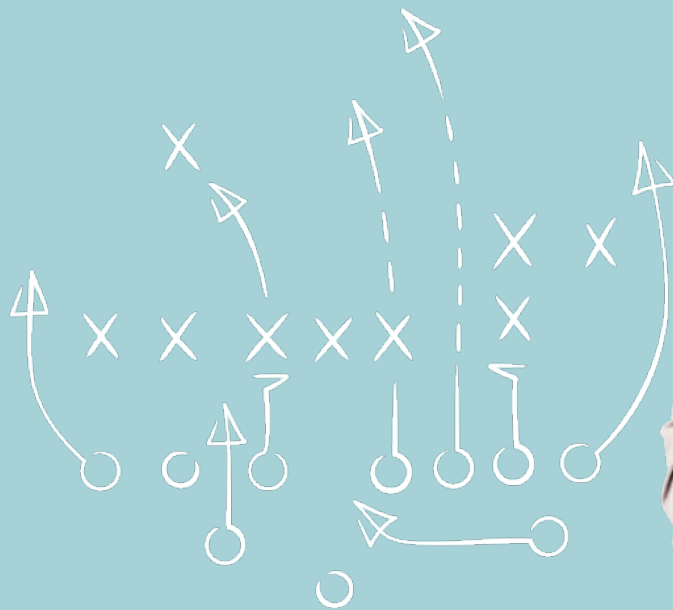


# Foresters Live Well Plus

Get to know our application process



**Foresters**   
Financial

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506513 US 07/25

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# **Registration process to create an account to access FLWP e-Application platform**

# Create an account

- Once you're contracted to sell Foresters Live Well Plus, you will need to register for your Afficiency account access at <https://lwp-platform.afficiency.com>
- To register, click **Create an account**
  - You only need to register once for an account
- Previously registered for an account but forgot your password? Reset your password by clicking **Forgot your password?** to receive an email with instructions to reset it

Welcome

Log in to your Life Insurance Applications Portal

Email  
email@email.com

Password  
\*\*\*\*\*

Forgot your password?

Login

Create an account

# Create an account

- If you're experiencing issues with verifying your name or producer number, make sure you scroll to the top of the screen to check for any error messages that may be displayed
  - Instructions will be provided on what steps to take to address account registration

The screenshot displays the 'Create an Account' page for Foresters Financial. At the top, a red-bordered error banner contains a warning icon and the text: 'Error while verifying agent. We could not locate your agent profile. The data you input must match the producer number, first and last name that Foresters has on file for you. Please review the data you entered for accuracy and make any necessary corrections. If you have entered the data correctly, please call Foresters Contracting at 1-866-466-7166 option 4 for assistance.' Below the banner, the page title 'Create an Account' is centered, followed by the instruction: 'Register to access Life Insurance Applications Portal products and manage your applications.' The registration process is divided into three steps: '1 Login Info', '2 About your Company', and '3 About you'. The 'Login Info' step is active and contains the following fields: 'First Name' (Kustin), 'Last Name' (Pox), 'Producer Number' (618928), 'Work Email Address (Login)' (valuedproducer@foresters.com), 'Password', and 'Confirm Password'. A 'Verify' button is located next to the email field, and a 'Next' button is at the bottom of the form.

# Create an account- Login Info screen

- Within this screen, enter the following information:
  1. First Name, Last Name and Foresters Producer Number that matches what Foresters has on file
    - If the information provided here doesn't match Foresters records, the producer will receive an error message notifying them to call Foresters Contracting. Example: If Bill is entered here, but Foresters has the name on record as William, an error message will occur
  2. Email address
    - After entering your email address, click **Verify** to have a one-time verification code emailed to you. This code is required to validate your email address

1.

2.

Create an Account

Register to access Life Insurance Applications Portal products and manage your applications

Login Information

First Name John Last Name Doe

Foresters Producer Number 1234567890

Email Address (Login) john.doe@email.com Verify

Create Account

afficiency

Verify your email!

Dear Agent,

Thank you for registering for your Afficiency Agent Portal.

Please verify your email address by using 862942. Verify

Yours sincerely,

# Create an account- Login Info screen

- Enter the one-time verification code and click **Verify**
- Next, create your password and confirm it
  - The password must be at least 12 characters long with one uppercase letter, one lowercase letter and one special character (!, @, #, \$, %, ^, &, \*)

The screenshot displays the 'Confirm your Identity' screen. At the top, it says 'Confirm your Identity' and 'We sent a code to @foresters.com. Enter it here to confirm your identity.' Below this is a red-outlined input field for the verification code. To the left of the 'Verify' button is a red arrow pointing right. Below the verification section is a red-outlined section for password creation. It contains two input fields: 'Create Password' and 'Confirm Password', both with red outlines. Below these fields are five bullet points listing password requirements: 'Must contain at least 12 characters', 'Must contain at least 1 uppercase letter', 'Must contain at least 1 lowercase letter', 'Must contain at least 1 of the following characters: !@#\$\$%^&\*()', and 'Passwords must match'. At the bottom of this section is a checked checkbox for 'I agree to the Terms of Service and Privacy Policy'. At the very bottom is a blue 'Create Account' button.

Confirm your Identity

We sent a code to @foresters.com. Enter it here to confirm your identity.

\_\_\_\_\_

Didn't receive the code? [Resend](#)

→

Create Password

Confirm Password

- ✓ Must contain at least 12 characters
- ✓ Must contain at least 1 uppercase letter
- ✓ Must contain at least 1 lowercase letter
- ✓ Must contain at least 1 of the following characters: !@#\$\$%^&\*()
- ✓ Passwords must match

☒ I agree to the [Terms of Service](#) and [Privacy Policy](#)

# **Tips before getting started with an e-Application**



# Tips before getting started

- Ensure that your Foresters appointment and state license are **valid** and **current** for the state of residence of the Owner
  - If your contract is Pending or you don't have the correct or current state license on file with Foresters, please contact Foresters Contracting to update your file
  - *You must be appointed with the applicable state of solicitation by Foresters*
    - *If you are not licensed and appointed in Foresters database to sell in the state of residence of the Owner, you will not be able to complete and submit a Foresters Live Well Plus e-Application*
- Before starting an e-Application, review the prescreen questions, found in the Foresters Live Well Plus Producer playbook, to see if you should move forward with an application



# Tips before getting started

- Underwriting:
  - For the primary proposed insured, the total initial premium payment for coverage applied for cannot exceed 40% of the primary insured's total annual income. An example would be reporting an income of \$175,000; the total initial premium cannot exceed  $\$175,000 \times 40\% = \$70,000$
  - Total premium includes the annual premium for base coverage plus all applicable riders except for the Single Premium Paid-up Additions Rider
  - Total income includes salary, bonus, rental income, alimony and any other supplemental income. ***This amount would be entered under the What was your income in the last 12 months question within the Lifestyle screen***

# Tips before getting started

- If the proposed insured currently has a pending application or was declined, rated or modified for life, health, disability or critical illness insurance with another life insurance company or Foresters, they will not be eligible for Foresters Live Well Plus
- For the additional insured rider, there is no premium to income restriction. The additional insured is subject to the maximum coverage amount rules based on income if employed and ½ household income if they are not currently employed
- Full-time college students are limited to a \$500,000 total coverage amount with Foresters Live Well Plus

# Tips before getting started

- If a Standard or rated case with a base face amount less than \$50,000 is applied for but is approved Preferred Plus or Preferred, the base face amount will be automatically increased to \$50,000. *Once approved at Preferred Plus or Preferred, the rating cannot be changed to Standard to qualify for limits below \$50,000*
  - It is possible to make adjustments to reduce the overall premium if the base face amount is higher than \$50,000 by using the Edit Solve option, which may require using a new solve or adjusting values in the current solve
  - Available options that may help reduce the cost:
    - Decrease or remove the Term Rider Face Amount
    - Decrease or remove the PUAR allocated premiums

**Pro Tip:** If your client does not want the higher required face amount for Preferred Plus or Preferred, do not proceed to the payment information screen and consider another Foresters product.

# Tips before getting started

- Underwriting:
  - If you have started an application and before all signers have completed the signature process, if the age (age nearest) of one or more of the parties applying for life insurance coverage has increased, it means that the current application process can no longer be completed. To be considered, you must start a new application, which can occur immediately
  - Please note that children cannot be used as surrogates for their parents that are not insurable
  - Take time to get familiar with Foresters Live Well Plus Underwriting Guide



# Tips before getting started

- Not eligible applications:
  - If an applicant receives an ineligible decision **prior to signing the 3rd party search consent form**, the applicant cannot start another application for Foresters Live Well Plus for a period of 365 days. If the applicant attempts another application within this time frame, they will be presented with the following message:
    - We're sorry, our records show your customer was notified that they were ineligible for this product. The carrier will not accept a new application until one year has passed since the date of the previous application. They should not reapply until: DD/MM/YYYY
  - If an applicant receives an ineligible or rated decision **after signing the 3rd party search consent form**, they are not eligible to apply for Foresters Live Well Plus at any time in the future but may be eligible to apply at any time for a fully underwritten Foresters product

# Tips before getting started

- Once the ***Start Illustration/Application*** button has been selected, you will have 15-calendar days to complete all required interviews
- Once the application receives an approval decision, a new 15-calendar day window starts to allow time to complete the remaining steps such as payment details, signatures, and producer verification/validation
- In either scenario above, if you surpass the 15-calendar day window, the application will be considered *“Not Proceeded With”*



# Tips before getting started

- Incomplete e-Applications: For incomplete e-Applications where underwriting is complete for at least one insured, a new application for that insured cannot be submitted for 15-calendar days
  - If a new application for that insured is attempted in that timeframe, they will be invited to continue with their old application with the existing decision applied and no answers to the medical questions can be changed at this point



# Tips before getting started

- When completing an e-Application, do not use the actual **Back** browser button as that may end your application session depending on the browser used. Instead, use the **Back** button found at the bottom of your session screen

**Pro Tip:** Every screen within the application has a 15-minute timeout window due to inactivity (exception: The Final Acknowledgment screen is 30 minutes as outlined later in this presentation).

**Split Commissions**  
This product allows up to 3 producers to be named on the application, i.e. you and 2 others. You will need their Foresters Producer Number. Be sure to use whole percentage points that add to 100%.

**Kustin Pox**  
This will be the producer who takes and signs the application.  
Producer Number: 618928  
Percentage Share: 100%

**Producer 2**  
Producer Number: ex. SFG1234567  
Percentage Share: 0%

**Producer 3**  
Producer Number: ex. SFG1234567  
Percentage Share: 0%

100% Kustin Pox Round Rock TX

← Back Skip Next Screen →

# **Getting started with a Foresters Live Well Plus e-Application**

# Launch the platform

- Launch the Foresters Live Well Plus e-Application by clicking ***Start Illustration/Application***
  - Once this button is selected, this creates a unique APP ID for that case, which can be viewed on the top bar of the screen  
Example: ARCD12345s123



**Pro Tip:** Once this button is selected, you are starting the journey towards completing an illustration and ultimately an application. This is when your initial 15-calendar days window starts to complete all required interviews if completing an application.

# Please Enter The Proposed Insured Information

- Begin by capturing the Proposed Insured's basic information
  - The Proposed Insured's email is required for delivering essential links for the e-Signature and e-delivery process, which you can enter here or later in the process



**Pro Tip:** Each signing party must have their own unique email that you do not have access to and did not create on their behalf.

Foresters Financial

## Please Enter The Proposed Insured Information

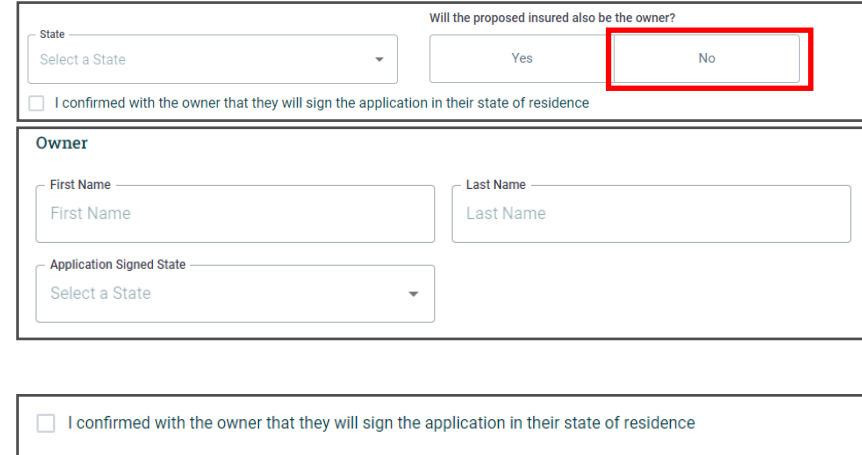
Proposed Insured

First Name First Name	Last Name Last Name
Date of birth (mm/dd/yyyy) MM/DD/YYYY	Sex at Birth Female Male
Phone Number (000) 000-0000	E-mail Address email@email.com
State Select a State	Will the proposed insured also be the owner? Yes No

☐ I confirmed with the owner that they will sign the application in their state of residence

# Please Enter The Proposed Insured Information

- If the Owner is not the Proposed Insured, answer this question **No** and capture the Owner's information
- The Owner needs to be made aware that they must sign the application in their state of residence, and you, as the producer, must confirm that the Owner will be doing so before being able to continue with the application process

A screenshot of a web form for entering insured information. The form is divided into two main sections. The top section asks "Will the proposed insured also be the owner?" with "Yes" and "No" buttons; the "No" button is highlighted with a red rectangle. Below this is a checkbox for confirming the owner's signature. The bottom section, titled "Owner", contains fields for "First Name", "Last Name", and "Application Signed State" (a dropdown menu). A second checkbox for confirming the owner's signature is at the bottom of the form.

