decl	OLevel Olncreasing
Beneficiary	Initial Lump Sum Premium?
Other Insurance	©Yes ONo
Physician Information	Indicate the anticipated amount of 1035 exchange funds (not available in NY), if any, and the amount and source of any non-1035 exchange funds.
Medical Questions	Holi-1005 CACHINGE TURIOS
Medical Questions, Cont	1035 Exchange Funds
Additional Medical Ques	
Payment Information	Non-1035 Exchange Funds
Temporary Insurance Agr	
Validate and Lock Data	Optional Benefits
	Accidental Death Rider
	Children's Term Rider (CTR)
	Weiver of Monthly Deductions
	Guaranteed Purchase Option



- Coverage Information
 - Illustration
 - SMART UL & ADV+II medical plans only
 - 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 form 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 page (saved using the ForeSight or Winflex Illustration Software)





- Coverage Information
 - Illustration
 - SMART UL & ADV+II medical plans only
 - Click Attach Illustration 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						
 Lifestyle Questions 	Life Insurance Qualification Test						
? Coverage Information	Guideline Premium Test (GPT)	Cash Value Ac	cumulation Test (LVAT)				
Non-Residence Sale Decl	O Level Olncreasing						
Beneficiary	Initial Lump Sum Premium?						
Other Insurance	OYes ● No				I		
Physician Information	Optional Benefits	 License and A 	Appointment	CENARE SMAREUL-Me	ncai	_	_
Medical Questions	Accidental Death Rider	Proposed Ins	Attachments				
Medical Questions, Cont	Children's Term Rider (CTR)	Proposed ins					
Additional Medical Ques	Waiver of Monthly Deduction	Crustyle Que	Attach New File	2			
Payment Information		Nee Desides	Display Name				
Temporary Insurance Agr		Beneficiani	Description				
Validate and Lock Data	Illustration	Other Insura					
	Was an illustration conformin	Physician Inf	File Location			Browse	
	●Yes ○No	Medical Que			Attach Close		
	Click the "Attach Illustrat	Medical Que					
		Additional M					
	Attach Illustration	Payment Info	Attachments				
	Attach Numeric Summary] Temporary Ir	File Name	Display Name	File Size	Actions	
		Validate and					
	K Back Ne						ective owner?



- Coverage Information
 - Illustration
 - SMART UL & ADV+II medical plans only
 - Click Attach Numeric Summary 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

Proposed Insured, Cont Lifestyle Questions Coverage Information Non-Residence Sale DecL Beneficiary Other Insurance Physician Information Medical Questions	100,000 Life Insurance Qualification © Guideline Premium Tess (G Death Benefit Option OLevel © Increasing Initial Lump Sum Premium OYes © No Optional Benefits	PT) Cash Valu	ee Accumulation Test (CVAT)				
Lifestyle Questions Coverage Information Non-Residence Sale DecL. Beneficiary Other Insurance Physician Information Medical Questions	Life Insurance Qualification © Guideline Premium Text (G Death Benefit Option OLevel © Increasing Initial Lump Sum Premium OYes © No Optional Benefits	PT) Cash Valu	ee Accumulation Test (CVAT)				
Coverage Information Non-Residence Sale Decl Beneficiary Other Insurance Physician Information Medical Questions	Outdeline Fremum Test (5 Death Benefit Option Level Increasing Initial Lump Sum Premium Yes No Optional Benefits	Cash Value Cash Value Cash Value Cash Value	e Accumulation Test (CVAT)				
Non-Residence Sale Decl Beneficiary Other Insurance Physician Information Medical Questions	Death Benefit Option User Increasing Initial Lump Sum Premium Yes Yes No Optional Benefits	? License and .	Product Nam				
Other Insurance Physician Information Medical Questions	Initial Lump Sum Premium	? ✓ License and a	Product Nato				
Beneficiary Other Insurance Physician Information Medical Questions	Oytional Benefits	 License and . 	Product Nam				
Other Insurance Physician Information Medical Questions	Optional Benefits		Appointment	SMART UL - MEDICAL			
Physician Information Medical Questions	Optional Benefits	Proposed Ins					
Medical Questions		Y Proposed Ins	Attachments				<u> </u>
		✓ Lifestyle Que	Attach New File				
Medical Questions, Cont	Accidental Death Rider	? Coverage Inf	Display Name				
Additional Medical Ques	Children's Term Rider (CT	Non-Residen	Developing				
Payment Information	Waiver of Monthly Deduc	Beneficiary	Description				
	Guaranteed Purchase Op	Other Insura					
remporary insurance Agr		Physician Inf	File Location			Browse	
Validate and Lock Data	Illustration	Medical Que					
	Was an illustration confor	Medical Que		Attach	Close		
	●Yes ○No	Additional M					
	Attach Illustration	Payment Infr					
		Temporary II	Attachments				
	Click the "Attach Nun	□ Validate and	File Name	Display Name	File Size	Actions	
			Smart UL illustration.pdf	Smart UL illustration.pdf	651.94 KB	e	
	Attach Numeric Summary						ective owner?
	< Back						
							format



