

eSign Documents Now



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Client Consent & Signature

Electronic Signature

Have your client sign electronically using Docusign - either now or send them a link by email.

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esign Documents via Email

OR

Voice Signature

Have your client sign verbally using the voice signature process as described on the next screens.

Obtain Voice Signature

SAVE

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SUBMIT & CONTINUE



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⚠ Confirmation

You must read the following statement to the customer at this time:

And finally, I need to confirm that:

1. To the best of your knowledge and belief, all statements on your application for life insurance are true and complete
2. You understand that no insurance will take effect until your policy is delivered to you and the first full premium due is paid
3. You have not previously applied for this product in the last 12 months
4. You understand that the combined amount of all American General Life Insurance Company Guaranteed Issue Whole Life Insurance benefits on your life cannot exceed \$25,000

Your policy will be [mailed or emailed] to you. You may also access your policy online. You may need to check your Spam or junk email folder for the link. You can also make changes to your policy online, such as an address or beneficiary change.

Do you agree with these statements and apply for this coverage?

(Must get affirmative "Yes")

I have read the above statements to the applicant.



CONTINUE



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Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

[CONTINUE](#)

[OTHER ACTIONS ▾](#)

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999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

Application for Individual Guaranteed Issue Whole Life Insurance Graded Death Benefit



American General Life Insurance Company, 2727-A Allen Parkway, Houston, TX, 77019
A member of American International Group, Inc. (AIG)

PART 1: TELL US ABOUT YOURSELF

First Name Test Middle Initial _____ Last Name Client

Home Street Address 123 Test St

City Brentwood State TN Zip 37027

Date of Birth 08/05/1966 Place of Birth (State/Country) USA

Primary Phone 615-555-5555 Alternate Phone _____

Gender: Male Female Social Security Number ***-**-3333

E-mail Address test.client@aig.com

Are you a United States citizen or do you have Permanent Legal Resident (Green Card) status? Yes No

PART 2: TELL US ABOUT THE COVERAGE YOU ARE REQUESTING

What amount of insurance are you applying for?

Amount of Life Insurance: \$ 25,000 (from \$5,000-\$25,000)

Do you have any existing annuity or life insurance or have any application pending for such coverage with this Company or any other company? Yes No

Will the life insurance policy being applied for replace or change any annuity or life insurance coverage in force or pending? Yes No

If "Yes", please complete: Company Name _____

Face Amount _____ Month/Year Issued _____

Beneficiary Designation: Who do you want the insurance proceeds to go to? (If more than one beneficiary is designated, proceeds will be divided equally unless you indicate a share.)

Beneficiary #1	<u>Spouse</u>	<u>Client</u>	Wife	100
Beneficiary Name (please print)		Relationship to You	% Share	

Beneficiary #2	<u> </u>	<u> </u>	Wife	100
Beneficiary Name (please print)		Relationship to You	% Share	

PART 3: HOW WILL YOU PAY FOR COVERAGE?

How often do you want to pay?

Annually Semi-annually Quarterly Monthly

Your premium amount for the payment frequency selected above is: \$ 128.81

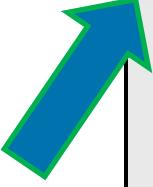
How will you pay? (Check one)

Bank Draft (Complete Bank Draft Authorization)

Credit Card (Complete Credit Card Authorization)



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AIG

**Application for Individual Guaranteed
Issue Whole Life Insurance
Graded Death Benefit**

American General Life Insurance Company, 2727-A Allen Parkway, Houston, TX, 77019
A member of American International Group, Inc. (AIG)

PART 1: TELL US ABOUT YOURSELF

First Name Test Middle Initial _____ Last Name Client
Home Street Address 123 Test St
City Brentwood State TN Zip 37027
Date of Birth 08/05/1966 Place of Birth (State/Country) USA
Primary Phone 615-555-5555 Alternate Phone _____
Gender: Male Female Social Security Number ***-**-3333
E-mail Address test.client@aig.com
Are you a United States citizen or do you have Permanent Legal Resident (Green Card) status? Yes No

PART 2: TELL US ABOUT THE COVERAGE YOU ARE REQUESTING

What amount of insurance are you applying for?
Amount of Life Insurance: \$ 25,000 (from \$5,000-\$25,000)
Do you have any existing annuity or life insurance or have any application pending for such coverage with this Company or any other company? Yes No
Will the life insurance policy being applied for replace or change any annuity or life insurance coverage in force or pending? Yes No
If "Yes", please complete: Company Name _____
Face Amount _____ Month/Year Issued _____
Beneficiary Designation: Who do you want the insurance proceeds to go to? (If more than one beneficiary is designated, proceeds will be divided equally unless you indicate a share)

Beneficiary #1	<u>Spouse Client</u> Beneficiary Name (please print)	<u>Wife</u> Relationship to You	<u>100</u> % Share
Beneficiary #2	<u></u> Beneficiary Name (please print)	<u></u> Relationship to You	<u></u> % Share

PART 3: HOW WILL YOU PAY FOR COVERAGE?

