

New Vista[®] Final Expense Whole Life Insurance

For Agent Use Only - Not for Use with Consumers

About Prosperity Life Group®

Prosperity Life Group® Member Companies:



Prosperity Life Group® is one of the leading providers of life, annuity and supplemental products. Our member companies, SBLI USA Life Insurance Co, Inc., Shenandoah Life Insurance Company, and S.USA Life Insurance Co., Inc. have been meeting the needs of the middle market consumers for over 100 years.

Today, we have access to the national market (49 state licenses) through a wide array of distribution partners in the Bank, IMO, GA, and Worksite channels.

Meeting financial promises to our customers through financial strength and stability is paramount to everything we do and is evidenced by an A- (Excellent) A.M. Best rating.†

†A.M. Best rating as of date of presentation

Why Sell Prosperity New Vista® Final Expense?

- 3 Plan options (Level, Graded, Modified) that pay the same commission level ...no matter the age
- Diabetic friendly underwriting
- Smoker rates based on cigarettes only, in the last 12 months
- Social Security billing available (aligns payment date with deposit)
- Instant underwriting decision in most cases
- Available through member company S.USA in 44 states + DC (not available in CT, MT, NH, ND, NY*, SD)
*Similar product, Golden Promise, available in NY through SBLI USA.
- Multiple options for application submission (not all options available in all states)

Sales Bonus Program

2021 SALES BONUS

Qualification Periods

1/1/21 – 3/31/21

4/1/21 – 6/30/21

7/1/21 – 9/30/21

10/1/21 – 12/31/21

(Each period measured separately)

Qualifying Products:
New Vista® and
Prime Term To 100SM
(S.USA sales only)

Qualifying States:
All states where
product is available

- To qualify, must have a minimum of \$20,000 in annualized settled premium during the Qualification Period. No maximum.
- Policy must settle and remain active through the free-look period.
- Sales through Call Centers excluded if using call verifiers or agent representatives.*
- Payout the month following end of Qualification Period.

*The writing agent must submit the application through LiveApp and be present on the entire recorded call with Apptical.

**10% Bonus
on Settled 1st Year
Annualized Premium
No Maximum**

10% Cash Bonus program!

Place at least \$20K in AP
during the quarterly
qualification period for a
10% bonus.

Please review details for
qualifications.

Contracting

Contracting for you and your agents is quick and easy! We offer a unique online contracting platform that allows complete customization of commission levels. Most agents will receive a writing number within 2 days of contract submission (can vary based on state appointment requirements as outlined below).

Pre-Appointment States: AL, GA, FL, and PA are treated as Pre-Appointment states. No application can be submitted before an agent is contracted and appointed.

Pre-Contracting States: LA, MT, UT, and WY require that we contract and license an agent before an application can be submitted; state appointments will be processed upon receipt of the first application.

Just-In-Time (JIT) States: All other states follow Just-In-Time processing. We will hold the appointment request until the first application is submitted. At that time, we will complete the licensing and contracting process and request appointment in the applicable state. We will contact you upon our receipt of your first application.

Please have a few things ready to complete your contract request:

- Copy of your Drivers License or State Issued ID card
- Copy of E&O coverage (required for all agents)
- Copy of voided check if you will be receiving Direct Deposit
- Complete our AML training here: <https://insuranceadmin.com/agent/?page=training>

Agent Portal

Web address: www.insuranceadmin.com/agent (your email address is your login)

Quoting, downline contracting, policy updates, commission statements, reports and much more at your fingertips.

The screenshot shows the Prosperity Life Group Agent Portal interface. At the top, there is a dark navigation bar with icons and labels for Contracting, My Business, Reports, Sales Tools, General Information, and Support. Below this is the Prosperity Life Group logo and a welcome message. The main area contains a grid of blue buttons for various functions: Quote Engine, Applications, Policies, Commissions, Contracting, Downlines, Resources, Bulletins, and Reporting. Red callout boxes with lines pointing to specific buttons provide detailed descriptions of their functions.

Quote Engine: Quick link to printable marketing materials and helpful tools.

Applications: Contract your downline agents using customizable web links

Policies: See policy details and get updates on Pending cases

Commissions: Make changes to commissions, advances, and monitor downline's activity

Contracting: Customizable user friendly reports to manage your business and downlines.

Downlines: Contact home office, update personal info, request state appointments, etc.

Reporting: Customizable user friendly reports to manage your business and downlines.

Supply Orders

<https://prosperity.bisonprinting.com>



Welcome Jack My Account Search 0 items

Home Products Storefront Logout Order History Shopping Cart

Supply orders are processed through our partner, Bison Printing.

Simply create your account and you can easily order the materials you need.

Full instructions are found on the Agent Portal.



Inventory Products

Enter Promo Code "1" at checkout to receive your discount for these items!

[View Items](#)



New Vista Application Kits

[View Details](#) [Quick View](#)



Final Expense Agent Guide

[View Details](#) [Quick View](#)



Final Expense Prescription List

[View Details](#) [Quick View](#)



New Vista Rate Guide

[View Details](#) [Quick View](#)



Prime Term Prescription List

[View Details](#) [Quick View](#)



Prime Term Rate Guide

[View Details](#) [Quick View](#)

New Vista® Final Expense - Product Details

<u>Issue Ages:</u>	50-80
<u>Expiry Age:</u>	121 (Policy) / 75 (Accidental Death Benefit Rider)
<u>Face Amount:</u>	\$1,500 - \$35,000 (state variations apply)
<u>Risk/Rate Class:</u>	The plans are simplified issue and smoker distinct. Approved (Level, Graded or Modified)/Declined, Tobacco(T) or Non-tobacco(NT) – Based on Cigarette use only, Male/Female
<u>Premiums:</u>	Premiums are based on issue age, gender, and smoking class only, and are fixed throughout the lifetime of the contract, with cash value accumulation. Premiums are also dictated by their risk/rate class.
<u>Recurring Premiums:</u>	EFT*/ Debit Card – Monthly, Quarterly, Semi-Annual, Annual Direct Bill – Quarterly, Semi-Annual, or Annual (Not offered Monthly) <i>*EFT must be selected on application to qualify for advance commissions</i>

New Vista® Final Expense - Product Details

Modal Factors & Policy Fee:

	Modal Factor	Policy Fee*
Annual	1.000	40.00
Semi-Annual	0.5150	20.60
Quarterly	0.2650	10.60
Monthly	0.0900	3.60

*Policy fee is commissionable

Underwriting

The underwriting decision is based on the answers to the application health questions, MIB, and a prescription drug check. Applicants must fall within a specific height and weight to qualify. The policy should be submitted using one of Apptical's Point of Sale underwriting approval methods. If Apptical is unable to render a decision, the case will be referred to the Home Office for final processing.

Accelerated Death Benefit Feature (not available in CA)

Should the insured be diagnosed with a terminal illness, the Accelerated Death Benefit feature allows access to a portion of the policy proceeds.

Accidental Death Benefit Rider

An Accidental Death Benefit Rider can be added to all 3 plan options. If elected, the rider coverage amount will equal the initial coverage amount of the base plan. The rider expires at age 75, so the proposed insured must be 74 or younger to apply. **ADB rider premium is not commissionable.**

New Vista® Final Expense - Plan Options

	Level	Graded	Modified
Issue Ages	50-80	50-80	50-80
Base Death Benefit	Death benefit is equal to face amount of policy from 1 st day of coverage	<u>Non Accidental Death*</u> 1 st Yr. 30% of Face Amount 2 nd Yr. 70% of Face Amount 3 rd Yr.+ full face amount	<u>Non Accidental Death*</u> 1 st Yr. 110% of annual premium 2 nd Yr. 231% of annual premium 3 rd Yr.+ full face amount
Accelerated Death Benefit Feature**	Up to 50% of death benefit in the event of a terminal illness	Up to 50% of death benefit in the event of a terminal illness	Up to 50% of death benefit in the event of a terminal illness
Optional Accidental Death Benefit Rider***	1X base amount	1X base amount (Accidental Death benefits are full face in Years 1-2)	1X base amount (Accidental Death benefits are full face in Years 1-2)