- Coverage Information
 - Illustration
 - SMART UL & ADV+II medical plans only
 - 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

Doe, John Foresters	SMART UL - Medical Case Actions SMART UL - Medical Case Actions Stars
	Case Information Application Export Case
 Pre-Qualifying 	Coverage Information
 Pre-Qualifying, Cont 	Coverage information
 License and Appointment 	Product Name SMART UL - Medical
 Proposed Insured 	Face Amount: \$
 Proposed Insured, Cont 	100,000
 Lifestyle Questions 	Life Insurance Qualification Test
 Coverage Information 	Death Benefit Option
Non-Residence Sale Decl	O Level Increasing
Beneficiary	Initial Lump Sum Premium?
Other Insurance	O Yes No
Physician Information	Optional Benefits
Medical Questions	
Medical Questions, Cont	Accidental Death Rider
Additional Medical Ques	Children's Term Rider (CTR)
Payment Information	Waiver of Monthly Deductions
Temporary Insurance Agr	Guaranteed Purchase Option
	Illustration



- Coverage Information
 - Illustration
 - SMART UL & ADV+II medical plans only
 - Click the red garbage can icon to delete or the magnifying glass icon to view the attached





- Owner (juvenile)
 - For SMART UL and ADV+ II only
 - If the Proposed Insured is a juvenile select the relationship to the Proposed Insured
 - If Owner is not the Legal Guardian, enter name of Legal Guardian
 - Complete details about the Owner, including DOB, gender, SSN and address
 - Verify the identity of the Owner. Photo I.D.
 Information (3 choices):
 - Driver's License
 - Passport
 - Other Government ID
 - Email Address (optional): This field is for communications, including the benefits of Foresters membership; NOT where you enter the email address to e-Sign the application

Pre-Oualifying		
 Pre-Qualifying, Cont 	Owner	
 License and Appointm 	Relationship to the Propose	ed Insured
Proposed Insured	Parent	•
Proposed Insured Cont	Is the Owner the Legal Gua	rdian?
	Ves No	
	Name of Legal Guardian	
Coverage Information	First Name	M.I. Last Name
? Owner		
Illustration Certificat	Suffix	
Beneficiary	•	
Other Insurance		
Physician Information	Personal Details	
Medical Questions	First Name	M.I. Last Name
Medical Questions, Co		
Payment Information	Suffix	
Temporary Insurance	Date of Birth	Gender
		Male Female



- Owner (non-juvenile)
 - If Owner is different than the Proposed Insured, select the relationship to the Proposed Insured from the drop down
 - Complete details about the Owner, including DOB, gender, SSN and address
 - Verify the identity of the Owner. Photo I.D. Information (3 choices):
 - Driver's License
 - Passport
 - Other Government ID
 - Email Address (optional): This field is for communications, including the benefits of Foresters membership; NOT where you enter the email address to e-Sign the application

 Pre-Qualifying, Cont 	Owner	
✔ License and Appointment	Relationship to the Proposed Insured	
✓ Proposed Insured	Child	
✓ Proposed Insured, Cont	Domestic partner Sibling	
✓ Lifestyle Questions	Grandchild Grandparent M.I. Last Name	Suffix
 Coverage Information 	Fiancee Steechild	
? 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		



- Illustration Certification
 - For non-medical SMART UL and ADV+ II, this form is automatically built into the e-App
 - For medical SMART UL and ADV+ II, only if a conforming illustration was not shown to the Prospective Owner will this form appear