How often do you want to pay?
 Annually Semi-annually Quarterly Monthly
Your premium amount for the payment frequency selected above is: \$ 128.81
How will you pay? (Check one)
 Bank Draft (Complete Bank Draft Authorization)
 Credit Card (Complete Credit Card Authorization)
 Bill me Directly (Monthly premium frequency not available with this payment method)
 Other (please explain) _____

ICDS-18847 Page 1 of 2 Revised



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Who will pay for your coverage?
(Complete only if the person paying for this policy is someone other than you)

First Name _____ Middle Initial _____ Last Name _____

Home Street Address _____ Gender: Male Female

City _____ State _____ Zip _____

Date of Birth _____ Relationship to You _____

Is the Premium Payor a United States citizen or does the Premium Payor have Permanent Legal Resident (Green Card) status?
 Yes No

(If "Bank Draft" or "Credit Card" is not the chosen form of payment, then also complete the Payor authorization form)

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

I agree that:

- To the best of my knowledge and belief, all statements in this application for life insurance are true and complete.
- My statements in this application and any amendment(s) are the basis of any policy issued.
- I understand that no insurance will take effect until a policy is delivered to me and the full first premium due is paid.
- I have not previously applied for this product in the last 12 months.
- I understand that the total combined amount of all American General Life Insurance Company guaranteed issue whole life insurance benefits on my life cannot exceed \$25,000.

SIGN   Signature of Proposed Insured _____ Date 04/25/2018 _____



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Adopt Your Signature

Confirm your name, initials, and signature.

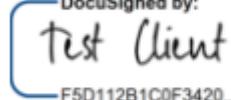
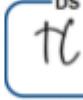
* Required

Full Name*

Initials*

[SELECT STYLE](#) [DRAW](#)

[PREVIEW](#) [Change Style](#)

DocuSigned by:
 
F5D112B1C0F3420...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN [CANCEL](#)



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AGREEMENT:

I (we) hereby authorize and request the Company or its representative to initiate electronic or other commercially accepted-type debits against the indicated bank account in the depository institution named ("Depository") for the payment of premiums and other indicated charges due on the contract(s) listed, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such contract(s). I (we) hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason of dishonor of any debit or otherwise related to this authorization.

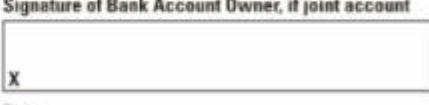
I (we) understand that this Authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable non-forfeiture provision. I acknowledge that notice of premiums due shall be waived and that the debit appearing on my bank statement shall constitute my receipt of payment, but no payment is deemed made until the Company receives actual payment in its Service Center.

I (we) authorize the Company to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form. Any information gathered may be disclosed to any person or entity required to receive such information by law or as I may further consent.

I (we) agree that this Authorization may be terminated by me or the Company at any time and for any reason by providing thirty (30) days' written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the Depository named for any reason. This request must be dated and all required signatures must be written in ink, using full legal names. This request must be dated and signed by the Bank Account Owner(s) as his/her name appears on bank records for the account provided on this authorization.

NEXT

Sign  **Bank Account Owner**
 
 Date 04/25/2018

Signature of Bank Account Owner, if joint account
 
 Date _____

Please attach voided check for checking account draft or deposit slip for savings account draft.



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Done! Select Finish to send the completed document.

FINISH

OTHER ACTIONS ▾

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AGREEMENT:

I (we) hereby authorize and request the Company or its representative to initiate electronic or other commercially accepted-type debits against the indicated bank account in the depository institution named ("Depository") for the payment of premiums and other indicated charges due on the contract(s) listed, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such contract(s). I (we) hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason of dishonor of any debit or otherwise related to this authorization.

I (we) understand that this Authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable non-forfeiture provision. I acknowledge that notice of premium due shall be waived and that the debit appearing on my bank statement shall constitute my receipt of payment, but no payment is deemed made until the Company receives actual payment in its Service Center.

I (we) authorize the Company to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form. Any information gathered may be disclosed to any person or entity required to receive such information by law or as I may further consent.

I (we) agree that this Authorization may be terminated by me or the Company at any time and for any reason by providing thirty (30) days' written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the Depository named for any reason. This request must be dated and all required signatures must be written in ink, using full legal names. This request must be dated and signed by the Bank Account Owner(s) as his/her name appears on bank records for the account provided on this authorization.