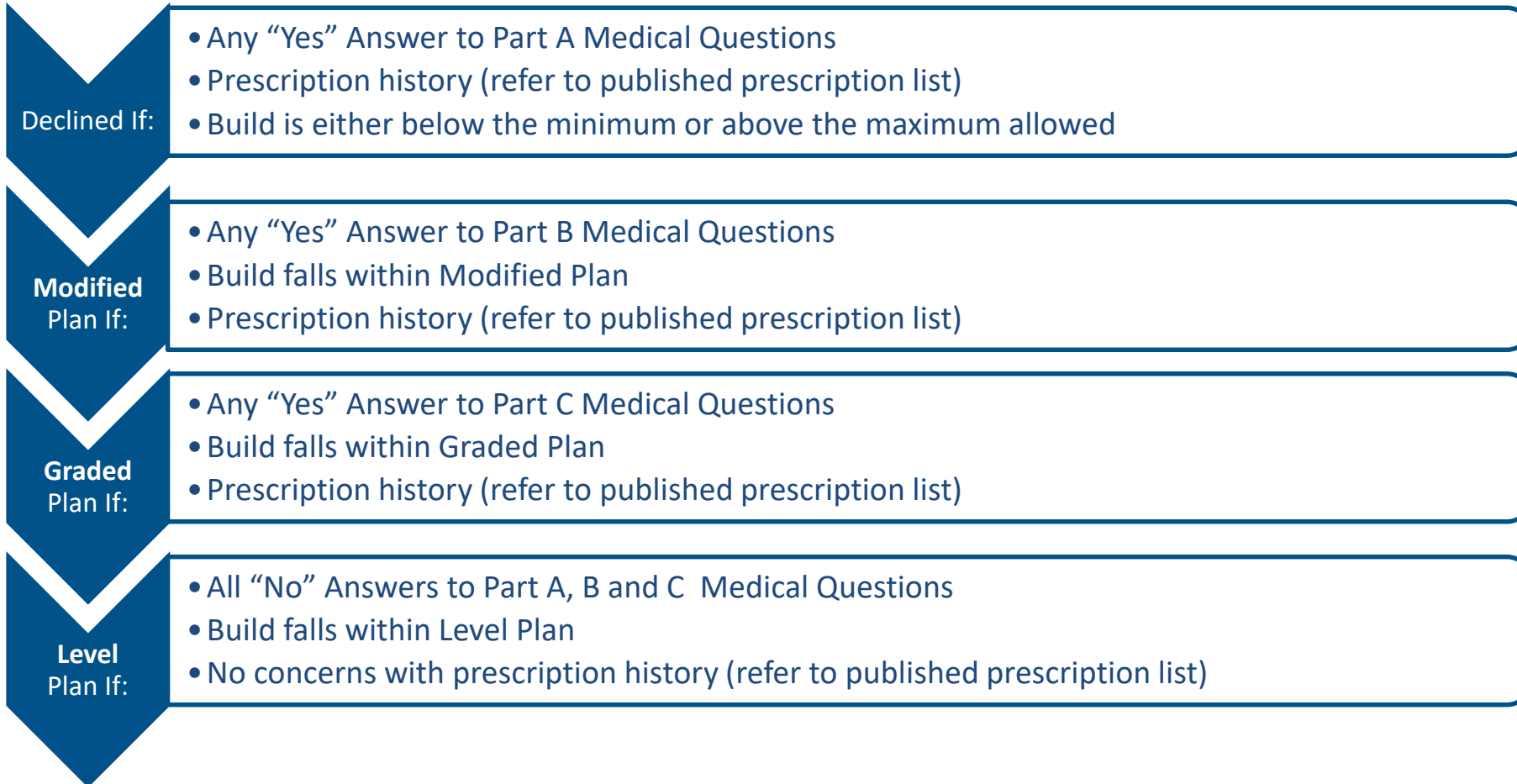
* Base Death Benefit for Accidental Death is full face amount in all years.

**There is no additional premium charge for this benefit but there is a \$150 processing fee and the benefit is discounted as an early payment. Not available in CA.

***Through age 75 only. Additional premiums apply.

New Vista® Final Expense - Plan Options

Plan eligibility is based on the following:

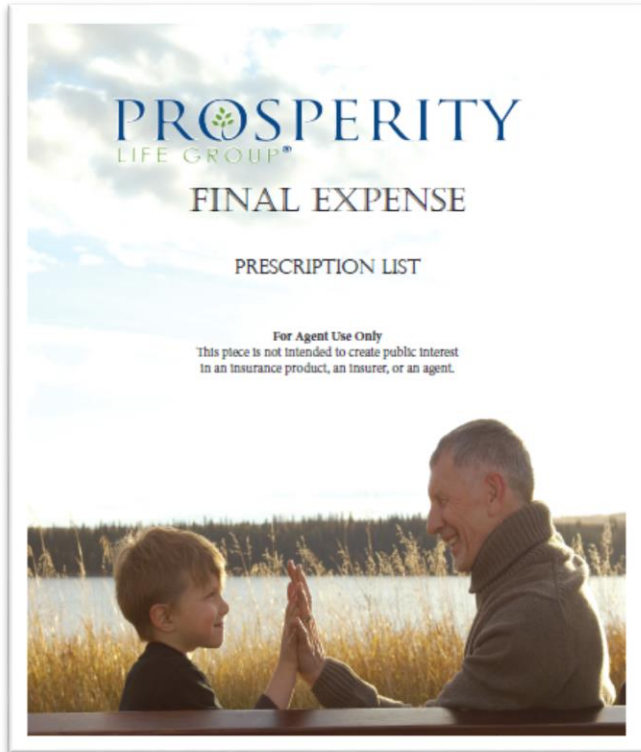


In all cases, Apptical will run MIB and RX history checks. Review of this medical may result in an adverse decision based on Company underwriting guidelines. Applications may also be withdrawn due to unresolved medical information. **Please make sure to review the health questions with your client in their entirety and have clients review and confirm answers to avoid having the claim contested.**

Build Chart and Rx List

Builds falling outside of the chart for the respective plan type would not qualify.

Please review all medications in the Prescription List to pre-qualify your client.



Height and Weight Table

Height	Minimum Weight All Plans	Max Weight Level	Max Weight Graded	Max Weight Modified
4'6"	68	187	202	218
4'7"	71	194	209	225
4'8"	74	201	216	232
4'9"	77	208	223	239
4'10"	80	215	230	246
4'11"	83	222	237	253
5'00"	86	229	245	262
5'01"	89	237	253	271
5'02"	92	246	262	280
5'03"	95	253	269	288
5'04"	98	260	278	297
5'05"	101	268	286	306
5'06"	104	275	294	315
5'07"	107	284	304	325
5'08"	110	292	313	334
5'09"	113	299	321	343
5'10"	117	308	330	353
5'11"	121	316	339	362
6'00"	125	325	348	372
6'01"	129	333	356	381
6'02"	133	341	366	391
6'03"	137	349	373	399
6'04"	142	357	382	409
6'05"	147	365	392	419
6'06"	152	373	406	434
6'07"	159	381	413	442
6'08"	162	389	421	450
6'09"	167	397	430	460

The Application Process

Has the Proposed Insured smoked cigarettes in the past 12 months? Yes No

Please state the Proposed Insured's height and weight

Part A - if any question is answered "Yes", the Proposed Insured is not eligible for coverage

1. Is the Proposed Insured currently or in the last 30 days been: hospitalized, committed to a psychiatric facility, confined to a nursing facility, receiving hospice or home health care, confined to a wheelchair due to a disease, or waiting for an organ transplant? Yes No
2. Does the Proposed Insured currently require human assistance or supervision with eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence or bathing? Yes No
3. Within the past 12 months has the Proposed Insured:
 - a. been advised by a member of the medical profession to have a diagnostic test (other than an HIV test), surgery, home health care or hospitalization which has not yet started, been completed or for which results are not known? Yes No
 - b. used or been advised by a member of the medical profession to use oxygen equipment for assistance in breathing (excluding CPAP or nebulizer)? Yes No
 - c. had or been advised by a member of the medical profession to have Kidney Dialysis? Yes No
4. Has the Proposed Insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) and/or Human Immunodeficiency Virus (HIV) infection by a licensed member of the medical profession? Yes No
5. Has the Proposed Insured ever been diagnosed or received treatment by a member of the medical profession for Alzheimer's disease, dementia, Lou Gehrig's/Amyotrophic Lateral Sclerosis (ALS), Cirrhosis of the Liver (Stage C)? Yes No
6. Has the Proposed Insured ever been diagnosed by a member of the medical profession with more than one occurrence of the same or different type of cancer or is the Proposed Insured currently receiving treatment (including taking medication) for any form of cancer (excluding basal cell skin cancer)? Yes No

The Application Process

Part B - if any question is answered "Yes", the Proposed Insured may be eligible for the Modified Death Benefit Individual Whole Life Policy