 Pre-Qualifying 			
License and Appointment	Illustration Cer	tification	
Proposed Insured	As a signed illustration cannot	ot be submitted, you	a must check one of the boxes below.
 Proposed Insured, Cont 	No illustration was used in the	he sale of the insurance	e product applied for in the application and no illustration was provided to the
 Lifestyle Questions 	of delivery of the insurance con	ion conforming to the intract.	nsurance contract issued, if any, will be provided to the Owner no later than at the time
Coverage Information	An illustration that does not	conform to the insuran	ce product applied for in the application was used in the sale of that insurance product.
? Illustration Certificat	An illustration conforming to th insurance contract,	ie insurance contract is	sued, if any, will be provided to the Owner no later than at the time of delivery of the
Non-Residence Sale Decl	A computer screen illustratio	on, which complies with	a state requirements, was displayed to the prospective Owner in the sale of the Instruction was based upon the following information:
Beneficiary	Plan Applied For:	Face Amount: \$	наланит наз вало притик плотед вногтакот.
Other Insurance			
Physician Information	Premium Amount: \$	Premium Mode:	4 · · · · · · · · · · · · · · · · · · ·
Medical Questions			
Medical Questions, Cont	Sec	Issue Age:	Insurance Class:
Payment Information	O Male O Female	mounth	O Tobacco O Non-Tobacco
Temporary Insurance Agr	Rocity (indific and Deficit a	moung.	
] Validate and Lock Data			
	A copy of the computer insurance contract issued, i	screen illustration w if any, will be provide	as NOT provided to the prospective Owner. An illustration conforming to the ed to the Owner no later than at the time of delivery of the insurance contract.



- Non-Residence Sale Declaration
 - Required if the state of solicitation is different than the state in which the Owner resides

oresters 51	ART UL - Non-medical
	Case Information Application
Pre-Qualifying	
Pre-Qualifying, Cont	Non-Residence Sale Declaration
License and Appointment	Was the Proposed Insured solicited in connection with this Foresters application?
Proposed Insured	O Yes O No
Proposed Insured, Cont	Was the Owner solicited in connection with this Foresters application?
 Lifestyle Questions 	Was the solicitation made in the state of residence of the Owner?
Coverage Information	Ves No
Owner	Please state reason(s) why solicitation did not occur in the state of residence of the Owner:
Illustration Certificat	
Non-Residence Sale Decl	
Beneficiary	Kext >
Other Insurance	



- Beneficiary
 - 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?"
 - After making either a "Yes" or "No" 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)





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

Doe, John Foresters	SMART UL Case Actions Case Actions
	Case Information Application
 Pre-Qualifying License and Appointment Proposed Insured Proposed Insured, Cont Lifestyle Questions Coverage Information Illustration Certificat Non-Residence Sale Decl 	Other Insurance Is there another annuity or life insurance application pending, on the life of the proposed insured, with Foresters or another insurer? Ves No Do you currently have an annuity or life, accidental death, critical illness or disability income insurance pending or in force? Ves No Have you ever had an application for life, health, disability or critical illness insurance declined, rated or modified?
Beneficiary	Will coverage be discontinued or reduced, or premium payments stopped, on existing life insurance coverage or an annuity, if the insurance applied for in this Application is issued (includes military group life insurance)?
Other Insurance Physician Information Medical Questions Medical Questions, Cont Payment Information Temporary Insurance Agr Validate and Lock Data	K Back Next >



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

esters	SMARTUL
	Case Information Application
Pre-Qualifying	
License and Appointment	Important Notice: Replacement form
Proposed Insured	1 Be sure to ask the Proposed Insured if they would like the Important Notice: Replacement form read aloud. Regardless of
Proposed Insured, Cont	their answer, click the link below to open the "Important Notice: Replacement form" and activate the questions
Lifestyle Questions	Wennestant Matiles Re-largement (arm?
Coverage Information	Was the Important Notice: Replacement form read aloud?
Illustration Certificat	O Yes O No
Non-Residence Sale Decl	Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or
Beneficiary	otherwise terminating your existing poicy or contract?
• Other Insurance	Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or
Important Notice: Repla	contract?
) Physician Information	O Yes O No
Medical Questions	
Medical Questions, Cont	< Back Next >
Payment Information	
) Temporary Insurance Agr	