State  
Select a State

Will the proposed insured also be the owner?

Yes No

☐ I confirmed with the owner that they will sign the application in their state of residence

**Owner**

First Name  
First Name

Last Name  
Last Name

Application Signed State  
Select a State

☐ I confirmed with the owner that they will sign the application in their state of residence

# Split Commissions

- If you are not splitting commissions, click **Proceed** to continue to the Illustration Input screen
- If you are splitting commissions:
  - You can add up to two additional Foresters licensed producers who are contracted to sell FLWP here or at the end of the application process. The total commission must equal 100%
  - For any Producer entered, if we can't validate their Foresters contract, license or appointment a message will appear requiring your attention

**Split Commissions**

This product allows up to 3 producers to be named on the application, i.e. you and 2 others. You will need their Foresters Producer Number. Be sure to use whole percentage points that add to 100%.

**Kustin Pox**  
This will be the producer who takes and signs the application.  
Producer Number: 618928 Percentage Share: 100%

**Producer 2**  
Producer Number: ex. SFG1234567 Percentage Share: [Slider]

**Producer 3**  
Producer Number: ex. SFG1234567 Percentage Share: [Slider]

**Producer Commissions**  
100% Kustin Pox Round Rock TX

**Pro Tip:** If you're writing business in a strict state and not Foresters appointed, you will not be able to proceed.

**Producer 2**

Producer Number: ex. SFG1234567 Percentage Share: [Slider]

▲ The producer number you entered does not qualify to proceed. Please enter a corrected number or call Foresters Contracting at 1-866-466-7166 option 4 for assistance.

# Creating an illustration

# Foresters Live Well Plus Illustration Input

- Ready to create an illustration?
  - Select the desired case design from the available options:
    - Premium Solve- Specify Death Benefit
    - Face Solve-Specify Premium
    - FPUA Permanent/Term Blend Non-MEC
    - Base/FPUA % Non-MEC

**Foresters Live Well Plus Illustration Input**

Select Case Design: **Premium Solve - Specify Death Benefit**

Insurance Class: Standard

Term Rider: None

**Contributions**

Payment Frequency: Monthly

Base Premium Duration: To Maturity

Reduced Paid Up: No

**Paid Up Additions Rider (PUA)**

Payment Amount:  Age: ☐ Year: ☐ From Year: 1 To Year: 35 Maximum Annual Amount:

[+ Add row](#)

**Single Payment PUA**

NON-1035 Lump Sum:

**Additional Riders**

**Dividends**



# A closer look at each case design option

- **Premium Solve- Specify Death Benefit:** The system solves for the required premiums based on the specified face amount
- **Face Solve-Specify Premium:** The system solves for the face amount that can be purchased based on the specified premium
- **FPUA Permanent/Term Blend Non-MEC:** The system solves for the minimum base and term coverage available to not MEC the certificate allowing for the maximum amount of excess premiums to fund the FPUAR based on the specified premium and term percentage (%)
- **Base/FPUAR % Non-MEC:** This solve allows you to enter the total Modal Premium amount in the Premium Amount field along with a Base Policy Premium Percentage (base coverage and any other riders) and calculate the resulting percentage of premium FPUAR Premium Percentage (the amount going to the Flexible Paid-up Additions Rider) utilizing the Term Rider to avoid causing a MEC

# Foresters Live Well Plus Illustration Input

- Select the Proposed Insured insurance class to illustrate
- Based on the case design selected, enter the remaining details to generate an illustration
  - For example, if Premium Solve- Specify Death Benefit was selected, enter the base coverage amount and, if applicable, the term rider duration and amount. Next, enter the payment frequency and premium duration. Then, add any additional riders to be included, specify how any declared dividends will be applied and indicate whether any distributions or loan repayments should be illustrated

Foresters Live Well Plus Illustration Input

Select Case Design: Premium Solve - Specify Death Bene... Insurance Class: Standard

Life Insurance Coverage

Base Coverage Amount: Term Rider: None

Contributions

Payment Frequency: Monthly Base Premium Duration: To Maturity Reduced Paid Up: No

Paid Up Additions Rider (PUA)


Payment Amount: Age: 1 From Year: To Year: Maximum Annual Amount:

+ Add row

Single Payment PUA

NON-1035 Lump Sum

Additional Riders

☒ Additional Insured Term Rider 

☐ Accidental Death Rider

☐ Waiver of Premium

☐ Guaranteed Insurability

☐ Children's Term

Dividends

Disbursement

Loan Repayment

Method: Interest Type: Repayment Frequency:

**Pro Tip:** This will be your only opportunity to add riders to the application, such as the Additional Insured Term Rider. Once you proceed past the illustration and start the application, you cannot come back to the illustration input screen.

# Foresters Live Well Plus Illustration Input

- Once all inputs are entered:
  - To view a summary of the plan design, click **Quick Solve**
  - To generate an illustration, click **Generate Illustration**

The screenshot shows the 'Foresters Live Well Plus Illustration Input' form. A 'Quick Solve Summary' pop-up window is displayed in the center, showing a table of values. The background form has sections for Life Insurance Coverage, Contributions, Additional Riders, Dividends, Disbursement, and Loan Repayment. At the bottom, there are two buttons: 'Quick Solve Summary' (highlighted with a red box and the number 1) and 'Next: Generate Illustration' (highlighted with a blue box and the number 2).

Item	Value
Base Policy Premium	\$393.71
Premium required for Rider/s	\$11.73
PUA Premium	\$0
Required Premium	\$405.00
Term Rider Coverage Amount	\$100,000.00
Base Policy Coverage Amount	\$250,000.00
7 Pay Premium	\$15,318.42
MEC Year	0
Lapse Year	0
Guaranteed Total Death	\$250,000.00
Total Death Benefit (AAR)	\$350,000.00
Additional Insured Term Rider Death Benefit	\$0

# Foresters Live Well Plus

## Illustration output summary

- The summary screen will first display, which is producer use only and provides a brief overview of the illustration

1. If edits are required, click **Edit Solve**

2. To view and save the full illustration, click **See Full Illustration**

3. After reviewing the illustration, consider saving the current scenario by clicking **Save Illustration**. You have the ability to save multiple scenarios under a single APP ID

- To learn how to access Saved Illustrations, view the training found within Application Management

4. Once you're ready to move forward, click **Start Application**

Valued Client / 45 / M APP ID ARCD0250994673 Saved Illustrations Product Guide Contact Support

### Foresters Live Well Plus

#### Payment Summary

\$409/Monthly

Reflective of any illustrated loans or withdrawals, or any other illustrated changes.

The illustrated initial face amount at issue will be:

**\$250,000**

(Base face amount only, excluding any riders)

The illustrated cash values are:  
Reflective of any illustrated loans or withdrawals, or any other illustrated changes.

Age	Cash Value
50	\$96,662.74
70	\$180,168.88
80	\$284,680.72

**Accelerated Death Benefit Rider**

This rider can be issued with one or more of the following eligible illnesses:

Chronic illness: For any 12-month period, can accelerate up to 24% of the eligible death benefit at the time of the initial chronic illness claim.

Critical illness: Can accelerate up to 95% of the eligible death benefit at the time of each critical illness claim to a maximum of \$500,000.

Terminal illness: Can accelerate up to 95% of the eligible death benefit at the time of terminal illness claim to a maximum of \$500,000.

Please advise client of guaranteed values if discussing non-guaranteed values:

☐ Guaranteed

☒ Non-Guaranteed (at current assumptions)

1. Edit Solve

2. See Full Illustration

3. Save Illustration

For producer use only. Not to be presented or displayed to the customer or to the public. This is a summary only. The dividends, interest rates, benefits and values shown are neither guaranteed nor estimated for the future except for those elements clearly labeled as guaranteed. The guaranteed and non-guaranteed benefits and values shown are rounded to the nearest dollar, for display purposes only, therefore the actual amounts could be up to fifty cents higher or lower. This illustration assumes that the illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur as the assumptions on which they are based are subject to change by Foresters Financial based upon a number of factors which may include, but is not limited to, claims, investment earnings, expenses and the overall economic environment. The actual results may be more or less favorable and are expected to vary from those shown.

The Accelerated Death Benefit Rider (ADB) provides an option to accelerate a portion of the eligible death benefit and receive a payment. The payment, due to diagnosis of an eligible illness, may be less than the acceleration amount which may be subject to a fee, an actuarial discount amount and other applicable deductions. Payment will decrease certificate values and benefits and may affect eligibility for public assistance programs. Receipt of an accelerated death benefit payment under the rider is intended to qualify for favorable tax treatment under section 101(g) of the Internal Revenue Code (IRC). Specific situations may result in a taxable event.

Chronic illness is defined as being unable to perform, without substantial assistance from another person, at least two of the six activities of daily living for a period of at least 90 days due to a loss of functional capacity, or as requiring substantial supervision by another person to protect the insured from threats to health and safety due to the insured's severe cognitive impairment. Critical illness includes one or more life-threatening illnesses or conditions as defined in the ADB. Terminal illness is a non-correctable illness or physical condition which is reasonably expected to result in death within 12 months of diagnosis.

4. Start Application

# **Completing the application process**

# Party Review

- This screen prepopulates with any relevant parties to the application that you previously entered
  - If the Owner was not the Proposed Insured or if the Additional Insured Rider was included, each individual will be displayed separately
  - If you notice a prepopulated name misspelled, click the back button and update accordingly
  - If the Payer is not going to be the Owner, you will click **No** and input the Payer's information here. If you don't add these details now, you'll have a second opportunity on the payer screen

The screenshot shows the 'Party Review' interface. It lists 'Valued Client' (Proposed Insured and Owner) and 'Valued Spouse' (Additional Insured). A red arrow points to the question 'Will the Owner also be the Payer?' with 'Yes' and 'No' buttons. Below, the question 'Who will be the Payer?' is followed by a dropdown menu showing 'Select One'. Red boxes highlight the 'No' button and the dropdown menu.

**Party Review**

Valued Client  
Proposed Insured and Owner

Valued Spouse  
Additional Insured

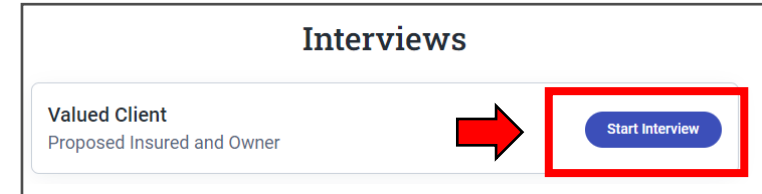
Will the Owner also be the Payer? **Yes** **No**

Who will be the Payer?  
Select One

# Interviews

- Once you've confirmed that all parties to the application are listed, you're ready to start the interview process
  - Each party to the application (Owner, Insured, Payor, Additional Insured) is listed separately and would have their own interview to complete
  - Interview order will be Owner first (if not the Primary Insured), followed by Primary Insured and then Additional Insured
- Start an interview by clicking ***Start Interview***

**Pro Tip:** Once an interview has started, you will not be able to go back to the Illustration Input screen and make changes or add riders.

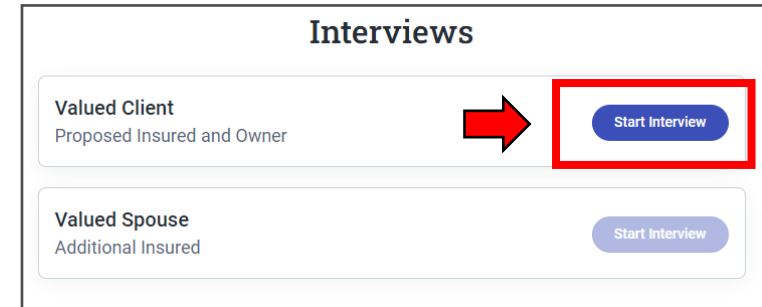


Interviews

Valued Client  
Proposed Insured and Owner

Start Interview

Example with Additional Insured Term Rider:



Interviews

Valued Client  
Proposed Insured and Owner

Start Interview

Valued Spouse  
Additional Insured

Start Interview

# Additional Insured Term Rider (AIR)

- If adding the AIR, there are a few extra pieces of information you need to know:
  - The AIR interview process is similar to the Proposed Insured interview, but has specific questions that the Additional Insured must answer
  - The Additional Insured needs to agree to each person designated as a beneficiary by the owner. If they don't agree, they cannot continue with the process
  - The Additional Insured will go through a similar process to collect their consent and if approved, to sign the Additional Insured Rider Underwriting form



# Confirm Your Client Eligibility

- With the Proposed Insured/ Owner Interview selected, start by confirming eligibility for coverage by asking all the qualifying prescreen questions
  - Based on the answers to these questions, additional details may be required

## Confirm Your Client Eligibility

To receive coverage your client will be asked a series of important health questions. While there is no medical exam, we will retrieve your client's medical records, including prescription history, lab tests, doctor, and hospital records. Before starting this process, you must check that your client is eligible for coverage with these quick questions.