1. In the past 2 years, has the Proposed Insured been diagnosed or received treatment from a member of the medical profession, or other practitioner, or been hospitalized for any of the following:
 - a. the use of alcohol or drugs; or been advised by a physician, practitioner, health facility or counselor to restrict the use of alcohol or drugs? Yes No
 - b. complications of diabetes such as diabetic coma or insulin shock or had an amputation due to complications of any disease? Yes No
 - c. heart attack, angina (chest pain), congestive heart failure, cardiomyopathy stroke, transient ischemic attack (TIA), or aneurysm or had heart or circulatory surgery? Yes No
2. In the past 3 years, has the Proposed Insured been diagnosed, treated, or prescribed medication by a member of the medical profession for: internal cancer, including but not limited to, malignant brain tumor, malignant melanoma (but excluding basal/squamous cell skin cancer), leukemia, or multiple myeloma? Yes No
3. In the past 2 years, has the Proposed Insured had more than 1 conviction for reckless driving or for driving under the influence of alcohol or drugs (DUI or DWI)? Yes No

Part C - if any question is answered "Yes", the Proposed Insured may be eligible for the Graded Death Benefit Individual Whole Life Policy

1. Has the Proposed Insured ever been diagnosed, treated, or prescribed medication by a member of the medical profession for:
 - a. Parkinson's disease, Systemic Lupus (SLE) or sickle cell disease? Yes No
 - b. Cirrhosis (Stage A or Stage B) of the liver, chronic hepatitis or other liver disorder, kidney failure or other chronic kidney disease? Yes No
 - c. Chronic Obstructive Pulmonary Disease (COPD), which includes emphysema, black lung disease or tuberculosis? ... Yes No
 - d. Bipolar Disorder or Schizophrenia or been hospitalized in the past 2 years for any mental or nervous disorder? ... Yes No

If all questions in Parts A, B and C are answered "No", the Proposed Insured may be eligible for the Level Death Benefit Individual Whole Life Policy

IN-PERSON SALES PROCESS

The Application Process – Options for Face-to-Face Sales

There are 2 ways in which applications can be taken face to face, both of which provide for the opportunity to receive an underwriting decision at the point of sale through our vendor, Apptical:

- LiveApp web portal E-application sales (New Vista E-App option)
- Paper application with telephone interview



New Vista® E-Application for Face-to-Face Sales



LiveApp™

Electronic
Application

<https://web.apptical.com/LiveApp/Login>

- **Login credentials are provided in your Welcome E-mail**
- It can be completed from a computer or full size tablet/iPad, but not a smart phone.
- New Vista® E-Application may be used for **face-to-face sales only**.
- Ask client to provide a Photo ID before completing the application.
- PA E-apps require collection of information from PIS found in Agent Portal for completion of Form PA-DS
- E-Applications are not available in ME
- Replacements are available in most states

Starting the Application

Start Here

Application Questions

Start Application

Company: Prosperity Life - S.USA
Product: **New Vista E-App**
State: Alabama
Language: English
Interpreter Type: None
TTY:

Rate Calculator

Information

App ID:
Status:
Client:
Owner:
Producer:
Company: Prosperity Life - S.USA
Product: New Vista E-App
Form:
Jurisdiction: Alabama
Interpreter Type: None
TTY: No
Talking to:

TTT box on the e-app is for the hearing & speech impaired which you do not need to select.

Rate Calculator must be completed before you can click "Next"

Please review this important update regarding New Vista E-applications through Apptical LiveApp (face to face sales only):
Effective April 19, 2021 the Apptical Mobile app must be used to scan a copy of your applicant's Driver's License or Photo ID card for identification capture to accompany the E-application submitted in the LiveApp web portal. This will expedite the application process and help to reduce common mistakes when entering client data. A copy of the ID card will also be stored with the application.
If your client does not have a State issued photo ID, you will need to use another application type (paper or voice signature).
Please do not enter test names or enter a "practice" application. These call out Third Party providers and cannot contain test data.
This product is ONLY for **face-to-face** sales that require Electronic signatures.
Opening this application in two different tabs will cause inconsistent behavior. Please close the tab and go back into the application rather than opening another tab on the browser.
Thank you
NOTE: The Applicant signature state must match the State of Sale.

Previous Next Stop

Rate Calculator

Rate Calculator

Date of Birth: 01/01/1950 Age: 70

Gender: Male Female

Smoker: No Yes

Payment Term: Monthly Quarterly Semi-Annually Annually

Accidental Death Benefit: No Yes 10,000.00

Face Amount: 10,000.00

Premium Amount:

Results:

Reset Calculate Save Cancel

Direct Bill will not show as a payment option if Monthly is selected

1. Input client information and select "Calculate."

2. Scroll down to view rates for each plan.

Rate Calculator

Date of Birth: 01/01/1950

Gender: Male Female

Smoker: No Yes

Payment Term: Monthly Quarterly Semi-Annually Annually

Accidental Death Benefit: No Yes 10,000.00

Face Amount: 10,000.00

Premium Amount: 87.52

Results:

- The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Level death benefit) is: 87.52
- The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Graded death benefit) is: 123.43
- The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Modified death benefit) is: 162.01

Reset Calculate Save Cancel

3. Then, click "Save."

4. Click "Next" to proceed.

Previous Next Stop

Electronic Transaction Consents - Review with the client.

Consent to Electronic Signature/ E-Delivery of app documents is required to proceed.

CONSENT FORMS

Consent to Electronic Signature and E-Delivery of Application Documents

In order for us to process your application electronically, we must obtain your consent to use of your electronic signature and electronic delivery of certain notices and disclosures related to your application. You may revoke this consent prior to policy issue in which case your application will be withdrawn.

Do you agree to electronic Signature and E-Delivery of Application Documents?

No 

Yes

Consent to Go Green Program (E-Delivery of policy and other communications) is encouraged but optional.

Help us GO GREEN by consenting to receive your Policy, if issued, and certain notices, disclosures and other documents relating to your Policy and its administration ("Documents") electronically rather than through the US Mail. By checking "I agree" below, you understand and agree that:

E-delivered Documents will be posted to your Customer Center account, accessible at www.prosperitylife.com, "My Policies" tab.

Notice of such postings will be sent from edelivery@prosperitylife.com to your email address.

You are responsible for providing a valid email address and for notifying us if your email address changes. Because some important information may still be sent through the US Mail, you also must keep us informed of your current postal address. Addresses may be updated on Customer Center or by contacting the Home Office directly.

Documents are considered delivered to you upon transmission of the posting notice to your email address. Once notified, you are responsible for timely retrieval of the information.

You may request a paper copy of any e-delivered Document by written request to the Home Office.

You may revoke this consent at any time by changing your preferences in Customer Center or by written request to the Home Office. Revocation will take effect within 15 days of receiving your request or as otherwise required by law. Revocation does not affect the legal effectiveness of a Document electronically delivered to you before the revocation is effective.

If a notification email is returned as undeliverable, the referenced Document will be sent to you by US Mail.

To access Documents delivered electronically, you will need:


Access to a device capable of running a current internet browser;

Access to internet service and an email account;

Software which permits you to receive and review PDF files (free software can be downloaded at adobe.com);

The ability to download or print documents.

Do you agree to the electronic delivery of documents?

No 

Yes

California Consent Form

Applicable for California sales only:

California sales now require completion of the Voluntary Electronic Opt-In Consent Disclosure.

Consent to receive the provided disclosures electronically through the e-app process and sign the application via electronic signature is **required** before the applicant can proceed.

If the client does not consent, a paper application must be completed face to face and a wet signature must be obtained.

Voluntary Electronic Opt-In Consent Disclosure

If you consent, S.USA Life Insurance Company, Inc. (hereinafter referred to as "S.USA") will transmit documents related to your life insurance policy or annuity contract by electronic means, to the extent that electronic transmission is consistent with applicable state and federal law. Any document that we send by electronic means, which complies with applicable law, will have the same force and effect as if that document was sent in paper format.

S.USA will transmit electronically the life insurance or annuity application and certain disclosure and other documents that must be completed by or provided to you as part of the application process. You will receive a paper copy of all signed documents with your policy, if issued.

If you decide that you want to receive documents electronically, S.USA will provide one paper copy per year of any document, at no charge to you, upon your request. S.USA will not charge any person who declines to opt in to receive a record through electronic transmission from receiving a record electronically.

S.USA will only transmit documents to you electronically if you consent. Your consent is voluntary. If the policyholder or insured or owner has permitted electronic transmissions in the past, that authorization does not obligate the same procedure regarding this policy as well.