- Physician Information
 - Enter information about your client's last consultation with their physician
 - Physicians with foreign addresses are accepted. Click *Foreign Address* checkbox and enter the City and Country

	Pre-Qualifying		•		
•	Pre-Qualifying, Cont	Physician Informat	lion		
	COVID-19 Questionnai	Physician Name and Address	5		
	License and Appointm				
	Proposed Insured	Date you last consulted a physic	ian:		
	Proposed Insured, Cont	MM / DD / YYYY			
	Lifestyle Questions	Reason(s):			
•	Coverage Information				
•	Illustration Certificat	Were you advised that results of	f that consultation were outside no	mal ranges?	
•	Non-Residence Sale D	O Yes O No			
•	Beneficiary	Name of Physician Last Consulte	ed		
,	Other Insurance	Number and Street			
	Physician Information				
	Medical Questions				
)	Medical Questions, Co	Foreign Address?			
		City	State	Zip C	ode
	Payment Information			•	
)	Temporary Insurance	Phone #			
ר	Validate and Lock Data				



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

loe, John ioresters	SMART UL			🖺 Save	C View Forms	Case Actions	~
		Case Information	Applicati	on			
Pre-Qualifying							
 License and Appointment 	Medical	Questions					
 Proposed Insured 	What is your h	eight and weight?					
 Proposed Insured, Cont 	Height: (ft)	(in)	Weight: (lbs)				
 Lifestyle Questions 	1						
Coverage Information	2 3	aking prescription me	dication or under tre	eatment?			
 Illustration Certificat 	4 5					1	
Von-Residence Sale Decl	7	n diagnosed with Acq h Immunodeficiency V	irus (HIV)?	ency Syndrome	(AIDS), AIDS Relate	d Complex (ARC), or	tested
Beneficiary	9 10						
Other Insurance	Within the pas	t 2 years, have you:					
Physician Information	a) Had or been echocardiogra	advised to have a test (o m, angiogram, biopsy, or	ther than for HIV) suc endoscopy?	h as an EKG, C	r scan, bone scan, N	IRI scan, colonoscop	ıy.
? Medical Questions	OYes ON	•					
Medical Questions, Cont	b) Been advise	d to have a check up, con	sultation, medication	, treatment, su	rgery, hospitalizatio	on, lab test or diagno	stic test
Payment Information	OYes ONe		in started of complete			Jet KIOWII:	
Temporary Insurance Agr	Do you current	tly:					
Validate and Lock Data	a) Reside in a r skilled nursing next 12 month	nursing home or skilled nu care, hospice care, or ho s or for a chronic conditic	rrsing facility or psyc me healthcare for a t m?	hiatric facility, c erminal conditi	r are you receiving on that is expected	or been advised to to result in death w	eceive, thin the
	OYes ONe	•					
	b) Require the	use of a wheelchair due t	o a chronic illness or	disease?			



- Medical Questions Cont
 - 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
 - 3. 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

Doe, John Foresters	SMART UL	Save View Forms Case Actions
		Case Information Application
✓ Pre-Qualifying		popMedicalDetails_Q10
 License and Appointment 	Med	
 Proposed Insured 	Within t medical	Medical Details on Proposed Insured
 Proposed Insured, Cont 	OYes	Within the nart 10 years have you been diamoced with or received treatment or medication tested positive or been revealed to
 Lifestyle Questions 	Within t	medical advice for:
 Coverage Information 	medical	Diabetes, high blood pressure, a disease or disorder of the blood or lymphatic system, coronary artery disease, heart murmur, check pain irremular beart bait aneurosm, stroke transient ischemic attack connecting beart failure (CUE) a
✓ Illustration Certificat	a) Diabe murmu dicease	disease or disorder of the arteries or valves, peripheral vascular or arterial disease (PVD or PAD), or had a heart attack, heart surgery, heart procedure or circulatory surgery?
✓ Non-Residence Sale Decl	heart su	
✓ Beneficiary	()Yes	Include diagnosis, date first diagnosed, treatment, medications, medical facilities and physicians' name, addresses, phone numbers
 Other Insurance 	Details	
 Physician Information 	b) Cano a diseas	27 Dishatar
 Medical Questions 	OYes	
? Medical Questions, Cont	c) Asthr	High blood pressure
Payment Information	O Yes	
Temporary Insurance Agr	d) Dem	A disease or disorder of the blood or lymphatic system
Validate and Lock Data	dystrop	
	e) Anvie	
	OYes	Coronary artery disease
	f) Blood	Details
	bladder	