Does your client satisfy all of these conditions:

- Is a US citizen or permanent resident (green card holder)
- Is NOT replacing existing life insurance
- Is between 18 and 60 years old

Yes

No

Has your client ever been treated for or taken medication for any heart or vascular conditions or high blood pressure?

Yes

No

Does your client have diabetes?

Yes

No

Does your client suffer from or is taking medication for major depression, bipolar disorder, schizophrenia, PTSD or any other mental or mood disorder other than anxiety, stress or depression?

Yes

No

Has your client been diagnosed with, been treated or been involved with any of the following:

- Cancer or leukemia (excluding skin cancers) (last 10 years)
- Charged with felony (last 10 years)
- Diagnosed/treated for drug/alcohol abuse (last 10 years)
- Disorder of the liver, pancreas or kidney (last 10 years)
- HIV/AIDS
- Emphysema, COPD, Chronic bronchitis (last 10 years)
- DUI/DWI, reckless driving conviction, or license suspended/revoked (last 5 years)
- Rheumatoid arthritis, lupus, or connective tissue disease (last 10 years)
- Awaiting procedure or test results, other than pregnancy/fertility/allergies (last 2 years)
- Active in the Military
- Use of illegal drugs, excluding marijuana (last 10 years)
- Require assistance with activities of daily living (12 months)
- Unexplained weight loss (12 months)
- Ulcerative colitis, Crohn's disease (10 years)
- Chronic condition requiring the use of a wheelchair (10 years)
- Multiple sclerosis, paralysis, muscular dystrophy (10 years)

Yes

No

# Confirm Your Client Eligibility

- If they respond in a way that would deem them ineligible, a pop-up message will be displayed
  - If this happens, you may cancel or continue the application process

The screenshot shows a web form titled "Confirm Your Client Eligibility". At the top, a sub-header reads: "To receive coverage your client will be asked a series of important health questions. While there is no medical exam, we will retrieve your client's medical records, including prescription history, lab tests, doctor, and hospital records. Before starting this process, you must check that your client is eligible for coverage with these quick questions." Below this, the form asks: "Does your client satisfy all of these conditions?" followed by a bulleted list: "Is a US citizen or permanent resident (green card holder)", "Is NOT replacing existing life insurance", and "Is between 18 and 60 years old". The "No" button is highlighted in blue. Below this, it asks "Has your client ever been treated for..." with "Yes" and "No" buttons. Further down, it asks "Does your client have diabetes?" with "Yes" and "No" buttons. A white pop-up box with a warning icon (a triangle with an exclamation mark) is centered over the form. The text inside the pop-up says: "Based on the answers provided, it looks like Valued Client may not be eligible for this product." At the bottom of the pop-up are two buttons: "Abandon Application" and "Proceed with application ->". The background form has a "Back" button at the bottom left and a "Next ->" button at the bottom right.

# About You

- This screen is where you capture the proposed insured's personal information
  - Form of identification can be either a driver's license, passport or other government issued photo ID
    - If the signer's identity cannot be automatically verified the signer or you will be required to upload form(s) of identification that matches what has been provided in the application later in the process

ABOUT YOU

Legal first name  
AleksOMaySecondTwo

Legal middle name

Legal last name  
STERN

Gender  
☒ Female ☐ Male

Date of birth (mm/dd/yyyy)  
06/06/1986

Social security number  
598-69-3625 ✓

Type and number of photo I.D. used to verify identity:  
☒ Driver's license ☐ Passport ☐ Other government I.D.

I.D. Number:  
45345

Are you a U.S. citizen or a permanent resident (green card holder)?  
☒ Yes ☐ No

Zip code  
33301

# Lifestyle and Health

- These screens are where you'll capture answers to the lifestyle, avocation and health questions
  - Based on these answers to these questions, additional details may be required
  - Be sure to read each question clearly, word for word
  - Reminder: Within the Lifestyle screen, the **What was your income in the last 12 months question** should include salary, bonus, rental income, alimony and any other supplemental income that is used towards determining the 40% premium rule

ABOUT YOU → LIFESTYLE → HEALTH → RIDER

Within the last 2 years have you participated, or do you intend to participate within the next 2 years, in:

Motor vehicle or watercraft racing?

Scuba diving or free diving?

Rock or mountain climbing?

ABOUT YOU → LIFESTYLE → HEALTH → RIDER

Date you last consulted a physician

Each reason you last consulted a physician

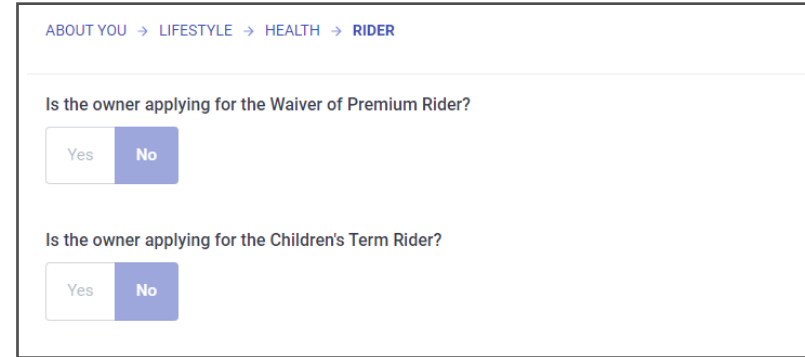
Were you advised by or on behalf of a physician to discontinue or modify your use of tobacco?

Name of physician last consulted

Phone number

**Pro Tip:** Based on the answers provided, at this point in the process, the proposed insured could be deemed ineligible. In these situations, you will be instructed to abandon the application and you will not be able to submit a new application for one year.

- This screen confirms if either the Waiver of Premium Rider or the Children's Term Rider was included in the illustration
  - Riders can only be added on the illustration input screen. Once the application has started, you will not be able to go back to add these riders
  - Adding one of these riders will trigger additional application questions

A screenshot of a web application interface. At the top, a breadcrumb trail reads "ABOUT YOU → LIFESTYLE → HEALTH → RIDER". Below this, there are two questions, each with "Yes" and "No" radio button options. The first question is "Is the owner applying for the Waiver of Premium Rider?" and the "No" option is selected. The second question is "Is the owner applying for the Children's Term Rider?" and the "No" option is also selected.

ABOUT YOU → LIFESTYLE → HEALTH → RIDER

Is the owner applying for the Waiver of Premium Rider?

☐ Yes ☒ No

Is the owner applying for the Children's Term Rider?

☐ Yes ☒ No

# Proposed Insured Beneficiary

- You can enter up to a total of 10 beneficiaries between primary or contingent
  - Complete all fields for the initial beneficiary. Once data is inputted, for a beneficiary click **+ this Beneficiary**. Repeat for each additional Primary beneficiary. To add a Contingent beneficiary, click on the Contingent tab at the top of the page
  - To edit or delete a beneficiary, click the appropriate button next to their name

**Pro Tip:** Some beneficiary relationships or an irrevocable beneficiary designation will cause a message to display. Read these messages carefully.

The screenshot shows the 'Proposed Insured Beneficiary' form. At the top, there are two tabs: 'Primary' and 'Contingent'. A purple box highlights the 'Primary' tab, and a purple arrow points to it from the right. Below the tabs, a note states: 'At least one primary beneficiary is required. A maximum of 10 beneficiaries (primary and contingent combined) can be added to each.' Below this, the form is divided into two main sections: 'Beneficiary Selection' and 'Beneficiary Personal Information'. The 'Beneficiary Selection' section includes a dropdown for 'Beneficiary's relationship to the proposed insured', a dropdown for 'Beneficiary Designation', and a '% Share' slider set to 0%. The 'Beneficiary Personal Information' section includes fields for 'Beneficiary First Name', 'Beneficiary Last Name', 'Date of Birth (mm/dd/yyyy)', and 'Beneficiary Address'. The 'Beneficiary Address' section has a checkbox for 'Same as the Proposed Insured address', and fields for 'Zip Code', 'Street Address', 'City', and 'State'. At the bottom right, there is a red box containing a red arrow pointing to a button labeled '+ Add This Beneficiary'. To the right of the form, there is a red box containing a red arrow pointing to a summary box. The summary box shows 'Foresters Financial' and 'Foresters Live Well Plus' logos, and a progress bar for 'Primary Beneficiaries' at 100%. Below this, it shows '100% Valued Beneficiary' with edit and delete icons, and 'Contingent Beneficiaries' at 0%.

**Proposed Insured Beneficiary**

Base Coverage Amount and Term Rider

Primary Contingent

At least one primary beneficiary is required. A maximum of 10 beneficiaries (primary and contingent combined) can be added to each. \*Optional/Additional contingent beneficiaries

Beneficiary Selection

Beneficiary's relationship to the proposed insured

Beneficiary Designation

% Share

0%

Beneficiary Personal Information

Beneficiary First Name

Beneficiary Last Name

Date of Birth (mm/dd/yyyy)

Beneficiary Address

Same as the Proposed Insured address

Zip Code

Street Address

City

State

Select One

+ Add This Beneficiary

Foresters Financial Foresters Live Well Plus

Primary Beneficiaries 100%

100% Valued Beneficiary

Contingent Beneficiaries 0%

The total must equal 100% and decimals are not allowed

# If applicable - Additional Insured Term Rider Beneficiary

- If this rider was selected, you will complete the beneficiary section for the owner the same way as you completed the Proposed Insured beneficiary screen
  - The beneficiaries listed may be the same or different from the primary insured beneficiaries listed

**Pro Tip:** The Additional Insured needs to agree to each person designated as a beneficiary by the Owner during their interview. If they don't agree, they cannot continue with the process to add the rider.

**Additional Insured Term Rider Beneficiary**

Is the owner applying for the Additional Insured Term Rider?

←

At least one primary beneficiary is required. A maximum of 4 beneficiaries (primary and contingent combined) can be added to each. \*Optional/Additional contingent beneficiaries

Beneficiary Selection		Beneficiary Personal Information	
Beneficiary's relationship to the additional insured		Beneficiary First Name	
Beneficiary Designation		Beneficiary Last Name	
% Share	0%	Date of Birth (mm/dd/yyyy)	
<div><div></div><div></div><div></div></div>		Beneficiary Address	
		<input type="checkbox"/> Same as the Proposed Insured address	
		Zip Code	
		Street Address	
		City	
		State	Select One
		<div>+ Add This Beneficiary</div>	

Foresters Financial Foresters Live Well Plus

Primary Beneficiaries 100%

100% Valued Beneficiary

Contingent Beneficiaries 0%

The total must equal 100% and decimals are not allowed

# Designate a Charity

- Here, the proposed owner can designate an eligible charitable organization by selecting a listed charity or inputting a specific charity that will be searched against a list of registered charities
  - The Charity Benefit provision is a contractual provision automatically included, at no additional premium. When a claim is paid to the beneficiaries, Foresters will pay an additional 1% (up to a maximum of \$100,000) of the face amount to a designated eligible charitable organization in the name of the insured's life<sup>1</sup>

**Designate a Charity**

The life insurance product applied for will, if issued, include a Charity Benefit. The owner can designate an eligible beneficiary for that benefit now or at any time prior to the insured's death. If an eligible beneficiary is not designated prior to the insured's death, no Charity Benefit will be paid. Eligible beneficiary means a charitable organization accredited as tax exempt under section 501(c)(3) of the Internal Revenue Code and eligible to receive a charitable contribution as defined in section 170(c) of that code, or any successor provision(s) thereto.

Would you like to designate a charity at this time?

☒ Yes ☐ No

Select a charity:

Select one

Tax ID

Address

Zip Code

State

Street Address

City

1. The designated charitable organization must be an accredited 501(c)(3) organization under the Internal Revenue Code and eligible to receive charitable contributions as defined in section 170(c) of that code.




# Secondary Addressee

- Does the proposed owner have another individual they would like listed as eligible to receive notification of a possible lapse?
  - If **yes**, please make sure to include that information here

## Secondary Addressee

Does the owner want to name another party to receive notification of a possible lapse in coverage?

☒ Yes ☐ No



Full name of secondary addressee

First Name  
First Name

Last Name  
Last Name

Address

Zip Code  
00000

State  
Select a State

Street Address  
ex. 123 Main Street, Apt. 1A

City  
City Name

# Contingent Owner

- If the Owner is not the Primary Insured, this is their opportunity to list a contingent Owner in the event they pass prior to the Primary Insured
  - By clicking **Yes**, you'll be able to select the owner type and provide those details on the application

The screenshot shows a web form titled "Contingent Owner". The first question is "Would you like to name a Contingent Owner?". Below this question are two buttons: "Yes" (highlighted with a red box) and "No". A red arrow points to the "Yes" button. Below the buttons is the question "Is the Contingent Owner an". Underneath this is a dropdown menu labeled "Contingent Owner Type" with the text "Select One" and a list of options: "Individual", "Organization", "Charity", "Business", and "Trust". The entire dropdown menu is enclosed in a red box. At the bottom of the form, there are two buttons: "Back" (with a left arrow) and "Continue" (with a right arrow).