You may opt-out of the electronic application process at any time, at which time the process will end. If you change your mind after the application is submitted and wish to opt-out of the process, you can withdraw your application, or if you wish to correct or change the email address S.USA uses to send you documents, you can do so at any time by notifying S.USA by any one of these methods:

- email to customercare@prosperitylife.com, or
- telephone to 866-787-2123, or
- paper mail to P.O. Box 1050, Newark, NJ 07101-1050

S.USA's website is: www.prosperitylife.com

I consent to receive electronic transmission of documents.

Proposed Insured Name: _____

Date: _____

For purposes of receiving electronic transmission of documents from S.USA, as set forth above, my email address is: _____.

Proposed Insured Information & Identification Verification

You may upload a scan of the Proposed Insured's Driver's License or State Issued Photo ID. In order to do this, you must download the AppticalMobile app to your smartphone or tablet.

IMPORTANT – please review the training videos to help ensure a smooth process:

Tablet Demo version (manual AppID entry): <https://vimeo.com/426009384/f254a0af19>

Laptop Demo version (using QR code): <https://vimeo.com/432259365/17b8826a07>

Most of the proposed Insured's information should be automatically filled in based on information obtained from the Photo ID. Please note that you will need to input Social Security Number and US Citizen or Legal Permanent Resident Status.

Test PI information with QR

If you are using your cell phone to capture the Photo ID, please Select "Capture ID for LiveApp" found in the MobileApp menu. Select "QR Code Scan" as the input method. Once the QR code is scanned you will be able to take a picture of the Photo ID using your cell phone. Some of the Photo ID information will populate below.



ID photos submitted

If you prefer to use your tablet to take the a picture of the Photo ID please open the Apptical MobileApp on your tablet in another tab. Please Select "Capture ID for LiveApp" found in the MobileApp menu. Select "Manual Input". Make sure to have the LiveApp Application ID 2585904 ready to enter into the "Application ID" field in the MobileApp screen. This will allow you to take a picture with your tablet. Some of the Photo ID information will populate below. You may then confirm the information and continue the application process.

Please enter the following information:

Gender: Female

First Name

Test

Middle Initial

Dee

Last Name

Name

Proposed Insured Information

Test PI information with QR

Are you providing a Photo ID for this applicant?

No

Yes

Which method are you using?

QR Code (PC)

Application ID (tablet)

Using your tablet to take a picture of the Photo ID please open the Applical MobileApp on your tablet in another tab. Please Select "Capture ID for LiveApp" found in the MobileApp menu. Select "Manual Input". Make sure to have the LiveApp Application ID 2305098 ready to enter into the "Application ID" field in the MobileApp screen. This will allow you to take a picture with your tablet. Some of the Photo ID information will populate below. You may then confirm the information and continue the application process.

Please enter the following information:

Gender: Male

First Name

Kent

Middle Initial

Last Name

Rosemon

Suffix

N/A

Daytime phone:

888 - 888 - 8888

Evening Phone Number

Best Time to Contact Proposed Insured

Social Security Number



010 - 00 - 0000



Date of Birth is October 10, 1959


(Age)


60



Proposed Insured Information


Height  


Weight  



Mailing Address 

City 

Residence State  


Zip Code 



Does the Proposed Insured have a Driver License? No 
Yes



Email Address:  

Confirm: Email Address:

Please provide the City and State where the Proposed Insured is signing this application:

City 

State  

Has the Proposed Insured smoked cigarettes in the past 12 months? No  

To change answer to the cigarettes question, you must go back to the Rate Calculator.



Client E-signs HIPAA Authorization

LiveApp Application Language Help Account settings Log Out

User: candice.dawson
Last Login: 11/30/2018 11:51:47 AM EST

- New Vista E-App Generic Form Centric V0001
 - + CONSENT FORMS
 - + PROPOSED INSURED INFORMATION
 - + DISCLOSURE ESIGN
 - + SECTION 4 - Q1 - Q3
 - + HEALTH INFORMATION - Part A Q1-2
 - + HEALTH INFORMATION - Part A Q3a-3c
 - + HEALTH INFORMATION - Part A Q4-6
 - + HEALTH INFORMATION - Part B Q1a-1c (TPC)
 - + HEALTH INFORMATION - Part B Q2-3
 - + HEALTH INFORMATION - Part C Q1a-1b
 - + HEALTH INFORMATION - Part C Q1c-1d

DISCLOSURE ESIGN

Signatures for Disclosure Documents

Waiting for Donald Duck

Sign

Recipients

Donald Duck

Today's date is: December 03, 2014

Click "Sign" then follow prompts to collect all signatures.

HELLOSIGN GET STARTED

responsibility for coverage and provision of benefits; 4) administer coverage; and b) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company at the address below, Attention: Underwriting Department. I understand that a revocation is not effective to the extent that any person or entity has already relied on this Authorization to disclose or use information about me or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that if any of my protected health information is re-disclosed, it may no longer be protected by federal rules governing privacy and confidentiality of health information.

I understand that my providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand and acknowledge that I or any authorized representative will receive or have received a copy of this Authorization.

Donald Duck	
Printed Name of the Proposed Insured/Patient or Personal Representative	Description of Personal Representative's Authority or Relationship to Proposed Insured/Patient (if applicable)
Click to sign	12/03/2018
Signature of Proposed Insured/Patient or Personal Representative	Date (required)

P.O. Box 1050, Newark, NJ 07101-1050
1-866-SUSA-123 (1-866-787-2123) • www.susa.com

HIPAA GES 14 6/2014

REQ* FIELD LEFT 1

understand that if I refuse to sign this Authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand and acknowledge that I or any authorized representative will receive or have received a copy of this Authorization.

CREATE SIGNATURE

- Draw it in
- Type it in
- Upload image
- Use smartphone

6/2014

Almost done.

I agree to be legally bound by this document and the [HelloSign Terms of Service](#). Click on 'I Agree' to sign this document.

I AGREE

SBLI USA USA Life Insurance Company, Inc.

AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION

Client Reviews & Answers Health Questions

HEALTH INFORMATION - Part A Q1-2

Is the Proposed Insured currently or in the last 30 days been: hospitalized, committed to a psychiatric facility, confined to a nursing facility, receiving hospice or home health care, confined to a wheelchair due to a disease, or waiting for an organ transplant?

No !

Yes

Does the Proposed Insured currently require human assistance or supervision with eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence or bathing?

No !

Yes

HEALTH INFORMATION - Part A Q3a-3c

Within the past 12 months has the Proposed Insured:

Been advised by a member of the medical profession to have a diagnostic test (other than an HIV test), surgery, home health care or hospitalization which has not yet started, been completed or for which results are not known?

No !

Yes

Used or been advised by a member of the medical profession to use oxygen equipment for assistance in breathing (excluding CPAP or nebulizer)?

No !

Yes

Had or been advised by a member of the medical profession to have Kidney Dialysis?

No !

HEALTH INFORMATION - Part A Q4-6

Has the Proposed Insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) and/or Human Immunodeficiency Virus (HIV) infection by a licensed member of the medical profession?

No !

Yes

Has the Proposed Insured ever been diagnosed or received treatment by a member of the medical profession for Alzheimer's disease, dementia, Lou Gehrig's/Amyotrophic Lateral Sclerosis (ALS), Cirrhosis of the Liver (Stage C)?

No !

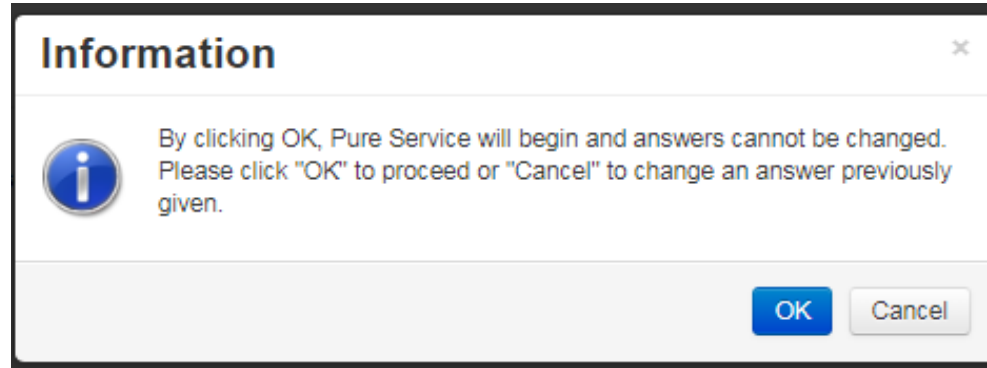
Yes

Has the Proposed Insured ever been diagnosed by a member of the medical profession with more than one occurrence of the same or different type of cancer or are you currently receiving treatment (including taking medication) for any form of cancer (excluding basal cell skin cancer)?