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

e, John esters	SMART UL - Medical	ctions 🗸
	Case Information Application	
Pre-Qualifying		
Pre-Qualifying, Cont	Additional Medical Questions	
License and Appointment	Do you currently drink alcohol?	
Proposed Insured	O Yes O No	
Proposed Insured, Cont	Within the past 5 years, have you consulted a physician other than previously identified, or a medical pra treated, tested or monitored in a clinic, hospital or emergency room?	ctitioner, or been
Lifestyle Questions	O Yes O No	
Coverage Information	Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested pos medical advice for high cholesterol?	itive or been given
/ 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, diabete	s, heart attack, heart
Medical Questions	disease, stroke, cancer, polycystic kidney disease, Huntington's Chorea, or Alzheimer's?	
Medical Questions, Cont	VYes ONo	
Additional Medical Ques	S Back Next >	
Payment Information		
] Temporary Insurance Agr		
) Validate and Lock Data		



- Questionnaires
 - 11 questionnaires with reflexive questions and guided prompts to allow for the collection of additional information about the Proposed Insured to help improve a Point-of-Sale decision

Name of Questionnaire	Non-Med	Med
Activities of Daily Living	Х	Х
Alcohol Usage		Х
Aviation	Х	Х
Chest Pain	Х	
Diabetes	Х	
Drug or Substance Use	Х	
Heart Murmur or Irregular Heartbeat	Х	
Mental Health	Х	
Military	Х	Х
Respiratory	Х	
Tumor, Cyst or Cancer	Х	



 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



- Payment Information
 - Select Payer from drop-down list. If
 "Other" is selected, the "Other Payer Identification" screen is 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





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

NOTE: If the banking information cannot be validated, confirm entry and proceed with the e-App. The banking information will be validated by the bank once the case is issued