# Collect Party Consent and Provide Disclosure

- After you complete all the data input screens you will need to click the **Send Email to** button to trigger the email to share the necessary links with the signer
  - If you didn't capture an email address at the start of the application, enter it now
- Ask the signer to follow the instructions they receive



**Pro Tip:** Be aware that once you send the consent email to the signer, you will not be able to go back and make changes to prior sections of the application. If changes are required after the consent is signed, a new application will be required.


### Collect Party Consent and Provide Disclosure

- Click the "Send Email to" button beneath the name of the party to send a link to where they can review the documents and provide their consent.
- A progress indicator will appear once at least one email has been sent to the listed party.
- You can resend the link at any time by clicking on the same button.
- An email address is required for us to send the signor a copy of the required documents and notices for the e-signature process. Remember, you cannot use your email address or create an email address or use an email address you have access to for the Signor, except for your own signature. Each signor must have a dedicated email address, not an email shared with anyone else or another signor. Please confirm the email address entered for the Signor is correct.

#### Proposed Insured and Owner

Valued Client

 Sent email with consent link

You successfully sent an email with the consent screen link to your client.

Receiving client consent

Your client hasn't given their consent for this product yet.

[Check Customer Consent Status](#)

What the party will see:

Foresters Live Well Plus

Review and Apply e-Signature

By clicking the 'Apply e-Signature' button below I Valued Client declare that I understand and agree with each of the following:

- I confirm that I have reviewed each consent and authorization available at the links below.
- My signature is required in those consents and authorization, if applicable, that has a signature line for me, as either the proposed insured, additional insured, owner, payer, and/or custodial parent/legal guardian.
- I am electronically applying my signature to each of those signature lines as if I had signed in my own handwriting.

[Consent for Electronic Transactions, Electronic Signatures and Electronic Delivery](#)

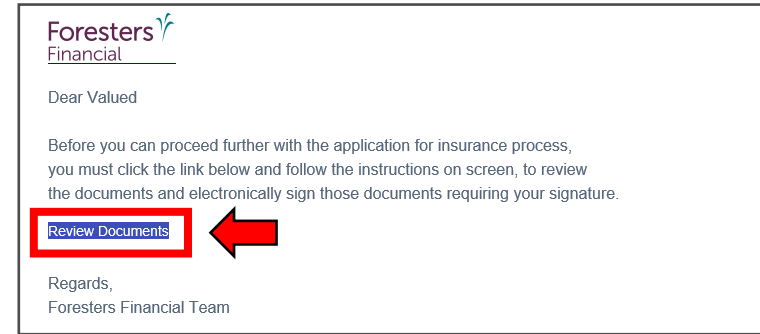
[Consent and Authorization](#)

[Notices \(Proposed Insured\)](#)

Foresters Financial

# Collect Party Consent and Provide Disclosure

- The signer will receive an email containing a link to review the documents relating to the application. They'll start by clicking **Review Documents** and follow the onscreen instructions
- The signer will need to verify their identity by entering their date of birth and the last four digits of their social security number, then click **Submit**



**Consents**

As the next step in the application process, please review and if you agree, electronically sign the consents.

Please enter your date of birth and the last four digits of your Social Security Number so that we can verify it is you and then click the 'Submit' button.

Date of Birth: MM/DD/YYYY [calendar icon]

Last 4 of SSN: 0000 [lock icon]

**Submit**

A red box highlights the 'Submit' button, and a red arrow points to it from the left.

# Signer's Consent

- Once the consent launches
  - They should confirm that their personal information is correct. If it is correct, they click **Confirm**, otherwise, they should make the necessary edits and click **Save Changes**
  - Next, they need to **click on each link within this screen** to open the applicable document in a new tab, review it and close it before continuing to the next link
  - Once all links have been opened to view the documents, the **Apply e-Signature** button becomes available to click, which e-signs their consent

**Your Consent**

Please confirm your personal information | Your consent

**Your Personal Information**

First Name  
Valued

Last Name  
Client

Date of Birth (mm/dd/yyyy)  
06/15/1980

Sex at Birth  
Female Male

Social Security Number  
\*\*\*\*\*

**Contact Information**

Phone Number

Email

Zip Code  
80219

Home Address (No P.O. Boxes)  
793 S. Wolcott Court

State  
CO - Colorado

City  
Denver

Please review the above information for accuracy.  
If any information is not accurate, please enter in the correct information.  
By clicking the 'Confirm' button, I am the person identified above and I confirm that the information on this screen is accurate.

Confirm

**Foresters Live Well Plus**

Foresters Financial

**Review and Apply e-Signature**

By clicking the 'Apply e-Signature' button below I Valued Client declare that I understand and agree with each of the following:

- I confirm that I have reviewed each consent and authorization available at the links below.
- My signature is required in those consents and authorization, if applicable, that has a signature line for me, as either the proposed insured, additional insured, owner, payee, and/or custodial parent/legal guardian.
- I am electronically applying my signature to each of those signature lines as if I had signed in my own handwriting.

Consent for Electronic Transactions, Electronic Signatures and Electronic Delivery

Consent and Authorization

Notices (Proposed Insured)

Apply e-Signature

# Collect Party Consent and Provide Disclosure

- Once the consent email has been sent to the signer, you can check the status by clicking **Check Customer Consent Status**
  - If the signature has been received after checking on the status, you will automatically return to the interview homepage if you're still active within the platform
  - At this point in the process is when identity validation is occurring

### Collect Party Consent and Provide Disclosure

- Click the "Send Email to" button beneath the name of the party to send a link to where they can review the documents and provide their consent.
- A progress indicator will appear once at least one email has been sent to the listed party.
- You can resend the link at any time by clicking on the same button.
- An email address is required for us to send the signor a copy of the required documents and notices for the e-signature process. Remember, you cannot use your email address or create an email address or use an email address you have access to for the Signor, except for your own signature. Each signor must have a dedicated email address, not an email shared with anyone else or another signor. Please confirm the email address entered for the Signor is correct.

#### Proposed Insured and Owner

Valued Client

Resend Email to

Check Customer Consent Status

☒ Sent email with consent link

You successfully sent an email with the consent screen link to your client.

☐ Receiving client consent

Your client hasn't given their consent for this product yet.

### Interviews

Valued Client

Proposed Insured and Owner

Application Complete

# Next steps

- After the consent is completed, one of three actions will take place:



ID verification  
is required



Complete  
interviews for  
other parties



Proceed to the  
underwriting  
decision




**ID verification  
is required**



# What happens if the signer's identity cannot be automatically verified?

- You will need to provide copies of identification documents that confirm the personal details you have entered for this signer
- You can ask the signer to upload the applicable document(s) or you, as the producer, can upload by selecting the appropriate individual on the screen

**Pro Tip:** At least one of the documents uploaded must be an unexpired government issued photo identification.



## We need to verify the Owner's identity

You will need to provide copies of identification documents that confirm the personal details you have entered for this signer.  
At least one of which MUST be a government issued photo identification.

Information to be verified:

- First and Last Name
- Social Security Number

You must upload multiple non-expired documents if all of the above are not shown on one document. You must upload clear, legible images of the FRONT and BACK of each document. You will be required to view the documents and confirm they match the personal details you have entered for the signer.

Accepted forms of ID are:


Photo Identification:

- Driver's License
- Passport (either the signer's Passport Card or the photo and signature page of the signer's Passport book)
- Permanent Resident Card
- State ID
- School ID (If the Owner is under the age of 21)
- Any other government issued photo ID (that shows the required particulars)

Social Security Number:

- Social Security Card
- Tax Return Form

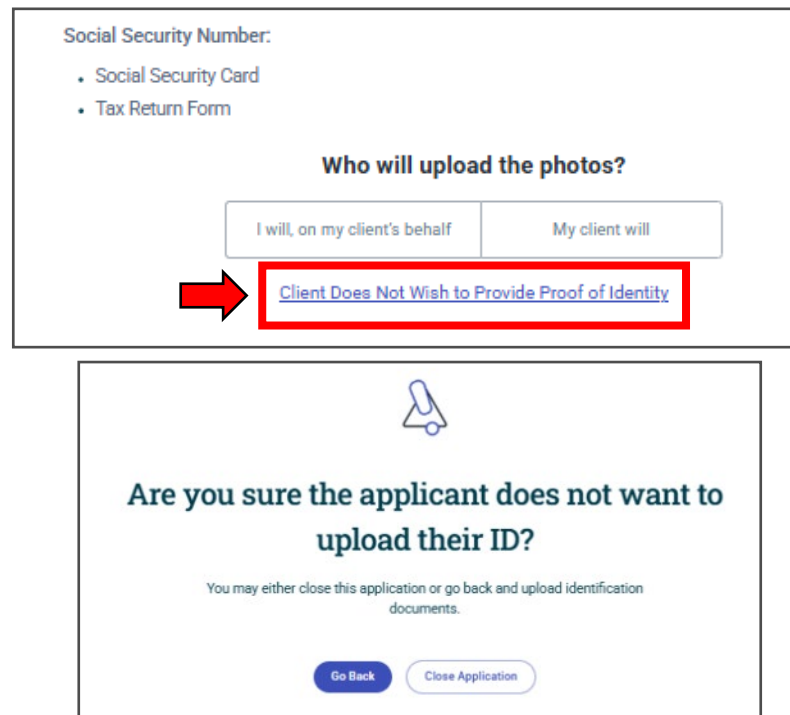
Who will upload the photos?

 ☐ I will, on my client's behalf ☐ My client will

[Client Does Not Wish to Provide Proof of Identity](#)

# What happens if the signer's identity cannot be automatically verified?

- If the signer refuses to provide document(s) to verify their identification, click ***Client Does Not Wish to Provide Proof of Identity***
  - At this point, the application cannot continue and must be closed




Social Security Number:

- Social Security Card
- Tax Return Form

Who will upload the photos?

I will, on my client's behalf      My client will

[Client Does Not Wish to Provide Proof of Identity](#)



Are you sure the applicant does not want to upload their ID?

You may either close this application or go back and upload identification documents.

[Go Back](#)      [Close Application](#)

# If the signer uploads the applicable document(s)



## We need to verify the Owner's identity

You will need to provide copies of identification documents that confirm the personal details you have entered for this signer.  
At least one of which MUST be a government issued photo identification.

Information to be verified:

- First and Last Name
- Social Security Number

You must upload multiple non-expired documents if all of the above are not shown on one document. You must upload clear, legible images of the FRONT and BACK of each document. You will be required to view the documents and confirm they match the personal details you have entered for the signer.

Accepted forms of ID are:

### Photo Identification:

- Driver's License
- Passport (either the signer's Passport Card or the photo and signature page of the signer's Passport book)
- Permanent Resident Card
- State ID
- School ID (If the Owner is under the age of 21)
- Any other government issued photo ID (that shows the required particulars)

### Social Security Number:

- Social Security Card
- Tax Return Form

### Who will upload the photos?

I will, on my own



My client will

[Client Does Not Wish to Provide Proof of Identity](#)



## We need to verify the Owner's identity

You will need to provide copies of identification documents that confirm the personal details you have entered for this signer.  
At least one of which MUST be a government issued photo identification.

Information to be verified:

- First and Last Name
- Social Security Number

You must upload multiple non-expired documents if all of the above are not shown on one document. You must upload clear, legible images of the FRONT and BACK of each document. You will be required to view the documents and confirm they match the personal details you have entered for the signer.

Accepted forms of ID are:

### Photo Identification:

- Driver's License
- Passport (either the signer's Passport Card or the photo and signature page of the signer's Passport book)
- Permanent Resident Card
- State ID
- School ID (If the Owner is under the age of 21)
- Any other government issued photo ID (that shows the required particulars)

### Social Security Number:

- Social Security Card
- Tax Return Form



### ☒ Sent email with image upload link

You successfully sent an email with the image upload link to your client

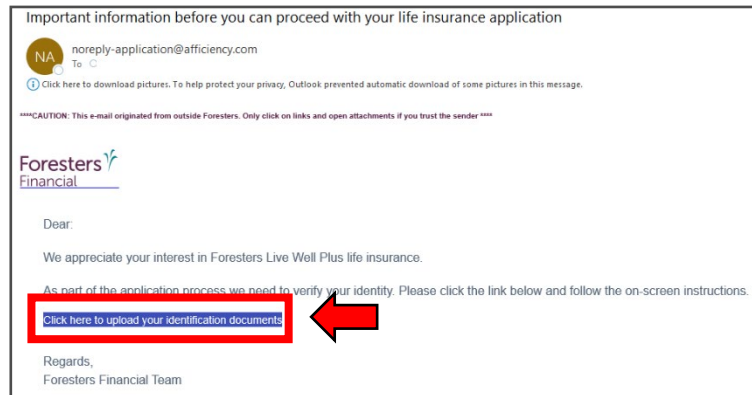



### ☐ Receiving client images

Your client hasn't sent the images yet

# If the signer uploads the applicable document(s)

- The signer will receive an email containing a link to upload the applicable document(s). They'll start by clicking **Click here to upload your identification documents** and follow the onscreen instructions
- The signer will need to verify their identity by entering their date of birth and the last four digits of their social security number, then click **Submit**






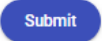
### Verify Your Identity

Before we can continue with your application, we need you to provide proof of your identity on the following screen.