No !

Yes

Getting the Decision




PURE DATA RESULTS

NOTE: If PURE Data Results are not rendered due to a service outage, please do not proceed with application. Click STOP and select LiveApp Pending User Action status. Contact Home Office for assistance.

Ms. Dawson

The following pertains to the data results of the case:

The proposed insured is eligible for the Level plan. 

Decision is provided, or if a decision is unable to be rendered, you will be notified of such. If decision is “Refer to Underwriting” please note that the Home Office Underwriting team will follow up and advise what is needed to proceed, such as medical records. You should prepare your client for additional requirements, such as complete medical records, or consider a different product type.

Confirm Policy Information Provided

CONFIRM POLICY AMOUNTS

To confirm: the policy amount is \$10000.00 and the Premium amount is \$40.12. Would you like to continue?

No 

Yes

NOTE: To keep the same premium amount select the Application tab and select Rate Calculator. Enter the Premium amount and Calculate for new Face Amount. Make sure to select the new Eligibility level.

If Client wants to increase or decrease the Face Amount, select “No,” then open the Rate Calculator in the Application menu and make the desired adjustments. It will then ask you to confirm the new policy amount. Select “Yes” then continue.

If the client has been downgraded to a Graded or Modified Plan, explain to the client that benefits will be limited in the first 2 policy years for non-accidental death.

Enter Beneficiary Information

LiveApp allows up to 3 Primary and 3 Contingent beneficiaries to be collected with Application. Have more? Contact Customer Service to add/modify after policy is in force.

Primary Beneficiary Information	
Primary	Primary <input type="radio"/> ⓘ
First Name	<input type="text"/> ⓘ
Middle Name	<input type="text"/>
Last Name	<input type="text"/> ⓘ
Social Security Number	<input type="text"/> ⓘ
ⓘ Date of Birth	<input type="text"/>
Relationship	<input type="text"/> ⓘ
ⓘ Percent of Proceeds	<input type="text"/> ⓘ
Telephone Number	<input type="text"/>
Is there an address available for this beneficiary?	No <input type="radio"/> ⓘ Yes <input type="radio"/>
Are there any additional beneficiaries?	No <input type="radio"/> ⓘ Yes <input type="radio"/>
(PERCENTAGE TOTAL FOR PRIMARY BENEFICIARIES):	0
Are there any Contingent Beneficiaries?	No <input type="radio"/> ⓘ Yes <input type="radio"/>

Premium and Billing Information

Select one of the available recurring billing options:

- EFT Draft (Checking or Savings)
- Direct Express
- Debit Card tied to bank account. **No pre-paid debit cards will be accepted.**

Other important info:

- Future Payments are only allowed up to **35 days** from date of application.
- Can draft same day each month 1st - 28th OR align to deposit date for Social Security recipients. Please review options shown above and in next slide for more information.
- **Only EFT (bank draft) selections will qualify for advances**, other options pay as earned only. Please review the terms of your advance addendum, if applicable.

SECTION 1: PREMIUM PAYMENT DATE

The options below allow you to select the date that best fits your needs. If you are submitting this form with an application for a new policy, please note that coverage will not be effective until we receive your first premium payment.

Mode (choose one): Monthly Quarterly Semi-Annual Annual

Payment Date (choose one):

- Draft/charge on policy effective date and on same modal date thereafter (default if no selection made)
- Draft/charge on specific day of the month _____ (1 to 28) and on same modal date thereafter*
 - Check this box if the 1st or 3rd was selected above and the draft/charge is linked to your monthly Social Security deposit**
- Draft/charge on the 2nd, 3rd, or 4th Wednesday of every month based on the payor's birthdate**
(DOB: _____)

Birthdates: 1st to 10th (second Wednesday), 11th to 20th (third Wednesday), 21st to 31st (fourth Wednesday)

* For a new insurance application, the initial draft/charge date must occur within 35 days after the application is signed. For an existing policy, this form must be received at least 7 days prior to the requested draft/charge date, otherwise the draft/charge will begin the following month.

** Note: For these selections, if the date you selected falls on a weekend or holiday, deduction will be on prior business day. All other selections, if draft/charge date falls on a weekend or holiday, deduction will be on next business day.

Social Security Billing

- We are able to align payment dates for Social Security recipients to draft on the same day as the client receives their deposit, even if that is a non-business day. This billing option has been added to the payment form for all New Vista application types. To select this option, please be sure to check the box indicating the payment is linked to a Social Security deposit. For these selections, if the date you selected falls on a weekend or holiday, the deduction will be on the prior business day.
- Social Security recipients can select a recurring draft day, such as the 1st or 3rd, or Wednesday billing (2nd, 3rd, or 4th Wednesday of every month based on the Payor's birthdate).
Birthdates: 1st to 10th (second Wednesday), 11th to 20th (third Wednesday), 21st to 31st (fourth Wednesday)
- For a new insurance application, the initial draft/charge date must occur within 35 days after the application is signed.
- Acceptable card payments are: Debit Visa or Mastercards tied to bank accounts or Direct Express debit MasterCard.

Enter Payment Details

Premium Payment

Accountholder's Name:

(Enter Name exactly as it appears on the account.)

First Name

Ann

Middle Initial

W

Last Name

Louise

Address on the account:

State

Louisiana

Street Address

2229 Suwanee Dr

✓ Matched street and city and state

City

Marrero

Zip Code

70072 - 4930

Relationship to Insured

Self

PREMIUM PAYMENT DATE

Payment Date (choose one):

Important!

On policy effective date = Draft immediately and recur same day each month thereafter.

On Specific day of the month = 1st-28th and on same modal date thereafter

Based on Payor DOB = 2nd, 3rd, 4th Wednesday based on payor DOB*

*Birthdates: 1st-10th (2nd Wednesday)
11th-20th (3rd Wednesday)
21st-31st (4th Wednesday)

On policy effective date
On specific day of the month
Based on Payor birthdate

Please double-check account number to avoid rejected charges.

Your Payment Date selection is: Draft/charge on policy effective date and on same modal date thereafter.

Bank Name

Citi Bank

Routing Number:

021000021

Account Number

420012589855

Account Type:

Checking

Savings

Agent Certification

AGENT CERTIFICATION

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

No !
Yes

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

No !
Yes

Agent First Name:

Agent !

Agent Last Name:

Name !

Agent Number

B99990000 !

Email Address of Agent

test@test.com !

Telephone Number of Agent

540 - 555 - 5555 !

Agency Name

! Agency Number

Comments:

Your agent information will be pre-filled. Please check to make sure it is accurate!

This section now offers an option to split commissions with a 2nd agent, please have their agent number ready.

Any additional comments must go here (i.e. special policy delivery instructions.)

ADD COMMENTS HERE

Conditional Receipt Provided?

No !

I certify that these statements and responses are true and accurate.

WARNING: Once you proceed past this screen, you will no longer be able to make alterations to this application. Please be sure you have verified all entered data before proceeding to the final signatures.

◀ Previous

Next ▶

⏹ Stop

Final Signatures

A PDF of the completed application will appear. Please have your client review the completed application in full, including any applicable replacement notices and other disclosures required in the applicable state, before agreeing to sign.

FINAL APPLICATION SIGNATURES

Final Application Signatures


Each name will have a check mark as the signatures are completed.

Waiting for Candice Dawson

Sign

Recipients

- 0 Candice Dawson
- 1 Donald Duck
- 2 Donald Duck


GET STARTED

NEW VISTA

S.USA LIFE INSURANCE COMPANY, INC.

APPLICATION FOR INDIVIDUAL WHOLE LIFE INSURANCE

PO. Box 1050, Newark, NJ 07101-1050 Toll Free: 1-866-SUSA-123 / 1-866-787-2123 website: www.susa.com

1. PROPOSED INSURED INFORMATION

Last Name Duck		First Name Donald		MI		Phone Number for Contact Day: Evening: 555-555-5555	
Social Security Number ***-**-5333	Sex Male	Date of Birth 01/01/1965	State of Birth AL	Country of Birth United States	Best Time To Call		
Mailing Address (Number, Street, Apt. #) 123 Main Street			City Ordway	State CO	Zip Code 81034		
Driver's License State and Number		E-Mail Address test@test.com		Are you a United States citizen or legal permanent resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. BENEFICIARY INFORMATION

Beneficiary <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent		Social Security # or Tax ID #	
Daisy Duck		***-**-3333	
Address (Number, Street, Apt. #)		City	State
Date of Birth 01/01/1967	Relationship <small>Common Law Wife</small>	Percent of Proceeds 100	Telephone Number 585-555-5555
Beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Social Security # or Tax ID #	
Address (Number, Street, Apt. #)		City	State
Date of Birth	Relationship	Percent of Proceeds	Telephone Number

Please attach another page for additional beneficiary information. The Percent of Proceeds for each type of beneficiary must equal 100%.