Signature of Bank Account Owner

test Client

X F3D1591C0F3H20...

Date 04/25/2018

Signature of Bank Account Owner, if joint account

X

Date

Please attach voided check for checking account draft or deposit slip for savings account draft.



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Quote Personal Info Beneficiary Payment Consent **Complete**

Application Complete

[New Quote](#)

Guaranteed Issue Whole Life

Policy Number: 6180007082

Date of Application: 04/25/2018 13:09:09 CST (-6:00)

Name of the Issuer: American General Life Insurance Company

- [!\[\]\(61d2ec24b93c859d7bf46791016d6e2f_img.jpg\) Download a PDF version of the completed application.](#)
- [!\[\]\(599a9ddcf368d3c444c2c316dcd45c01_img.jpg\) Download a PDF version of the Patriot Act Disclosure.](#)
- [!\[\]\(0bae9d828980246a40d1f4cff98af6a7_img.jpg\) Download a PDF version of the Summary and Disclosure Notice for Accelerated Death Benefits.](#)



eSign Documents Via Email



eSign Documents Via Email

Client Consent & Signature

Electronic Signature

Have your client sign electronically using DocuSign - either now or send them a link by email.

eSign Documents Now

eSign Documents via Email

OR

Voice Signature

Have your client sign verbally using the voice signature process as described on the next screens.

Obtain Voice Signature

SAVE

Cancel

SUBMIT & CONTINUE



eSign Documents Via Email

eSignature Confirmation

You have chosen to send the completed application to your client to sign electronically via DocuSign. The application will be delivered by email to your client at the address below.

After your client has completed the electronic signature, the application will be automatically submitted to American General Life Insurance Company.

Insured Email Address
test.client@aig.com

A blue envelope icon with a white '@' symbol inside, representing email.

A large blue arrow pointing to the right, indicating the next step.

Continue [Cancel](#)



eSign Documents Via Email

Client Consent & Signature

Electronic Signature

Have your client sign electronically using DocuSign - either now or send them a link by email.

eSign Documents Now

eSign Documents via Email

Insured: test.client@aig.com

[\(Edit\)](#)

OR

Voice Signature

Have your client sign verbally using the voice signature process as described on the next screens.

Obtain Voice Signature

SAVE

Cancel

SUBMIT & CONTINUE



eSign Documents Via Email

Confirmation

You must read the following statement to the customer at this time:

And finally, I need to confirm that:

1. To the best of your knowledge and belief, all statements on your application for life insurance are true and complete
2. You understand that no insurance will take effect until your policy is delivered to you and the first full premium due is paid
3. You have not previously applied for this product in the last 12 months
4. You understand that the combined amount of all American General Life Insurance Company Guaranteed Issue Whole Life Insurance benefits on your life cannot exceed \$25,000

Your policy will be [mailed or emailed] to you. You may also access your policy online. You may need to check your Spam or junk email folder for the link. You can also make changes to your policy online, such as an address or beneficiary change.

Do you agree with these statements and apply for this coverage?

(Must get affirmative "Yes")



I have read the above statements to the applicant.



CONTINUE



eSign Documents Via Email

Quote Personal Info Beneficiary Payment Consent **Complete**

Sent Out for eSignature - What's Next?

The application has been sent via email to your client for electronic signature with DocuSign. You can track the progress of the application on the Dashboard:

1. Pending eSignature - This status indicates that the application is still with the client and has not yet been signed electronically.
2. Pending Submission - This status indicates that there was an issue with the eSignature submission process.

You can find the status for all your applications on your custom dashboard - simply click the "View my Dashboard" button below.

	LAST ACTIVITY (CST)	DAYS OPEN	STATUS
h	8/12/2016 - 7:55 AM	90	In Progress
	8/12/2016 - 12:00 PM	115	1 Pending eSignature
	7/21/2016 - 9:35 AM	58	Pending eSignature
	6/15/2016 - 7:51 AM	90	2 Pending Submission ▲
	7/21/2016 - 9:35 AM	81	Pending Submission ▲
	8/12/2016 - 12:00 PM		Complete
	7/21/2016 - 9:35 AM		Complete
	7/13/2016 - 9:06 AM		Complete
	7/09/2016 - 8:16 AM		Complete

[View My Dashboard](#)



Online Application Process Voice Signature



Obtain Voice Signature

Client Consent & Signature

Electronic Signature

Have your client sign electronically using DocuSign - either now or send them a link by email.

eSign Documents Now

esign Documents via Email

OR

Voice Signature

Have your client sign verbally using the voice signature process as described on the next screens.