Please provide your date of birth and the last four digits of your Social Security Number so that we can verify it is you.



Date of Birth MM/DD/YYYY	Last 4 of SSN 0000
-----------------------------	-----------------------



# If the signer uploads the applicable document(s)

- The signer will upload the applicable document(s) and then click **Continue**
  - Once submitted, the signer will see a message on the screen stating, "Your images have been received"


## We Need to Verify Your Identity


Please upload images of your non-expired government issued identification. You may be required to upload multiple images to ensure proof of your first and last name and Social Security Number can be verified.

Accepted non-expired government issued identification:

- Birth certificate
- Driver's License
- Passport
- Permanent Resident Card
- State ID
- Any other government issued photo ID (that shows the relevant particulars).
- School ID (If insured is under the age of 21)
- Social Security Card
- Tax Return Form
- Utility Bill

Make sure to upload both front and back of all card forms of identification, such as a driver's license.  
Passports must include both the entire photo and signature pages in the image.  
Any other documents must include all pages.




  
Click or Drop files here to upload  
JPG, PNG, JPEG, PDF (max 14MB each)

Continue

# If the signer uploads the applicable document(s)

- Once the signer has uploaded their applicable document(s), you will see on screen that it will automatically update to show received
  - At this point, you will need to verify that the information on the document(s) matched the information on the ***Identity Verification*** screen



## We need to verify the Owner's identity

You will need to provide copies of identification documents that confirm the personal details you have entered for this signer.  
At least one of which **MUST** be a government issued photo identification.

Information to be verified:

- First and Last Name
- Social Security Number

You must upload multiple non-expired documents if all of the above are not shown on one document. You must upload clear, legible images of the **FRONT** and **BACK** of each document. You will be required to view the documents and confirm they match the personal details you have entered for the signer.


Accepted forms of ID are:


Photo Identification:

- Driver's License
- Passport (either the signer's Passport Card or the photo and signature page of the signer's Passport book)
- Permanent Resident Card
- State ID
- School ID (If the Owner is under the age of 21)
- Any other government issued photo ID (that shows the required particulars)


Social Security Number:

- Social Security Card
- Tax Return Form

 Sent email with image upload link  
You successfully sent an email with the image upload link to your client

 Received client images  
Your client has uploaded images for review

# If you, the producer, upload the applicable document(s) for the signer



## We need to verify the Owner's identity

You will need to provide copies of identification documents that confirm the personal details you have entered for this signer.  
At least one of which MUST be a government issued photo identification.

Information to be verified:

- First and Last Name
- Social Security Number

You must upload multiple non-expired documents if all of the above are not shown on one document. You must upload clear, legible images of the FRONT and BACK of each document. You will be required to view the documents and confirm they match the personal details you have entered for the signer.

Accepted forms of ID are:


Photo Identification:

- Driver's License
- Passport (either the signer's Passport Card or the photo and signature page of the signer's Passport book)
- Permanent Resident Card
- State ID
- School ID (If the Owner is under the age of 21)
- Any other government issued photo ID (that shows the required particulars)


Social Security Number:

- Social Security Card
- Tax Return Form

**Who will upload the photos?**


 ☒ I will, on my client's behalf ☐ My client will


[Client Does Not Wish to Provide Proof of Identity](#)



## Uploading the Proposed Insured/Owner's photos

Make sure to upload both front and back of all card forms of identification, such as a driver's license.  
Passports must include both the entire photo and signature pages in the image.  
Any other documents must include all pages.





Click or Drop files here to upload  
JPG, PNG, JPEG, PDF (max 14MB each)

- Upload the applicable document(s) and then click **Continue**

# Identity Verification screen

- After the document was uploaded by the signer or you, you will need to complete the verification process.
- On the Identity Verification screen:
  1. Choose the **Click to View the Uploaded Documents** button to access the document that was uploaded
  2. Confirm that the personal information on the screen matches the details provided within the uploaded document

You must compare the documents uploaded to the information entered below and verify that the Personal Information you enter matches the details shown on the ID documents uploaded (Click to View the Uploaded Documents to review these details)

If the documents uploaded do not match the Personal Information entered, this case may be delayed and there will be further communication on behalf of the insurer.

Step 1:  
Click to View the Uploaded Documents and ensure:

- They are an accepted form of ID that was listed on the ID screen.
- The front and back of each government issued photo identification was uploaded.
- The government issued photo identification is not expired.
- The uploads are clear and legible images.

Step 2:  
Confirm the Personal Information and correct, if required.

Ensure that the following in the Uploaded Documents for verification matches the information in the Personal Information section for that signer: the first and last name of the signer and all other information that needed to be verified.  
(Note - Information needed to be verified is listed under Information to be Verified on the previous screen and could be any or all of: first and last name, date of birth, social security number, and/or address.)

**Personal Information**

First Name	Last Name
<input type="text"/>	<input type="text"/>
Email Address	Phone Number
<input type="text"/>	(234)234-2324
Date of Birth	SSN
06/06/1986	.....

Gender

☒ Female ☐ Male

**Address**

**Click to View**  
  
**Uploaded Documents**



# Identity Verification screen

- Once you've confirmed that the signer's identity matches, you will need to ***attest to this by checking off the box***
  - If you can't attest to the identity information matching, please stop the process and reach out to Afficiency via [Live Chat](#)
- Click ***Save and confirm*** to continue

**Pro Tip:** If the document(s) shared doesn't match the information on the screen, you will be able to update all information on the screen except for the state, which will automatically update within the application.

**Step 2:**  
Confirm the Personal Information and correct, if required.

Ensure that the following in the Uploaded Documents for verification matches the information in the Personal Information section for that signer: the first and last name of the signer and all other information that needed to be verified.  
(Note - Information needed to be verified is listed under Information to be Verified on the previous screen and could be any or all of: first and last name, date of birth, social security number, and/or address.)

**Personal Information**

First Name  Last Name

Email Address  Phone Number

Date of Birth  SSN

Gender  
☒ Female ☐ Male

**Address**

Zip Code  State

Street Address  City

**Step 3: Attestation:**

☒ By selecting "I attest", I confirm that I have read, understand and attest to the truth of each of (a) to (e) as follows:

a) The documents uploaded are on the accepted forms or to wit,  
b) For government issued photo identification, I have reviewed the images of both the front and back of the identification document(s).  
c) The uploaded documents are clear and legible;  
d) The identification is not expired; and  
e) The information in the identification/documents matches the information in the Personal Information section that needed to be verified.

[← Back](#) [Save and confirm →](#)



# Complete interviews for other parties

# Interviews

- At this point, if additional interviews are required, make sure you complete each interview separately before you're able to continue to the decision screen

**Pro Tip:** Within these interviews, the individual being interviewed will follow the same consent and if applicable the ID Verification process as we have previously highlighted in this training.

### Interviews

**Valued Client**  
Proposed Insured and Owner

⌚ Application Complete

Example with Additional Insured Rider:

### Interviews

**Valued Client**  
Proposed Insured and Owner

⌚ Application Complete

**Valued Spouse**  
Additional Insured

➔ **Start Interview**



# Decision time


# Interviews

- It's decision time, click ***Get Decision***

### Interviews

**Valued Client**  
Proposed Insured and Owner

⌚ Application Complete



**Get Decision** →

# Interviews

- Once selected, the underwriting decision process happens

**Pro Tip:** To update the progress on screen and to receive a decision, you must continue to click the **Check Status** button. Once a decision is available the **Proceed to Offer** button will become available.

The image shows a screenshot of the 'Decision Summary' screen in the Foresters Financial system. At the top, the title 'Decision Summary' is displayed. Below it, a light blue box contains the text 'Valued Client' and 'Proposed Insured and Owner'. Underneath this box, a progress indicator shows 'Underwriting Decision in Process - 20%' with a blue circular arrow icon. A red arrow points from this progress indicator to a blue button labeled 'Check Status', which is also highlighted with a red rectangular border. Below the 'Check Status' button, there is a horizontal line. At the bottom right of the screen, another red arrow points to a blue button labeled 'Proceed to Offer' with a right-pointing arrow icon, which is also highlighted with a red rectangular border.

# Interviews

- Once a decision is available, one of three decisions will be displayed:
  - Not Eligible
  - Referred to Underwriting
  - Approved

**1.**

### Decision Summary

**John Smith**  
Proposed Insured and Owner

✗ Not Eligible - Party Cannot Proceed

[View Important Customer Notice](#)

**2.**

### Decision Summary

**John Smith**  
Proposed Insured and Owner

[Refer to Underwriter](#)

If you want to keep AI on this case, close your browser now and wait for an email indicating AI has a decision available and you can resume. If you want to remove the AI from this case and proceed to an instant decision for PI only, click 'Proceed to Offer'.

**3.**

### Decision Summary

**Valued Client**  
Proposed Insured and Owner

✓ Decided - Offer Available

# Not Eligible decision

- The indicator will turn red and state that the party cannot proceed
  - A letter will be sent to the appropriate party
  - For applications with an Additional Insured Term Rider, if that person is not eligible or referred to underwriting, the application can still proceed but the Additional Insured Term Rider **will be automatically removed from the application**

### Decision Summary

AleksAprFifteen Kardoza  
Proposed Insured and Owner

✕ Not Eligible - Party Cannot Proceed

[View Customer's Decision Summary](#)

Click on the above "View Customer's Decision Summary" to view the basis for the not eligible to proceed decision which also informs your client how they can obtain additional information directly from the data supplier. Contract restrictions with the data supplier, and applicable law, prohibits Affinity and Foresters from providing you with additional information. Your client however may decide to share with you any of the additional information they obtain from the data supplier, if they wish to request that information directly from the data supplier. Note that the request to the data supplier must be made only by the person that the information relates to.

You may call the Foresters risk assessment line by calling 1-866-466-7166, selecting option 2, then selecting option 3 to see if your client may be eligible for a fully underwritten product.

**Pro Tip:** If the proposed insured is not eligible for Foresters Live Well Plus, they may be eligible for one of Foresters fully underwritten products, which would require a new application to be completed for that product.



# Not Eligible decision

### Decision Summary

AleksAprFifteen Kardoza  
Proposed Insured and Owner

✗ Not Eligible - Party Cannot Proceed

**View Customer's Decision Summary**

Click on the above "View Customer's Decision Summary" to view the basis for the not eligible to proceed decision which also informs your client how they can obtain additional information directly from the data supplier. Contract restrictions with the data supplier, and applicable law, prohibits Afficiency and Foresters from providing you with additional information. Your client however may decide to share with you any of the additional information they obtain from the data supplier, if they wish to request that information directly from the data supplier. Note that the request to the data supplier must be made only by the person that the information relates to.

You may call the Foresters risk assessment line by calling 1-866-466-7166, selecting option 2, then selecting option 3 to see if your client may be eligible for a fully underwritten product.

## Foresters Financial

Apr 15, 2025

Valued Client  
1 Main Street  
City, State XXXXX

**Insurer: The Independent Order of Foresters**  
Reference Number: 1234567

Dear Valued Client:

**State law requires that you be given this notice.  
Please read it carefully and know your rights.**

At Foresters Financial™, our purpose is to enhance the well-being of families through quality life insurance products. We would like to thank you for giving us the opportunity to consider your insurance needs.

We have reviewed your information and have determined that at this time, you are not eligible to apply for Foresters Live Well Plus Whole Life Insurance and accordingly there is no insurance coverage. Our decision was influenced by

P.O. Box 179  
Buffalo, NY 14201-0179

T 800 828 1540  
F 877 329 4631

foresters.com

**Pro Tip:** This is your opportunity to view the letter that will be sent to the appropriate party. Click **View Customer's Decision Summary**.

# Referred to Underwriting decision

- The indicator will turn orange and state that the application cannot be instantly underwritten
  - A decision will likely be forthcoming within the next 24-48 business hours (some applications may take longer due to the requisition of electronic health records. In these cases, a decision may not be available for a week, or in some instances, possibly longer)
  - Once the underwriting review is completed, you will receive an email with one of two potential results:
    - Approved: Resume the application process
    - Not eligible: Adverse Underwriting Decision letter will be sent

### Decision Summary

AleksPI AprFirstTwo  
Proposed Insured and Owner

✓ Decided - Offer Available

AleksAI AprFirstTwo  
Additional Insured

**Refer to Underwriter**

We are unable to instantly underwrite this application because it has been referred to an underwriter for further review. We expect that you will receive an email notifying you of the decision within 24-48 business hours. However, some applications may take longer due to the requisition of electronic health records. In these cases, a decision may not be available for a week, or in some instances, possibly longer.