3. OWNER INFORMATION (if other than Proposed Insured)

Last Name Duck		First Name Donald		MI		Social Security # or Tax ID #	
Address (Number, Street, Apt. #)		City	State	Zip Code			

REQ* FIELD LEFT 1
NEXT REQ?

11. AGENT CERTIFICATION

1. To the best of your knowledge and belief, is there an existing life insurance policy or annuity contract insuring the proposed insured's life? Yes No
2. To the best of your knowledge and belief, replacement is or may be involved in this transaction. Yes No

If "Yes" to either of these questions, complete any required replacement forms.

I certify that the above statements and responses are true and accurate.

B99990000 Agent Number	test@test.com Email Address of Agent
Candice Dawson Print Agent's Name	Click to sign * Agent's Signature
Agency Name	Agency Number
540-555-5555 Telephone Number of Agent	12/03/2018 Date

Conditional Receipt provided? Yes No

FOR S.USA USE ONLY

MK Code	Sales Number
GA Agency Name	GA Agency Number

Submit the Application

SUBMIT COMPLETED APPLICATION

Please click FINISH to send application 2302471 to Apptical.

Status:

Closed

Description:

Complete

Interpreter Type:

None

IMPORTANT!

Click "Finish" to Submit for Processing



If an application is not submitted, it will be withdrawn by the system in 72 hours and cannot be re-opened. Apptical provides email reminders if a case is left in a Pending Status so please ensure your email is correct in your Apptical profile.

Previous Finish Stop

What's Next?

- The completed application will be electronically sent to the Home Office for processing the following business day.
- Routine audits of the business will be conducted and you may expect some cases to be pulled back for home office review, even after the decision is given through the E-Application process.
- If the application is approved, the owner will receive copies of the completed signed application and disclosures with the policy when issued.
- If the client elected Go Green, he/she will receive an e-mail notification that the policy has been posted to the customer portal. The owner should be instructed to review the documents carefully.

Search Your Applications

From Application Menu, select “Search Applications”

You must choose at least one filter option. Selecting the “Company” (Prosperity Life – S.USA) will display all of your applications. They are listed in date order, most recent are at the bottom.

To continue an application, click on the application and click “Conduct” on bottom of screen or double click to go right into the application.

Applications Search

App ID:
Company: Prosperity Life - S.USA
Product:
Jurisdiction:

Status:
Description:

Client Last Name:
Client Last 4 of SSN:
Client Date of Birth:
Client Contact Number:
Interpreter Type:

App ID	Client Name	Date To Call	Creation Time	'Closed' Time	Company	Product	Status	State	Language	Producer Name
2302466			11/29/2018 11:50:04 AM		Prosperity Life - S.USA	New Vista E-App	LiveApp Pending-User Action	Alabama	English	Dawson, Candice
2302471	Duck, Donald		12/03/2018 10:18:25 AM	12/03/2018 11:32:49 AM	Prosperity Life - S.USA	New Vista E-App	Closed-Complete	Colorado	English	Dawson, Candice

Face-to-Face with Paper Application & PHI

The paper application can be located on the Prosperity Agent Portal, listed by state. Please complete all the required sections; any missing information will cause a processing delay. The application and HIPAA authorization must be completed and signed prior to the call to Apptical. Please review with the insured any required disclosures and the PHI process. **Please complete the telephone interview at the point of sale. Home Office interview orders can create delays and it is often difficult to reach the client.**

Interview Guidelines

- Ask client to provide a Photo ID before completing the application.
- The agent cannot assist during the interview & should never relay questions to the proposed insured.

Call Apptical 1-800-737-6972

- Press 1 for a client telephone interview (PHI). At the start of the call you will be asked to provide some basic information.
- The interviewer will ask to speak to the proposed insured, will inform the proposed insured that the conversation is being recorded, and then will ask a series of questions to complete the Personal Health Interview. Apptical will also conduct a customer identity validation check
- The interviewer will give the agent the results based on the underwriting rules.
- Apptical will provide an Apptical ID # that should be written in the Special Requests section for tracking purposes.“

Submission process

It is important that all applications are submitted via fax or email to New Business within 2 days regardless of the underwriting results or whether the client decides to proceed with the purchase. For compliance purposes, we require the signed application and HIPAA Authorization to be maintained in our records. If the client decides not to accept the policy offered, please write “Withdrawn” in the special requests section.

SALES PROCESS THAT DOES NOT REQUIRE A FACE-TO- FACE MEETING

The Application Process – Voice Signature

An application can be taken without an in-person meeting with your client, and still provides the opportunity to receive an underwriting decision at the point of sale through the Apptical LiveApp portal: <https://web.apptical.com/LiveApp/Login>

- **Login Credentials are provided in your Welcome Email**
- Product type is: New Vista Voice - signatures are captured by voice
- No internet connection required for client
- Replacements are available in most states
- **New Vista Voice is not available in Maine or Pennsylvania**

A screenshot of the LiveApp Login page. The page has a light gray background. At the top, the text "LiveApp Login" is displayed. Below this, there are two input fields: "User Name" with the placeholder text "YOUR USER NAME HERE" and "Password" with a masked password ".....". A blue "Login" button is positioned below the password field. At the bottom of the form, there are two links: "Forgot your Password? Get Password Help" and "Forgot your User Name? Get User Name Help".

New Vista Voice Application

From the Application menu, choose “New Application” to get started.

LiveApp Application Language Help Account Settings Log Out User: hynds18886186 Last Login: 5/19/2021 9:08:23 AM EST LiveApp

New Vista Voice w/RN-GEN & ADB.V0014

- Introduction/Permissions
- Document Delivery
- Proposed Insured Information
- Identity Verification (TPC)
- Driver License & Email
- Insurance Applied For
- Owner Information
- Payor Information
- Premium Payment Option
- Premium Payment
- Premium Mode

Application Questions

Start Application

Company: Prosperity Life - S.USA

Product: **New Vista Voice**

State: Alabama

Language: English

Interpreter Type: None

TTY:

Rate Calculator

Please do not use for testing. Test names should not be used for the application process.

Information

App ID:

Status:

Client:

Owner:

Producer:

Company: Prosperity Life - S.USA

Product: New Vista Voice

Form:

Jurisdiction: Alabama

Interpreter Type: None

TTY: No

Talking to:

Previous Next Stop

*CA options listed under “Product” listing, not “State”

Rate Calculator must be completed before you can click “Next”

TTY box is for the hearing & speech impaired which you do not need to select.

Rate Calculator

Rate Calculator

Date of Birth: 01/01/1950 Age: 70

Gender: Male Female

Smoker: No Yes

Payment Term: Monthly Quarterly Semi-Annually Annually

Accidental Death Benefit: No Yes 10,000.00

Face Amount: 10,000.00

Premium Amount:

Results:

Reset Calculate Save Cancel

Direct Bill will not show as a payment option if Monthly is selected

1. Input client information and select "Calculate."

2. Scroll down to view rates for each plan.

Rate Calculator

Date of Birth: 01/01/1950

Gender: Male Female

Smoker: No Yes

Payment Term: Monthly Quarterly Semi-Annually Annually

Accidental Death Benefit: No Yes 10,000.00

Face Amount: 10,000.00

Premium Amount: 87.52

Results:

- The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Level death benefit) is: 87.52
- The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Graded death benefit) is: 123.43
- The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Modified death benefit) is: 162.01

Reset Calculate Save Cancel

3. Then, click "Save."

4. Click "Next" to proceed.

Previous Next Stop

Introduction/Permissions

Introduction/Permissions

Is the Proposed Insured the Owner?

No ⓘ
Yes

Who will be the Payor?

***Payor must be Proposed Insured or Owner**

Proposed Insured ⓘ
Owner
Other

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

No ⓘ
Yes

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

No ⓘ
Yes

I am going to send you a blank application package so that you can follow along with the interview. OK?

No ⓘ
Yes

If the PI has access to a computer or smart phone, it is encouraged that you have a blank application package sent to them so that they can follow along with the process and see all applicable forms and disclosures.

If the PI cannot receive the packet or does not want to proceed this way, or if the PI and Owner are different, the agreement and disclosure language will be played during the Apptical interview. See next page for more information about the document delivery process. This can save 10 minutes or more during the interview.