Obtain Voice Signature

SAVE

Cancel

SUBMIT & CONTINUE



Obtain Voice Signature

Confirmation

You must read the following statement to the customer at this time:

And finally, I need to confirm that:

1. To the best of your knowledge and belief, all statements on your application for life insurance are true and complete
2. You understand that no insurance will take effect until your policy is delivered to you and the first full premium due is paid
3. You have not previously applied for this product in the last 12 months
4. You understand that the combined amount of all American General Life Insurance Company Guaranteed Issue Whole Life Insurance benefits on your life cannot exceed \$25,000

Your policy will be [mailed or emailed] to you. You may also access your policy online. You may need to check your Spam or junk email folder for the link. You can also make changes to your policy online, such as an address or beneficiary change.

Do you agree with these statements and apply for this coverage?

(Must get affirmative "Yes")

I have read the above statements to the applicant.



CONTINUE



Obtain Voice Signature

Voice Signature

You must read the following statement to the customer at this time:

Now in order to complete your application for guaranteed issue whole life insurance, I need to do a voice signature authorization that will take the place of your written signature. Do I have your consent to move forward with obtaining your voice signature?

(Must get affirmative "Yes")

I have read the above statements to the applicant.



CONTINUE

Obtain Voice Signature

Voice Signature

You must read the following statement to the customer at this time:

As a reminder, we're on a recorded line so let me reiterate the type of insurance policy we're activating for you.

Like any other insurance plan, this coverage comes with exclusions, conditions, and limitations. As we discussed, should you pass away due to natural, non-accidental causes AFTER the first 2 years of having your policy, then the full Death Benefit Amount less any outstanding loan amount is paid. Should you pass away during the first 2 policy years as the result of an accident, the Death Benefit Amount less any outstanding loan amount is paid. If death occurs by suicide, the death benefit will be the premiums paid less any outstanding loan amount. When you receive your policy, please review it thoroughly for a full description of the policy provisions and contact me if you have any questions.

Now as I mentioned before, for a \$25,000.00 policy the premium would be \$128.81 on a monthly basis. Just to confirm...you're applying for \$25,000.00, and you understand this policy has certain exclusions, conditions, and limitations as previously explained to you. Right?

(Must get affirmative "Yes")

You authorize American General Life Insurance Company to initiate preauthorized recurring electronic debits in the amount of \$128.81 on a monthly basis against USAA, FSB 123456789 for the payment of premiums due on the insurance policy on Test Client. The first draft on your account will align with the requested effective date selected. If the draft is dishonored by your bank for any reason, your coverage may lapse for nonpayment of premium and you will be notified by us in order to provide payment.

Do you agree?

(Must get affirmative "Yes")

Voice Signature Reference ID

I have read the above statements to the applicant.



CONTINUE

Obtain Voice Signature

Quote Personal Info Beneficiary Payment Consent **Complete**

Application Complete [New Quote](#)

Guaranteed Issue Whole Life

Policy Number: 6180007084

Date of Application: 04/25/2018 13:35:04 CST (-6:00)

Name of the Issuer: American General Life Insurance Company

 [Download](#) a PDF version of the completed application.

 [Download](#) a PDF version of the Patriot Act Disclosure.

 [Download](#) a PDF version of the Summary and Disclosure Notice for Accelerated Death Benefits.



Important Information

Policies issued by: American General Life Insurance Company (AGL), Policy Forms: ICC15-15532, 15532,15532-5, 15532-10. Rider Numbers: ICC15-15200, ICC15-15201, 15200, 15200-10, 15200-35, 15201, 15201-9, 15201-10 and 15201-35. Issuing company AGL is responsible for financial obligations of insurance products and is a member of American International Group, Inc. (AIG). AGL does not solicit business in the state of New York. Products may not be available in all states and product features and rates may vary by state. Guarantees are backed by the claims-paying ability of the issuing insurance company.

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Bring on tomorrow[®]

American International Group, Inc. (AIG) is a leading international insurance organization serving customers in more than 130 countries.. AIG companies serve commercial, institutional, and individual customers through one of the most extensive worldwide property-casualty networks of any insurer. In addition, AIG companies are leading providers of life insurance and retirement services in the United States. AIG common stock is listed on the New York Stock Exchange and the Tokyo Stock Exchange.

Additional information about AIG can be found at www.aig.com | YouTube: www.youtube.com/aig | Twitter: @AIG_LatestNews | LinkedIn: <http://www.linkedin.com/company/aig>

AIG is the marketing name for the worldwide property-casualty, life and retirement, and general insurance operations of American International Group, Inc. For additional information, please visit our website at www.aig.com. All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Products or services may not be available in all countries, and coverage is subject to actual policy language. Non-insurance products and services may be provided by independent third parties. Certain property-casualty coverages may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds, and insureds are therefore not protected by such funds.

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