If you want to keep the Additional Insured as part of the application and wait for an underwriting decision, click the 'Close Application' button. (And if you don't click anything in the next 60 minutes, the AI will be kept automatically and you will have to wait for an underwriting decision.) Once a decision for the Additional Insured is available, you can proceed to the offer.

However, if you want to remove the Additional Insured completely and proceed with the Proposed Insured ONLY, confirm that choice by checking the acknowledgement below to activate the 'Proceed to Offer' button.

☐ I understand that if I 'Proceed to Offer' the Additional Insured will be REMOVED from the application.

Check Status

# Referred to Underwriting decision

- For applications with an Additional Insured Term Rider, if that person is Referred to Underwriter, while the application could continue, it is recommended that you wait for the Refer to Underwriter decision before proceeding
- If the client doesn't want to wait for the Additional Insured Rider underwriting decision, you will need to check the box that you understand that the rider will be ***removed from the application***

**Pro Tip:** You'll be given 60 minutes to select if you want to remove the Additional Insured. After this period, the Additional Insured will be kept automatically and you will have to wait for an underwriting decision.

### Decision Summary

**AleksPI AprFirstTwo**  
Proposed Insured and Owner

✓ Decided - Offer Available

**AleksAI AprFirstTwo**  
Additional Insured

ⓘ Refer to Underwriter

We are unable to instantly underwrite this application because it has been referred to an underwriter for further review. We expect that you will receive an email notifying you of the decision within 24-48 business hours. However, some applications may take longer due to the requisition of electronic health records. In these cases, a decision may not be available for a week, or in some instances, possibly longer.

If you want to keep the Additional Insured as part of the application and wait for an underwriting decision, click the 'Close Application' button. (And if you don't click anything in the next 60 minutes, the AI will be kept automatically and you will have to wait for an underwriting decision.) Once a decision for the Additional Insured is available, you can proceed to the offer.

However, if you want to remove the Additional Insured completely and proceed with the Proposed Insured ONLY, confirm that choice by checking the acknowledgement below to activate the 'Proceed to Offer' button.

☐ I understand that if I 'Proceed to Offer' the Additional Insured will be REMOVED from the application.

Check Status

# Approved decision

- The indicator will turn green
  - Within the illustration, the primary ***proposed insured's approved insurance class will be displayed at the top of the screen*** along with the originally quoted insurance class
    - This is where you will know if the primary insured is approved as applied for or other than applied for

### Decision Summary

Valued Client  
Proposed Insured and Owner

✓ Decided - Offer Available

✓

### Congratulations!

Your client has been approved for  
Foresters Live Well Plus

#### Payment Summary ⓘ

\$395/Monthly

Quoted insurance class Standard	Approved insurance class Preferred
Please Note Your client has been approved at a better insurance class than quoted so the illustration and values have changed.	

Reflective of any illustrated loans or withdrawals, or any other illustrated changes.

The illustrated initial face amount at issue will be:

**\$250,000**

(Base face amount only, excluding any riders)

# Approved decision

- When reviewing the offer be sure you click **See Full Illustration** to see such details as:
  - Requested riders approved and included
  - Approved insurance class for the Additional Insured Rider

**Pro Tip:** This is your final opportunity to review the coverage that was approved and make any allowed adjustments.

### Decision Summary

Valued Client  
Proposed Insured and Owner

✓ Decided - Offer Available

✓

**Congratulations!**  
Your client has been approved for  
Foresters Live Well Plus

### Payment Summary ⓘ

\$395/Monthly

Quoted insurance class Standard	Approved insurance class Preferred
Please Note Your client has been approved at a better insurance class than quoted so the illustration and values have changed.	

Reflective of any illustrated loans or withdrawals, or any other illustrated changes.

The illustrated initial face amount at issue will be:

**\$250,000**

(Base face amount only, excluding any riders)

# Approved decision

- If you wish to adjust the illustration, click **Edit Solve**
  - Allowed changes after approval:
    - Switch between the case design solves
    - Increase/decrease base and term rider coverage amounts or premiums (which includes the Paid-up Additions Rider premium)
      - Maximum allowed increase: System determines based on the insured's age and risk class underwritten for
    - Change your payment mode
    - Change your dividend type



**Congratulations!**  
Your client has been approved for  
Foresters Live Well Plus

**Payment Summary** ⓘ

**\$395/Monthly**

Quoted insurance class	Approved insurance class
Standard	Preferred

Please Note

Your client has been approved at a better insurance class than quoted so the illustration and values have changed.

Reflective of any illustrated loans or withdrawals, or any other illustrated changes.

The illustrated initial face amount at issue will be:

**\$250,000**

(Base face amount only, excluding any riders)

**The illustrated cash values are:**  
Reflective of any illustrated loans or withdrawals, or any other illustrated changes.

<b>\$80,508.72</b>	<b>\$170,274.93</b>	<b>\$269,321.37</b>
Age 54	Age 74	Age 94

**Accelerated Death Benefit Rider**  
This rider can be issued with one or more of the following eligible illnesses:  
**Chronic Illness:** For any 12-month period, can accelerate up to 24% of the eligible death benefit at the time of the initial chronic illness claim.  
**Critical Illness:** Can accelerate up to 95% of the eligible death benefit at the time of each critical illness claim to a maximum of \$500,000.  
**Terminal Illness:** Can accelerate up to 95% of the eligible death benefit at the time of terminal illness claim to a maximum of \$500,000.

Please advise client of guaranteed values if discussing non-guaranteed values:

☐ Guaranteed

☒ Non-Guaranteed (at current assumptions)



[← Edit Solve](#)



[See Full Illustration](#)

[Save Illustration](#)

# **Payment details, signatures and delivery**

# Approved decision

- Once ready, proceed to payment details by clicking **Next: Payment**
  - Once the application is approved, a new 15-calendar day window starts to allow time to complete the remaining steps to issue the contract such as payment details, all required signatures (including the producer) and the producer's verification and validation

✓

Congratulations!

Your client has been approved for  
Foresters Live Well Plus

Payment Summary ⓘ

\$395/Monthly

Quoted insurance class  
Standard

Approved insurance class  
Preferred

Please Note

Your client has been approved at a better insurance class than quoted so the illustration and values have changed.

Reflective of any illustrated loans or withdrawals, or any other illustrated changes.

The illustrated initial face amount at issue will be:

\$250,000

(Base face amount only, excluding any riders)

The illustrated cash values are:  
Reflective of any illustrated loans or  
withdrawals, or any other illustrated  
changes.

\$96,016.72  
Age 54

\$170,574.93  
Age 74

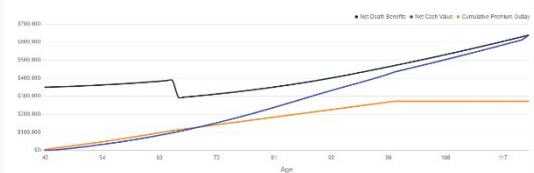
\$269,251.47  
Age 94

Accelerated Death Benefit Rider

This rider can be issued with one or more of the following eligible illnesses:  
**Chronic Illness:** For any 12-month period, can accelerate up to 25% of the eligible death benefit at the time of the initial chronic illness claim.  
**Critical Illness:** Can accelerate up to 95% of the eligible death benefit at the time of each critical illness claim to a maximum of \$200,000.  
**Terminal Illness:** Can accelerate up to 95% of the eligible death benefit at the time of terminal illness claim to a maximum of \$200,000.

Please advise client of guaranteed values if discussing non-guaranteed values:  
☐ Guaranteed  
☒ Non-Guaranteed (at current assumptions)

Net Death Benefit • Net Cash Value • Cumulative Premium Outlay



← Edit Table

See Full Illustration

Save Illustration

For producer use only, not to be presented or disclosed to the customer or to the public. This is a summary only. The dividends, interest rates, benefits and values shown are neither guaranteed nor estimated for the future except for those elements clearly labeled as guaranteed. The guaranteed and non-guaranteed benefits and values shown are rounded to the nearest dollar for display purposes only. Therefore the actual amounts could be up to 99¢ cents higher or lower. This illustration assumes that the Illustration non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur as the assumptions on which they are based are subject to change by Foresters Financial based upon a number of factors which may include, but is not limited to, claims, investment earnings, expenses and the overall economic environment. The actual results may be more or less favorable and are expected to vary from those shown.

The Accelerated Death Benefit Rider (ADBR) provides an option to accelerate a portion of the eligible death benefit and receive a payment. The payment, due to diagnosis of an eligible illness, may be less than the acceleration amount which may be subject to a fee, an actuarial discount amount and other applicable reductions. Payment will decrease certificate values and benefits and may affect eligibility for public assistance programs. Receipt of an accelerated death benefit payment under this rider is intended to qualify for favorable tax treatment under section 101(g) of the Internal Revenue Code (IRC). Specific situations may result in a taxable event.

Critical Illness is defined as being unable to perform, without substantial assistance from another person, at least two of the six activities of daily living for a period of at least 90 days, due to a loss of functional capacity, or as requiring substantial supervision by another person to protect the insured from threats to health and safety due to the insured's severe cognitive impairment. Critical Illness includes one or more life-threatening illnesses or conditions as defined in the ADR. Terminal Illness is a non-curable illness or physical condition which is reasonably expected to result in death within 12 months of diagnosis.

[Next: Payment →](#)




# Add Payment Details


- You're in the final stretch
  - This is your final chance to make edits to the coverage design within Illustration Input by clicking **Edit Solve**
  - Enter the payer's bank account information and then click **Next** to validate the banking details
    - Note: If SPUAR is included, this premium withdrawal will be taken separately from the base coverage withdrawal


**Pro Tip:** The payer must be an account holder and the name on the application must match exactly to what's on the bank account. Example: If the payer's married name is listed on the application but their bank account has their maiden name, the bank account will be invalid.

**Add Payment Details**



Payment Frequency: Monthly  **Edit Solve**


Total PAC premium (excluding any SPUAR check): \$250.00


Monthly Payment Day 


Pick a day 

The Payer is:


Proposed Insured  


Proposed Insured  on elected?


Owner (if other than proposed insured)  n will be paid through a loan against, and for as h value, if any.)


Other Payer  not made, the certificate's Nonforfeiture apply, if premium is overdue at the end of the Grace Period, resulting in either reduced coverage or surrender.)



**Bank Account Information**

Name of Financial Institution  ex. Bank of America

Account Type  Select one

Routing Transit #  ex: 0000000000

Account #  ex: 0000000000

 **Next** 

# Add Payment Details

- You're in the final stretch

**Pro Tip:** When it's time to select a payment date:

- If 'Today' is chosen as the draft date, this date will be based on when the last required signor signs the application (Owner, Insured, Additional Insured or Payer)
- If a specific day of the month is chosen (1 to 28) the draft date will be based on the first occurrence of this date after the last required signor signs the application (Owner, Insured, Additional Insured or Payer)
- **Note: The contract cannot be issued until the Producer signs by clicking Submit Signature on the Foresters Live Well Plus Producer Questions and Certification screen. The initial draft may be delayed until this process is completed**

### Add Payment Details

Payment Frequency  
Monthly ⓘ Edit Solve

Total PAC premium (excluding any SPUAR check): \$250.00

Monthly Payment Day ⓘ  

Pick a day

The Payer is:  

Proposed Insured × ▲

Proposed Insured

Owner (if other than proposed insured)

Other Payer

on elected?

n will be paid through a loan against, and for as h value, if any.)

not made, the certificate's Nonforfeiture apply, if premium is overdue at the end of the Grace Period, resulting in either reduced coverage or surrender.)

Bank Account Information  

Name of Financial Institution  
ex. Bank of America

Routing Transit #  
ex: 0000000000

Account Type  
Select one

Account #  
ex: 0000000000

Next →

# Add Other Payer Payment Details

- Other Payer details
  - If the payer will be someone different than the Owner, you will need to complete the Other Payer Information screen
  - Once completed, the payer will need to consent following the same consent process as outlined earlier in this training
  - After the Signer consents, the **Next** button will become available, which allows you to continue with the bank validation

## Other Payer Information

The payer has been identified as someone other than the owner or the insured.

Full legal name of individual

First Name First Name	Middle Name Middle Name
Last Name Last Name	

Date of Birth  
MM/DD/YYYY

Female Male

Occupation  
ex. Business Analyst

Social Security Number  
000-00-0000

Payer's relationship to the owner  
Select One

Address

Zip Code  
ex. 24902

State  
Select a State

Street Address  
ex. 123 Main Street, Apt. 1A

City  
City Name

Contact Information

Phone Type  
ex. Mobile/Cell

Phone number  
(000)-000-0000

Email  
ex. email@gmail.com

Bank Account Information

Name of financial institution  
ex. Bank of America

Type of Account  
Select One

Routing Transit #  
ex. 0000000000

Account #  
ex. 0000000000

Total PAC premium (excluding any SPUAR check): \$250.00

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

Yes No

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

Yes No

Identification Verification Consent

E-mail Address  
email@email.com

Send Email

If you wish to change the Payer, click on the Back button below.