Document & Disclosure Delivery Options

If the applicant chooses to have the application packet delivered to them by text or email, they will receive a 6-digit code along with a link to the packet. They will need to provide you this 6-digit code to proceed.

Would you like to receive by Email or Cell Phone? Email !
Phone

Please provide the Proposed Insured's email.

Confirm: Please provide the Proposed Insured's email.

✔ Documents delivery was successfully confirmed. ✕


Document Delivery

Would you like to receive by Email or Cell Phone? Email !
Phone

Please provide the Proposed Insured's email.

Confirm: Please provide the Proposed Insured's email.

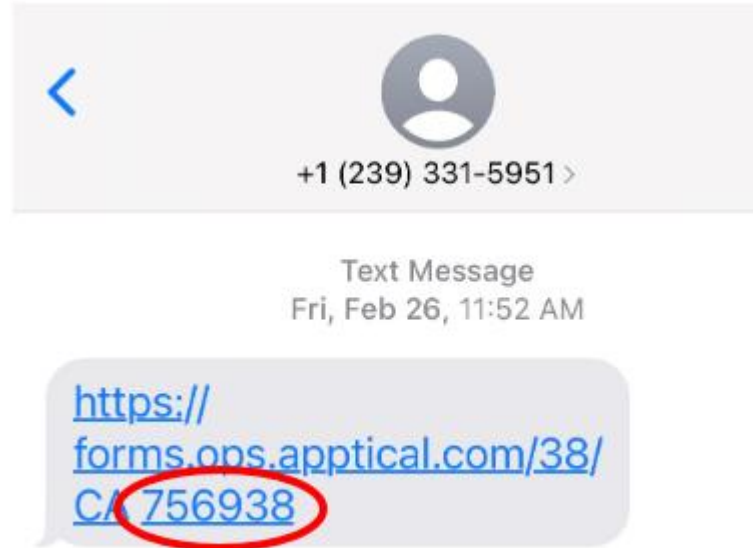
Please provide the verification code we just sent to you. !



Send by Email or Phone Option, then input the 6 digit code the client will provide to you. See examples of what the client will receive on the next page.

Document & Disclosure Delivery Options

Example client text message:



Example client email:

Please find all said documents under this link: <https://forms.ops.apptical.com/38/CT>.
Your verification code is: **533343**. It will expire in 20 minutes.

CA Consent Form

Applicable for California sales only:

California sales now require completion of the Voluntary Electronic Opt-In Consent Disclosure. The Apptical rep will play a recording of this consent form and obtain a voice signature.

Consent to receive the provided disclosures electronically (by oral recording, text message or email) and sign the application via voice signature is **required** before the applicant can proceed.

If the client does not consent, a paper application must be completed face to face and a wet signature must be obtained.

Voluntary Electronic Opt-In Consent Disclosure

If you consent, S.USA Life Insurance Company, Inc. (hereinafter referred to as "S.USA") will transmit documents related to your life insurance policy or annuity contract by electronic means, to the extent that electronic transmission is consistent with applicable state and federal law. Any document that we send by electronic means, which complies with applicable law, will have the same force and effect as if that document was sent in paper format.

S.USA will transmit electronically the life insurance or annuity application and certain disclosure and other documents that must be completed by or provided to you as part of the application process. You will receive a paper copy of all signed documents with your policy, if issued.

If you decide that you want to receive documents electronically, S.USA will provide one paper copy per year of any document, at no charge to you, upon your request. S.USA will not charge any person who declines to opt in to receive a record through electronic transmission from receiving a record electronically.

S.USA will only transmit documents to you electronically if you consent. Your consent is voluntary. If the policyholder or insured or owner has permitted electronic transmissions in the past, that authorization does not obligate the same procedure regarding this policy as well.

You may opt-out of the electronic application process at any time, at which time the process will end. If you change your mind after the application is submitted and wish to opt-out of the process, you can withdraw your application, or if you wish to correct or change the email address S.USA uses to send you documents, you can do so at any time by notifying S.USA by any one of these methods:

- email to customercare@prosperitylife.com, or
- telephone to 866-787-2123, or
- paper mail to P.O. Box 1050, Newark, NJ 07101-1050

S.USA's website is: www.prosperitylife.com

I consent to receive electronic transmission of documents.

Proposed Insured Name: _____

Date: _____

For purposes of receiving electronic transmission of documents from S.USA, as set forth above, my email address is: _____.

Proposed Insured Information

Proposed Insured Information

Salutation: / Mr / Mrs / Ms / Dr	Mrs.
First Name	Ann
Middle Initial	W
Last Name	Louise
Daytime phone:	748 - 985 - 2132
Evening Phone Number	
Best Time to Contact Proposed Insured	Morning
Social Security Number	112 - 34 - 5578
Date of Birth is October 27, 1965	
State of Birth	Louisiana
Country of Birth	United States
Is the Proposed Insured a United States Citizen or legal permanent resident?	No <input type="radio"/> Yes <input checked="" type="radio"/>
Height	5'6
Weight	152
Mailing Address	2229 Suwanee Dr ✓ Matched street and city and state
City	Marrero
Residence State	Louisiana
Zip Code	70072 - 4930

*SSN is required, ITIN is not acceptable.

*PI must be a U.S. Citizen or Legal Permanent Resident.

*A height/weight chart is available in the product fact sheet.

Identity Verification

The LiveApp process includes an identity validation measure as a protection against fraud. This looks at client info such as: First & Last Name, DOB, and SSN.

If the validation fails, you will be required to submit a copy of identifying documents to the New Business team in order to process the application. You will see the following:

NOTE: If you cannot move forward when clicking the “Next” button, there is an error processing the Identity Verification Service. Additional ID documents may be requested by the Home Office. Please move forward to the next section by using the Navigation bar to the left of the screen.

Collection of Driver License number & Email address is optional, but encouraged.

Driver License & Email

Does the Proposed Insured have a Driver License?

No

Yes

Driver License Number

LA225051863

License State:

Louisiana

Please provide the Proposed Insured's email.

test@test.com

Confirm: Please provide the Proposed Insured's email.

test@test.com

Insurance Applied For and Owner Information

Confirm benefit amount and rider selection, then future payment date information (if applicable). Initial payments can only be postdated **up to 35 days**.

INSURANCE APPLIED FOR

④ You are applying for an S USA life insurance policy with a: Level death benefit.

④ With a Face Amount of: \$10000.00

The Premium amount is: \$40.12. Your actual premium amount will be based on the payment mode selected, and will be reflected on your policy.

To the Accidental Death Benefit Rider option you chose:

No ⓘ

Yes

④ With an additional amount of coverage of: 10000

If PI and Owner are the same, just start typing and select the name from the drop down.

Owner Information

Please select the Proposed Insured's name from the auto-complete dropdown:

First Name

Middle Initial

Last Name

M
Massachusetts
Monica
monica.hellen@prosperitylife.com

Owner Information, if Different

If PI and Owner are different, provide Owner details.

Owner Information

Please provide the following Owner information:

First Name	Triston
Middle Initial	M
Last Name	Fairbanks
Social Security Number	116 - 78 - 9012
State	Georgia
Street Address	2379 Jones Rd NW ✓ Matched street and city and state
City	Atlanta
Zip Code	30318 - 5915
Date of Birth	06/22/1954
Relationship to Insured	Domestic Partner
Telephone Number	685 - 211 - 4702

Premium and Billing Information

Select one of the available recurring billing options:

- EFT Draft (Checking or Savings)
- Direct Express
- Debit Card tied to bank account. **No pre-paid debit cards will be accepted.**

Other important info:

- Future Payments are only allowed up to **35 days** from date of application.
- Can draft same day each month 1st - 28th OR align to deposit date for Social Security recipients. Please review options shown above and in next slide for more information.
- **Only EFT (bank draft) selections will qualify for advances**, other options pay as earned only. Please review the terms of your advance addendum, if applicable.

SECTION 1: PREMIUM PAYMENT DATE

The options below allow you to select the date that best fits your needs. If you are submitting this form with an application for a new policy, please note that coverage will not be effective until we receive your first premium payment.