Payment Information Temporary Insurance Validate and Lock Data Name of Financial Institution Wells Fargo Routing Transit #: 122199983 Account #: 1234 Mare of Financial Institution Wells fargo Routing Transit #: 1234 Mare of Financial Institution Wells fargo Routing Transit #: 1234 Mare of Financial Institution Wells fargo Routing Transit #: 1234 Account # 1234 Mare of Financial Institution Wells fargo Routing Transit #: 1234 Account # 1239 Click the "Validate" buttint #: 12399 Account #: 1239983 Click the "Validate" buttint #: 1239983 Account #: 1239983 Account #: 1239983 Account #: 1239983 Account #: 1239984 Account #: 1239985 Account #: 1239985 Account #: 1239983 Account #: 1239984	Medical Questions, Co.		
Temporary Insurance Pre-Paid cards are not valid forms of premium payment Validate and Lock Data Name of Financial Institution Wels Fargo Routing Transit #: 12199983 Account # 1234 If the Account # provided Institution Wels Fargo Routing Transit #: 1234 If the Account # provided Institution Wels Fargo Routing Transit #: 1234 If the Account # provided Institution Wels Fargo Routing Transit #: 1219983 Account # 1219983 Account # 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 Validate Validate Validate Validate Image: Imag	Payment Information	Banking information provi	ided must be valid in order to proceed with the e-App. Credit, Debit and
Validate and Lock Data Name of Financial Institution Wells Fargo Routing Transit #: I2219993 Account #: I224 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Temporary Insurance .	Pre-Paid cards are not valid fo	orms of premium payment
Name of Financial institution Wells Fargo Routing Transit #: 122199983 Account #: 1234 Name of Financial Institution Wells Fargo Routing Transit #: 12299983 Account #: 1229983 Acco	Validate and Lock Data		
Routing Transit #: 122199983 Account #: 1234 If the Account # provided Not a Credit, Debit or Pre-Pai Routing Transit #: 1219983 Click the "Validate" buttor Validate Account #: 1234 If the Account # provided Routing Transit #: 1219983 Account #: 1234 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 Validate Account Type: Checking Checking Checking Checking		Wells Farma	n
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Account #; 1234 If the Account # provided NOT a Credit, Debit or Pre-Pa Routing Transit #: 12219983 Account #: Click the "Validate" buttor Validate Account Type: Checking Checking Savings Account Type: Checking Checking Checking Checking Checking		122199963	
1234 Name of Financial Institution If the Account # provided Wels Fargo NOT a Credit, Debit or Pre-Part Rouing Transit #: It the Micro of Electric the "Validate" buttor Rouing Transit #: Validate Account #: Account Type: Validate Checking Serings Validate Validate Validate Account Type: Validate Validate Validate Account Type: Validate banking information. Confirm entry and proceed with the e-App Account Type: Checking Savings		Account #:	
If the Account # provided NOT a Credit, Debit or Pre-Pa Rouing Transit #: 12219983 Click the "Validate" butter 1234 Validate 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 Validate 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 Validate Validate Account Type: Validate banking information. Confirm entry and proceed with the e-App Account Type: Checking Cleck Next> Checking		1234	Name of Financial Institution
NOT a Credit, Debit or Pre-Pa Routing Transit #: 1219983 1219983 Click the "Validate" butto 1224 Validate 1234 Cocount Type: Credit, Debit or Pre-Paid card Checking Savings Validate Account Type: Checking information. Confirm entry and proceed with the e-App Account Type: Checking information. Confirm entry and proceed with the e-App Checking		A If the Account # provided	Wells Fargo
12219983 Click the "Validate" buttor Validate Account # Account Type: Validate Clack Net 3 Clecking Clecking Clecking Clecking		NOT a Credit, Debit or Pre-Pa	Routing Transit #:
Click the "Validate" buttor 124 Validate 124 Account Type: Validate Checking Samings Validate Validate Validate Account Type: Validate Checking Samings Validate Account Type: Validate Checking Samings Account Type: Checking			122199983
Click the "Validate" butto Validate Validate Account Type: Validate Validate </td <td></td> <td>Account #:</td>			Account #:
Validate M 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 Account Type: Validate Validate Validate Validate Validate Validate Validate Validate Validate Validate Validate Checking Savings Checking Checking Other Checking Checking		Click the "Validate" buttor	1234
Validate NOT a Credit, Debit or Pre-Paid card Account Type: Validate Checking Sarvings Validate Account Type: Account Type: Checking Other Confirments Checking Other Confirments			A If the Account # provided is more than 17 digits, please ensure it is for a valid bank account and
Account Type: Checking Savings Validate Validate Validate Account Type: Clack Next > Checking Observings		Validate	NOT a Credit, Debit or Pre-Paid card
Checking Savings Valdate Valda		Account Type:	
Checking Checking Savings		Checking Savings	Validate
Account Type: C Back Next > Checking Savings			Unable to validate banking information. Confirm entry and proceed with the e-App
Kext Next Checking Savings	K Back Nex		4
		K Back Next >	Checking Savings
			O and and a second seco



- Other Payer Identification
 - Triggered if Payer selected is **Other** and payment method is **Pre-Authorized Check** (PAC)
 - 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 a valid SSN. SSN must be 9 characters long
 - Select the relationship to the Proposed Insured from the drop down
 - Email Address (optional): This field is for communications, including the benefits of
 Foresters membership; NOT where you enter the email address to e-Sign the application 42

Pre-Qualifying			
 Pre-Qualifying, Cont 	Other Payer Identi	fication	
 License and Appointment 	You cannot be the Paver unless	s you are the Proposed Insured, the Propose	ed Insured is your dependent or you are the
 Proposed Insured 	Owner		
 Proposed Insured, Cont 			
 Lifestyle Questions 	Full legal name of Individual		
 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 Zip C	Code is a possible invalid address, please rev	view. An additional check will occur at Foresters
 Medical Questions 			
 Medical Questions, Cont 	Phone #		
 Payment Information 	Social Security No.		
Other Payer Identificat			
Temporary Insurance Agr	Relationship to the Proposed Insure	ed .	
Validate and Lock Data			
Valuate and LOCK Data	Email Address		
J Validate and Lock Data			