Back Next

# Add Payment Details

- What happens if the payer's bank account information cannot be verified?
  - The accuracy of payment information is important! You will have six attempts to validate the payer's name, routing transit number, account number and social security number
  - If an attempt fails, be sure to verify the payer's information and that it is being entered correctly
  - After six attempts, you will get an NPW-Payment Failure and a new application would be required. One calendar day will be required before proceeding with a new application

**Pro Tip:** One calendar day will be required before proceeding with a new application. Using the same banking details on a new application may result in the same experience.

A screenshot of a 'Bank Account Information' form. The form has four input fields: 'Name of Financial Institution' (containing 'bank'), 'Account Type' (a dropdown menu showing 'Checking'), 'Routing Transit #' (containing '122105278'), and 'Account #' (containing '0000000013'). Below these fields is a red-bordered box containing a warning icon and the text: 'Credit, Debit or Pre-Paid cards not accepted. Provide different banking information in order to proceed'.

This is an example of a potential error messages you could receive.

A screenshot of a payment failure screen. The background shows a form with fields for 'The Payer is:', 'Proposed Insured', 'Automatic premium loan p', and 'Bank Account Information'. Overlaid on this is a white box with a warning icon and the text: 'We're Sorry', 'We are unable to process your payment information', and a blue button labeled 'Abandon Application'. At the bottom of the background form, a red-bordered box contains a warning icon and the text: 'Max retries exceeded'.

# Split Commissions

- This is your final chance to enter any commission split. If you are not splitting commissions, click **Next: Signature** to continue to the e-Signature process
  - You can add up to two additional Foresters licensed producers and specify the commission split
  - If a producer is not licensed and appointed with Foresters, the process will be halted here

### Split Commissions

This product allows up to 3 producers to be named on the application, i.e. you and 2 others. You will need their Foresters Producer Number. Be sure to use whole percentage points that add to 100%.

**Kustin Pox**  
This will be the producer who takes and signs the application.

Producer Number  
618928

Percentage Share  
100%

○ Producer Commissions

100% Kustin Pox Round Rock TX

**Producer 2**

Producer Number  
ex. SFG1234567

Percentage Share

**Producer 3**

Producer Number  
ex. SFG1234567

Percentage Share

**Pro Tip:** For any additional producers added, if in a strict state and not Foresters appointed, you will not be able to proceed.

Next: Signature →

# Collect Client Signature

- It's time to capture all e-Signatures on the applicable documents for each signer
  - Before sending them the email link, be sure to review the instructions
  - You can review the signature packet that will be sent electronically
  - Each required signer will need to complete this process

**Pro Tip:** Before sending, make sure that you and the required signer agree to the coverage applied for. Take the time to understand Foresters interim 90-day change process.

### Collect Client Signature

- Please note that this application will time out 15 days after the initial start of the application. At that time, it will be cancelled and deemed Not Proceeded With. Please make your client aware that they should review and sign their documents with this 15 day window.
- Click the Send Email beneath the name of the party to send a link to where they can review the documents and provide their signature.
- A progress indicator will appear after at least one email has been sent to the listed party.
- You can resend the link at any time by clicking on the same button.
- You may review the PDF packet that the party will see by clicking on View Client Signature Packet.
- Email address is required for us to send the signor a copy of the required documents and notices for the e-signature process. Remember, you cannot use your email address or create an email address or use an email address you have access to for the signor, except for your own signature. Each signor must have a dedicated email address, not an email shared with anyone else or another signor. Please confirm the email address entered for the signor is correct.

#### Proposed Insured and Owner

Valued Client

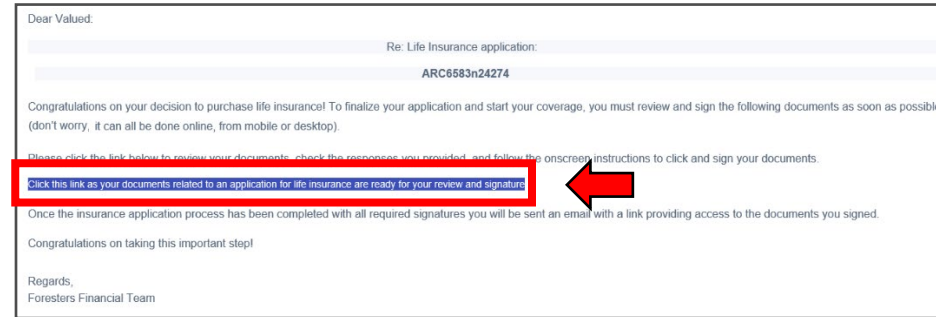
[View Client Signature Packet](#)

[Send Email to](#)

# Collect Client Signature

- Each required signer will receive an email containing a link for them to access their signature packet
- The signer will need to verify their identity by entering their date of birth and the last four digits of their social security number and click **Submit**

**Pro Tip:** The link will time out after 15-calendar days from the offer date and will be considered Not Proceeded With.



The screenshot shows a web form titled "Signature" with a stylized logo at the top. Below the title, it says: "Before we can submit the application, we need your signature to the documents on the following screen." and "Please provide your date of birth and the last four digits of your Social Security Number so that we can verify it is you and then click the 'Submit' button." There are two input fields: "Date of Birth" with a calendar icon and "Last 4 of SSN" with a lock icon. The "Date of Birth" field contains "MM/DD/YYYY" and the "Last 4 of SSN" field contains "0000". At the bottom, there is a red arrow pointing to a blue "Submit" button, which is highlighted with a red rectangular box.

# Review and Apply e-Signature

- The signer reviews the document by scrolling through the PDF window

1. The signer reviews the entire document within the PDF window. **Their cursor must remain at the bottom of the PDF window for the attestation checkbox to be activated**

2. The **attestation checkbox** will remain greyed-out until they scroll through to the very bottom of the PDF window

**Pro Tip:** If the checkbox is grayed-out, ensure that the signer is scrolling within the PDF window, not merely scrolling the browser screen.

Foresters Live Well Plus Foresters Financial

1.

The Independent Order of Foresters ("Foresters")  
A Fraternal Benefit Society.  
789 Don Mills Road, Toronto, ON, Canada M3C 1T9 F. 877 329-4631  
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828-1540 foresters.com

Foresters Financial

**Product Details**

Proposed insured:  
Legal first name: Valued Legal middle name: Legal last name: Client

**Foresters Live Well Plus Whole Life**

Amount of life insurance applied for on the proposed insured: \$ 250,000

Plan Type: ☐ Paid-up at 100 ☐ Underwriting: ☐ Accelerated Underwriting

Dividend Option: ☐ Buy paid-up additions ☐ Paid in cash ☐ Left on deposit ☐ To reduce premiums

Automatic premium loan provision elected? ☐ Yes ☐ No  
If "Yes", overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any.

By clicking the 'Apply e-Signature' button below I Valued Client declare that I understand and agree with each of the following:

- I confirm that I have reviewed each document available in the scrollbox above that includes: a) if I am the owner, proposed insured or custodial parent/legal guardian, the Foresters Application for Individual Life Insurance; b) if I am the payer, the Payment Information and Authorization; c) if I am the additional insured, the Additional Insured - Underwriting Form. Other documents may be included either as a disclosure or also requiring a signature.
- My signature is required in each document, that has a signature line for me as either the proposed insured, additional insured, owner, payer, and/or custodial parent/legal guardian as well as if signing as the owner my initials if applicable in the "Important Notice: Replacement of Life Insurance or Annuities".
- I am electronically applying my signature and initials to each of those signature and initial lines as if I had signed and initialed in my own handwriting.

2.

To activate the checkbox below, you must scroll to the bottom of the documents above.

☐ I have reviewed, understand, and agree with each of the above and the below.

The date that will be shown in the date signed field in documents signed by you through this signing process will be registered by the system, and shown in that field, as the date in the Eastern Standard Time (EST) zone at the time that you sign regardless of your location when signing

Apply e-Signature →



# Review and Apply e-Signature

- Before signing the documents, the signer must first check the box labeled ***I have reviewed, understand, and agree with each of the above and the below***
- Finally, the signer will click ***Apply e-Signature*** to e-sign each document requiring that signer's signature

Foresters Live Well Plus Foresters Financial

Save Print

The Independent Order of Foresters ("Foresters")  
A Fraternal Benefit Society.  
789 Don Mills Road, Toronto, ON, Canada M3C 1T9 F. 877 329 4631  
U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828 1540 foresters.com

Foresters Financial

**Product Details**

Proposed insured  
Legal first name: Valued Legal middle name: Legal last name: Client

**Foresters Live Well Plus Whole Life**

Amount of life insurance applied for on the proposed insured: \$ 250,000

Plan Type: ☐ Paid-up at 100 ☐ Underwriting: ☐ Accelerated Underwriting

Dividend Option: ☐ Buy paid-up additions ☐ Paid in cash ☐ Left on deposit ☐ To reduce premiums

Automatic premium loan provision elected? ☐ Yes ☐ No  
If "Yes", overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any.  
If "No", no loan advance is not made. The certificate's nonforfeiture provisions will automatically apply. If premium is overdue, at the end of the

By clicking the 'Apply e-Signature' button below I Valued Client declare that I understand and agree with each of the following:

- I confirm that I have reviewed each document available in the scrollbox above that includes: a) if I am the owner, proposed insured or custodial parent/legal guardian, the Foresters Application for Individual Life Insurance; b) if I am the payer, the Payment Information and Authorization; c) if I am the additional insured, the Additional Insured - Underwriting Form. Other documents may be included either as a disclosure or also requiring a signature.
- My signature is required in each document, that has a signature line for me as either the proposed insured, additional insured, owner, payer, and/or custodial parent/legal guardian as well as if signing as the owner my initials if applicable in the "Important Notice: Replacement of Life Insurance or Annuities".
- I am electronically applying my signature and initials to each of those signature and initial lines as if I had signed and initialed in my own handwriting.

To activate the checkbox below, you must scroll to the bottom of the documents above.

☐ I have reviewed, understand, and agree with each of the above and the below.

The date that will be shown in the date signed field in documents signed by you through this signing process will be registered by the system, and shown in that field, as the date in the Eastern Standard Time (EST) zone at the time that you sign regardless of your location when signing

**Apply e-Signature →**

# Review and Apply e-Signature

- Once the signature email has been sent to the signer, you can check the status by clicking **Check AppSign for...** for status of each signer
- Once all required signatures are received, click **Next**

**Pro Tip:** If multiple signers are required, you will need to check the status of each signer individually.

**Collect Client Signature**

- Please note that this application will time out 15 days after the initial start of the application. At that time, it will be cancelled and deemed Not Proceeded With. Please make your client aware that they should review and sign their documents with this 15 day window.
- Click the Send Email beneath the name of the party to send a link to where they can review the documents and provide their signature.
- A progress indicator will appear after at least one email has been sent to the listed party.
- You can resend the link at any time by clicking on the same button.
- You may review the PDF packet that the party will see by clicking on View Client Signature Packet.
- Email address is required for us to send the signor a copy of the required documents and notices for the e-signature process. Remember, you cannot use your email address or create an email address or use an email address you have access to for the signor, except for your own signature. Each signor must have a dedicated email address, not an email shared with anyone else or another signor. Please confirm the email address entered for the signor is correct.
- Important: if any information is inaccurate please click Contact Support in the top right of this screen to raise a support ticket. Note that the you will not be able to proceed with the application at this time.

**Proposed Insured and Owner**

- ☒ **Sent email with signature link**  
You successfully sent an email with the signature screen link to your client.
- ☐ **Receiving client signature**  
Your client hasn't signed for this product yet.

[View Client Signature Packet](#)

[Resend Email to](#)

[Check AppSign for Proposed Insured and Owner](#)

**Payer**

- ☒ **Sent email with signature link**  
You successfully sent an email with the signature screen link to your client.
- ☐ **Receiving client signature**  
Your client hasn't signed for this product yet.

[View Client Signature Packet](#)

[Resend Email to](#)

[Check AppSign for Payer](#)

# Producer Questions and Certification

- Diligently complete all the questions on the Foresters Live Well Plus Producer Questions and Certification screen
- Click **Submit Signature** to e-sign all applicable documents that require a producer's signature

**Pro Tip:** The producer's signature is part of the 15-calendar day window. Example: If the required signer took 14-calendar days, you are left with one day to sign before the case is Not Proceeded With.

## Foresters Live Well Plus Producer Questions and Certification

1. Will the coverage applied for be a replacement for, or a change to, existing life insurance or an annuity?

2. Is the proposed insured you, your spouse/partner or your child/stepchild?

3. Are you the owner, payer or a beneficiary in relation to the product(s) applied for in this Application?

4. Did you physically meet in person the proposed insured, additional insured, if any, and owner?

5. For the proposed insured, and additional insured, if any, as well as the owner and other payer did you review the front and back of the signed unexpired photo document(s) which matches the name and birth date shown for that person in this Application?

6. Is commission being split with another producer?

By selecting "Yes I confirm", I agree that I have read and certify I) that each answer to 1 to 6 above is correct and II) each of the following is true. (Note - Select "No, I do not confirm" if you have not read or you cannot confirm each of the above is correct and the following as true):

a) I am not aware of information about the health, habits, or lifestyle of the proposed insured, the additional insured, if any, and each child, if any, identified in this Application, that is not disclosed in this Application that might affect insurability. ☒ I agree

b) I asked for the information requested and asked each question as it appears in this Application and recorded, in this Application, the answers as given to be me by each person as follows:

- The proposed insured if over age 15 and the parent/legal guardian if the proposed insured is under age 18, the following sections: Proposed Insured, Financial Questions, Other Insurance, Avocation Questions, Definitions, Personal Lifestyle Questions, Physician Information, Medical Questions and if applying for the applicable rider the Waiver of Premium Rider Questions and Children's Term Rider Questions. ☒ I agree
- The additional insured, the questions and information requested in the Additional Insured - Underwriting Form. ☒ I agree
- The owner, the following sections: Owner, Secondary Addressee, Beneficiary, Financial Questions, and Payment Information and if applying for the applicable rider the Additional Insured Term Rider ☒ I agree

c) I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active-duty members of the United States military. ☒ I agree

d) I have made no misrepresentation(s) about Foresters product(s) applied for in this Application. I have made no promise(s) regarding the benefit(s) or future performance of the product(s) applied for, other than as specifically written in the specific product(s) applied for in this Application. ☒ I agree

e) If the amount of life insurance applied for on the life of the proposed insured is at least \$20,000, the owner has been provided, with the Accelerated Death Benefit Rider Disclosure. ☒ I agree

f) Each applicable Application document will be made available for review by each person signing it and I have not and will not advise them to not review each document before signing. ☒ I agree

g) I recorded the email address provided to me by each signer, that is to be used by that signer, for purposes of electronically signing. Except for my own electronic signature, I did not create or provide, and I do not have access to, an email address to be used by a signer and I am not aware of any signer using an email address that he/she shares with anyone else. ☒ I agree

h) This Application has not been altered, in any way, after the last person signed ☒ I agree

I confirm and understand that each of (a) to (h) above will show as "I agree"

By clicking the "Submit Signature" button below, I, the producer Rustin Pox understand and agree that I am applying my e-Signature to all applicable forms that require my signature including the above Producer Questions and Certification, as if I had signed in my own handwriting.


[← Back](#)



[Submit Signature →](#)

# Acknowledgement


- Congratulations – the process is complete
  - Each party to the insurance contract will be sent their appropriate completed documents related to the Foresters Live Well Plus application
  - As the producer, at this point, a summary of their coverage will be shown on screen, and **this will be your only opportunity to download the following forms within a 30-minute window:**
    - Data Pages, Contract and Certificate Issue Statement (CIS). Make sure you keep secure any of these documents that you download
    - Once active, the CIS will be available in Certificate Details within 24 to 48 hours
    - The Producer will not be able to access a copy of the completed application



**Congratulations,**  
**the application for life insurance has been approved!**

The owner will receive an email with a link to the life insurance contract (in the next few minutes).

If you wish to view a copy of your customer's insurance contract please do not close this tab; watch the spinner below until the Download Insurance Documents' button becomes available (this may take several minutes).

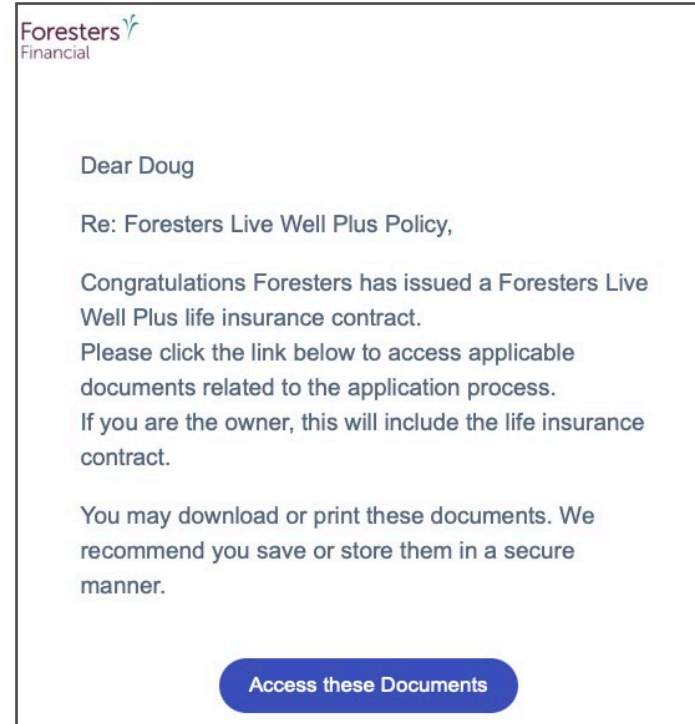


Summary details		Foresters Financial	
Proposed Insured	Valued Client	Base Coverage	\$250,000
Certificate Number	5011668	Other Optional Riders	
First Premium Due (including PUAR payment, if applicable)	\$395.15	Term Rider	\$100,000
Recurring Premium Due (including PUAR payment, if applicable)	\$395.15/Monthly	Additional Insured Term Rider	N/A
Selected Payment Date	DD of 10 <sup>th</sup> of the month	Accidental Death Rider	N/A
		Waiver of Premium Rider	N/A
		Guaranteed Insurability Rider	N/A
		Children's Term Rider	N/A

[New Application](#)

# Acknowledgement

- The owner will automatically receive an email with a link to their Foresters Live Well Plus insurance contract package
  - The link will be available for 120-calendar days after the contract is issued, after which they can request the contract for a fee
  - Each other signer will automatically receive an email with the link to their applicable documents



# **Interim 90-day change process**

# Allowed 90-day interim changes

- What 90-day changes can Foresters accommodate at this time:
  - Decrease the coverage amount of the base face, accidental death benefit rider, term rider or additional insured rider. Additionally, changes can be made to the FPUAR planned premiums up to maximum originally approved
  - Removal of the following riders:
    - Term rider
    - Additional insured rider
    - Accidental death benefit rider
    - Waiver of premium rider
    - Guaranteed insurability rider
    - Child term rider

**Pro Tip:** Any of these changes may recalculate the MEC limit and create a new 7-Pay period as of the change date.

# 90-day interim process

- For interim 90-day changes, there will **NOT** be a new contract issued and only a Change Notification Letter (CNL) and Certificate Change Endorsement (CCE) will be provided
  - CNL and CCE will be mailed out to the Owner to confirm the changes made
- For interim 90-day changes, these changes will **NOT** be effective on the issue effective date, but rather on the next monthiversary
  - This means, at least one premium payment will be made by the customer before the change is made. There will be **NO refund of premium for the initial draft** as the change will take effect on the next monthiversary. All future premiums will be drafted at the new premium amount based on the changes made



# 90-day interim process

- The SLA for 90-day changes will be 7 business days for processing from the date of submission. Allow 10 additional days for mailing
- The following 90-day changes ***cannot be accommodated*** during this interim period:
  - Increases to the coverage amount of the base face, accidental death benefit rider, term rider or additional insured rider. This includes changes to the maximum annual payment amount on the paid-up additions rider
  - Adding riders or change the term rider duration
  - Changing the initial draft date (the date of future drafts can be changed)

# 90-day interim process

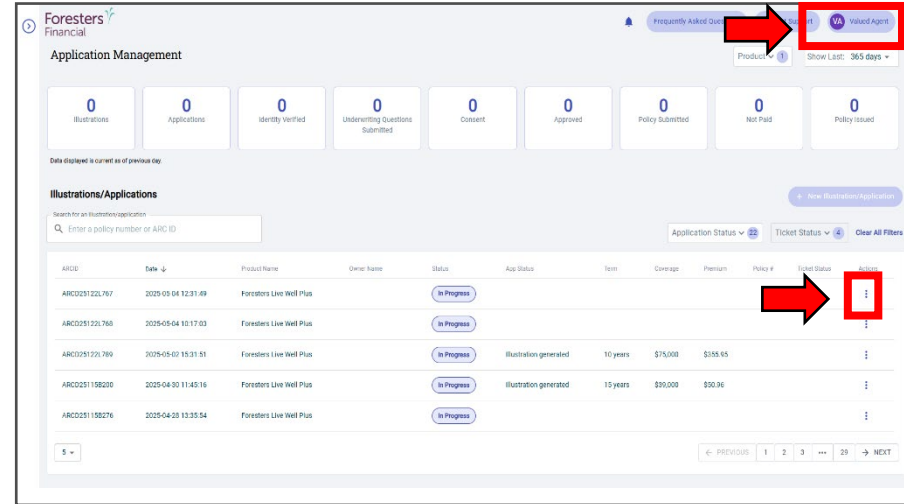
- Changing the primary or additional insured's DOB, gender, name, SSN or risk class (i.e., smoker status change)
- To initiate one of the allowed 90-day changes, the Owner must complete the Certificate Change Form (Non-Underwritten) and submit to Foresters via an approved method:
  - SecureDocs
  - Fax: 877-329-4631
  - Mail: Foresters Financial  
P.O. Box 179  
Buffalo, NY 14201-0179



# Application Management

# Application Management

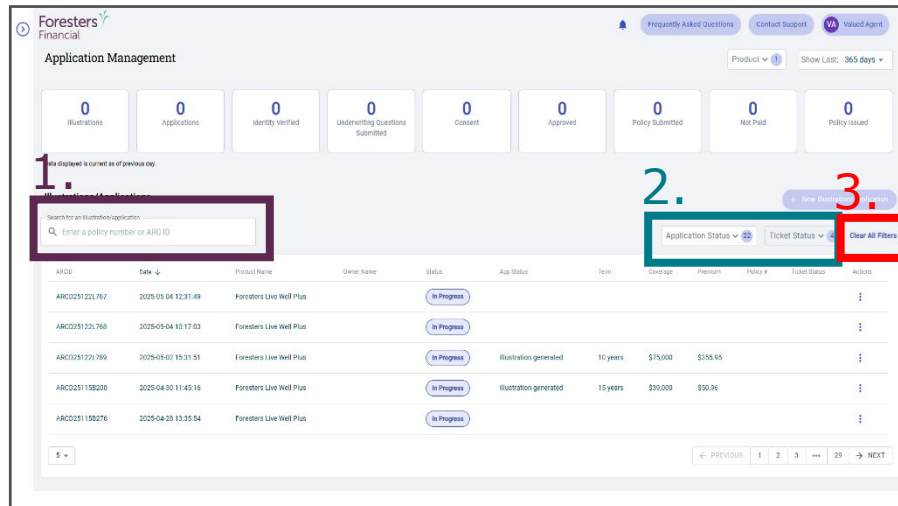
- To launch, click on your name located in the top-right corner
- What is Application Management?
  - Be able to view a list of your cases along with the status and high-level details of each case
  - Ability to resume in-progress applications within the 15-calendar day window by clicking on the three vertical dots under Actions and choose Continue Application
  - Provides a record of previous cases and their respective status



# Application Management

- Search for a specific application by:

- Entering the ARCID number or certificate number
  - If the record does not exist, no results will be displayed
- Filtering from the Application Status or Ticket Status dropdown boxes and selecting the desired status to search
- To clear a search, use the Clear All Filters button



- What can be viewed on Application Management?
  - The statuses and high-level details of Foresters Live Well Plus cases on screen
- How will a case appear where split commissions are involved?
  - The case will only display for the producer designated as the writing producer on the certificate

# Afficiency support

(Hours: Monday - Friday 9:00am - 5:00pm ET)

- Live Chat: <https://support.afficiency.com/lwp/i-need-help-from-customer-support-on-foresters-live-well-plus>
- Email: [affigee@afficiency.com](mailto:affigee@afficiency.com)
- Examples of available support:
  - Issues with registering for the Afficiency Portal
  - Status updates on an application
  - Guidance on the payment or signature process
  - Assistance or questions while progressing through the application
  - Questions regarding the Application Management Tool
  - Application illustration support (open an illustration, download an illustration)
  - Guidance on how to resume an incomplete application
  - Support for errors encountered while progressing through the application



# Foresters support

## ▪ Pre-Sales Support: 1-866-466-7166

- Sales Support Option #1: Pre-sales questions (Product, marketing materials, illustration)
- Foresters Risk Assessment Option #2, then Press #3: Pre-sales underwriting questions
- Foresters Contracting Option #4: Questions regarding your appointment status

## ▪ Post Issue Support

- Foresters Specialty Markets for contracts with the Paid-up Additions Riders: 1-888-219-8711 or [ForestersCustomerSupport@foresters.com](mailto:ForestersCustomerSupport@foresters.com) (Hours: Monday - Friday 9:00am - 5:00pm ET)
- Foresters In-force for contracts without the Paid-up Additions Rider: 1-866-466-7166 #7 or [service@foresters.com](mailto:service@foresters.com) (Hours: Monday - Friday 9:00am - 5:00pm ET)





## **Disclaimer**

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# Thank you

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Financial

**Helping is who we are.™**

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