- Other Payer Identification
 - If Payer is not a U.S. citizen, select "No" then select "Visa Type" under immigration status
 - Additional Other Payer Information
 - Answer all questions in this section, including if the full legal name of the Payer is what appears on the bank account for the records for the account provided

la the Daver e U.C. Cit	i2			
Yes ONo	izen?			
Additional Other	Payer Informatior	ı		
Is the payer paying the intent or arrangement	e premium as a loan o It that the payer will be	or for fina e naid ha	ancing to, or will it create a debt by, the in: ock the premium?	sured or owner or is there an
O Yes No	it that the payer number	c pula ba		
Is there an agreemer or that the payer will	t or understanding the receive a fee, compen	at the ins sation or	urance applied for will be assigned, pledg • benefit for paving the premium?	ed or transferred to the payer
O Yes No				
le altre faill le ser le serve	- (D th			
	of Payer the same as i	what app	ears on the bank account records for the	account provided?
O Yes O NO				
Enter the name of the	e Payer that appears o	n the Pay	ver's bank account records for the accoun	t provided
First Name	1	м.і.	Last Name	
A Back	Next %			
▼ DdCK	Next >			



- Temporary Insurance Agreement (TIA)
 - 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

 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)? O Yes No				
 Proposed Insured, Cont 					
 Lifestyle Questions 	Within the past 4 months, been admitted or been medically advised to be admitted to a hospital or other licensed health care facility (other than for childhirth)?				
 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?				
Non-Residence Sale Decl					
 Beneficiary 	Temporary Insurance Agreement (TIA) Acknowledgement				
Other Insurance	First premium payment, in the amount of:				
 Physician Information 	s .				
 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 >				
2 Temporary Insurance Agr					



- Validate and Lock Data
 - 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 to revisit and complete the required fields. Once you have, proceed back to this screen

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 🖌 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 nor	
✓ Non-Residence Sale Decl	would send in a paper application.	
✓ Beneficiary	Return to incomplete sections of the Application	
✓ Other Insurance	S Back	
· Mariata Information	S Dack	



- Validate and Lock Data
 - All green check marks let you know the documents are complete and is "in Good Order (iGO)"
 - Click Lock Documents and Proceed to the Signature Process to begin the e-Sign process

TIP: wait for the screen to refresh, then click *Next*

Doe, John Foresters	SMART UL - Non-medical 🛛 Save 🗋 View Forms Case Actions 💌
	Case Information Application
 Pre-Qualifying Pre-Qualifying, Cont 	Validate and Lock Data
 License and Appointment Proposed Insured 	Congratulations! The documents are complete and in Good Order
Proposed Insured, Cont Lifestyle Questions	The documents now qualify for the Signature process
Coverage Information Owner	Please click the "Lock Documents and Proceed to the Signature Process" button
 Illustration Certificat 	Lock Documents and Proceed to the Signature Process
Non-Residence Sale Decl Beneficiary	< Back
 Other Insurance 	



- Validate and Lock Data
 - 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 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

		Case Information Application			
•	Pre-Qualifying				
•	Pre-Qualifying, Cont	Validate and Lock Data The documents have been locked!			
•	License and Appointment				
	Proposed Insured				
	Proposed Insured, Cont	The documents have been locked to protect client data from digital alteration during the Signature process.			
	Lifestyle Questions	Please be aware that unlocking the documents will cancel all previously collected electronic signatures and will require you to			
	Coverage Information	complete the signature process again.			
•	Owner	If you need to edit the documents, click the "Unlock Documents and Cancel Signature Process" button. Once your edits are complete and the documents are in Good Order, lock the documents and proceed to the Signature process by selecting "Validate			
•	Illustration Certificat	and Lock Data" located on the left-hand navigation tree. This case will remain on IPipeline for 120 days from the time you started this case. After this, the case will be archived and th documents will no longer be available for update or submission. Unlock Documents and Cancel Signature Process			
•	Non-Residence Sale Decl				
	Beneficiary				
	Other Insurance				
	Physician Information	Kext >			
	Medical Questions				
•	Madical Quartians Cant				

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Thank you

Any questions?

- Our Foresters Financial Sales Support team is only a call away, 866-466-7166, option 1
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