Mode (choose one): Monthly Quarterly Semi-Annual Annual

Payment Date (choose one):

- Draft/charge on policy effective date and on same modal date thereafter (default if no selection made)
- Draft/charge on specific day of the month _____ (1 to 28) and on same modal date thereafter*
 - Check this box if the 1st or 3rd was selected above and the draft/charge is linked to your monthly Social Security deposit**
- Draft/charge on the 2nd, 3rd, or 4th Wednesday of every month based on the payor's birthdate**
(DOB: _____)

Birthdates: 1st to 10th (second Wednesday), 11th to 20th (third Wednesday), 21st to 31st (fourth Wednesday)

* For a new insurance application, the initial draft/charge date must occur within 35 days after the application is signed. For an existing policy, this form must be received at least 7 days prior to the requested draft/charge date, otherwise the draft/charge will begin the following month.

** Note: For these selections, if the date you selected falls on a weekend or holiday, deduction will be on prior business day. All other selections, if draft/change date falls on a weekend or holiday, deduction will be on next business day.

Social Security Billing

- We are able to align payment dates for Social Security recipients to draft on the same day as the client receives their deposit, even if that is a non-business day. This billing option has been added to the payment form for all New Vista application types. To select this option, please be sure to check the box indicating the payment is linked to a Social Security deposit. For these selections, if the date you selected falls on a weekend or holiday, the deduction will be on the prior business day.
- Social Security recipients can select a recurring draft day, such as the 1st or 3rd, or Wednesday billing (2nd, 3rd, or 4th Wednesday of every month based on the Payor's birthdate). Birthdates: 1st to 10th (second Wednesday), 11th to 20th (third Wednesday), 21st to 31st (fourth Wednesday)
- For a new insurance application, the initial draft/charge date must occur within 35 days after the application is signed.
- Acceptable card payments are: Debit Visa or Mastercards tied to bank accounts or Direct Express debit MasterCard.

Enter Payment Details

Premium Payment

Accountholder's Name:

(Enter Name exactly as it appears on the account.)

First Name

Ann

Middle Initial

W

Last Name

Louise

Address on the account:

State

Louisiana

Street Address

2229 Suwanee Dr

✓ Matched street and city and state

City

Marrero

Zip Code

70072 - 4930

Relationship to Insured

Self

PREMIUM PAYMENT DATE

Payment Date (choose one):

Important!

On policy effective date = Draft immediately and recur same day each month thereafter.

On Specific day of the month = 1st-28th and on same modal date thereafter

Based on Payor DOB = 2nd, 3rd, 4th Wednesday based on payor DOB*

*Birthdates: 1st-10th (2nd Wednesday)
11th-20th (3rd Wednesday)
21st-31st (4th Wednesday)

On policy effective date
On specific day of the month
Based on Payor birthdate

Your Payment Date selection is: Draft/charge on policy effective date and on same modal date thereafter.

Bank Name

Citi Bank

Routing Number:

021000021

Account Number

420012589855

Account Type:

Checking

Savings

Please double-check account number to avoid rejected charges.

Enter Beneficiary Information

LiveApp allows up to 3 Primary and 3 Contingent beneficiaries to be collected with Application. Have more? Contact Customer Service to add/modify after policy is in force.

Primary Beneficiary Information	
Primary	Primary <input type="radio"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
Social Security Number	<input type="text"/>
<i>i</i> Date of Birth	<input type="text"/>
Relationship	<input type="text"/>
<i>i</i> Percent of Proceeds	<input type="text"/>
Telephone Number	<input type="text"/>
Is there an address available for this beneficiary?	No <input type="radio"/> Yes <input type="radio"/>
Are there any additional beneficiaries?	No <input type="radio"/> Yes <input type="radio"/>
(PERCENTAGE TOTAL FOR PRIMARY BENEFICIARIES):	0
Are there any Contingent Beneficiaries?	No <input type="radio"/> Yes <input type="radio"/>

Agent Certification

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

No

Yes

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

No

Yes

Agent Number

222222

Email Address of Agent

monica.heller@prosperitylife.com

Confirm: Email Address of Agent

monica.heller@prosperitylife.com

Agent First Name:

Monica

Agent Last Name:

Heller

Telephone Number of Agent

888 - 888 - 8888

I certify that these statements and responses are true and accurate.

Conditional Receipt Provided?

No

Comments:

Status:

LiveApp Pending

Description:

Ready for Interview

Interpreter Type:

None

Your agent information will pre-fill here.
Please ensure it is accurate and up to date.

Click "Finish" to submit, or "Previous" to go back and make changes.

Previous Finish Stop

Call to Apptical & Voice Signatures

3 way/conference call to Apptical and provide the App ID number to the interviewer. They'll take over from here and guide your client through the rest of the process.

Next Step ×

Please write down the application ID # 2219977 prior to submitting application to Apptical.



Call 1-800-737-6972 extension 1 to complete the interview process.

Please inform the Apptical Interviewer that this is for a Voice application. They will need the Application ID# to locate the correct application.

OK

Personal Health Interview & Voice Signatures

****Agents: Please remain quiet during the interview - do not coach or interject, particularly throughout the medical portion.****

What to expect during the Apptical interview:

- The agent and the proposed insured need to stay on the line for the **entire call**; If there is a separate owner, that party must also be on the line.
- Apptical will validate some of the LiveApp entries with the agent and the client.
- Apptical will ask the proposed insured if they have received the documents and disclosures (if not, they will play recordings of the agreements and disclosures during the call where required by the company or state law).
- Apptical will ask all of the application medical questions and will run the MIB and the prescription checks.

Personal Health Interview & Voice Signatures

- Apptical will convey the underwriting decision based on the responses and the MIB and Rx history results; in some cases Apptical will first re-ask certain medical questions based on MIB and Rx history results.
- If the underwriting decision results in a different plan offering than the plan selected during LiveApp, Apptical will run a new quote and face amount can be adjusted if needed.
- The proposed insured, owner (if separate owner), and agent will voice sign the application and required agreements, authorizations, and disclosures.
- The completed application will be electronically sent to the Home Office for processing.
- Routine audits of the business will be conducted and you may expect some cases to be pulled back for home office review, even after the decision is given through the interview process.
- The owner will receive copies of the completed signed application paperwork with the policy when issued. The owner should be instructed to review it carefully.

Remote E-Signature Application

Upon request, agents may also utilize the Remote E-app through the Apptical LiveApp portal - <https://web.apptical.com/LiveApp/Login>

This process uses the HelloSign e-signature process with a remote signer (by telephone call) using LiveApp, where the agent is not face to face with the applicant.

The requirements for the client include an email address and a smartphone or internet access.

This application is completely paperless and does not require an Apptical phone interview.

While speaking with your client on the phone, log in and select New Application from the menu at the top, then Prosperity, and New Vista Remote E-app.

Just fill in the required information based on responses from your client and click "Next." At any point in time, you can "Stop" and finish it later. The application can remain in Pending status for up to 3 days. At that time it will be Closed-Incomplete and cannot be re-opened.

Proposed Insured Information

PROPOSED INSURED INFORMATION

Please enter the following information:

Gender: Male

First Name

Middle Initial

Last Name

Suffix

Daytime phone:

Evening Phone Number

Best Time to Contact Proposed Insured

Social Security Number

Date of Birth is January 01, 1965

(Age)

53

State of Birth

Country of Birth

United States

Is the Proposed Insured a United States Citizen or legal permanent resident?

No

Yes

Height

Weight

Zip Code

Previous

Next

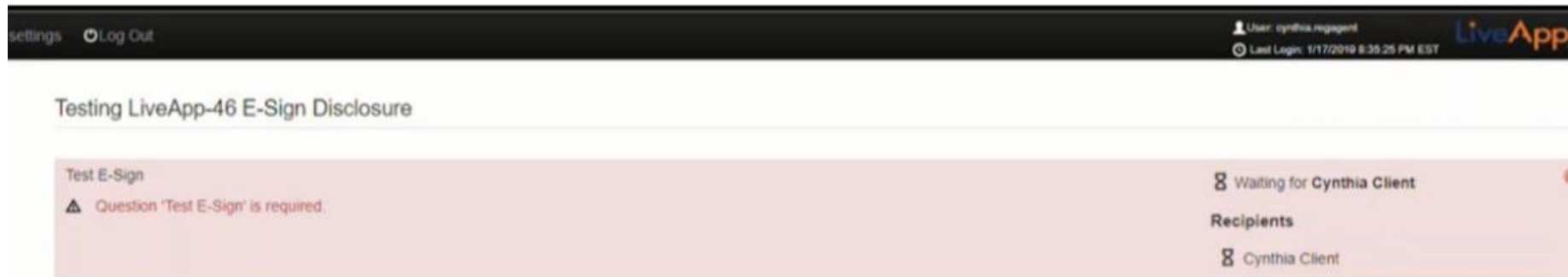
Stop

Remote E-Signature Application

The client will receive a link to the completed documents by email for review and signing.

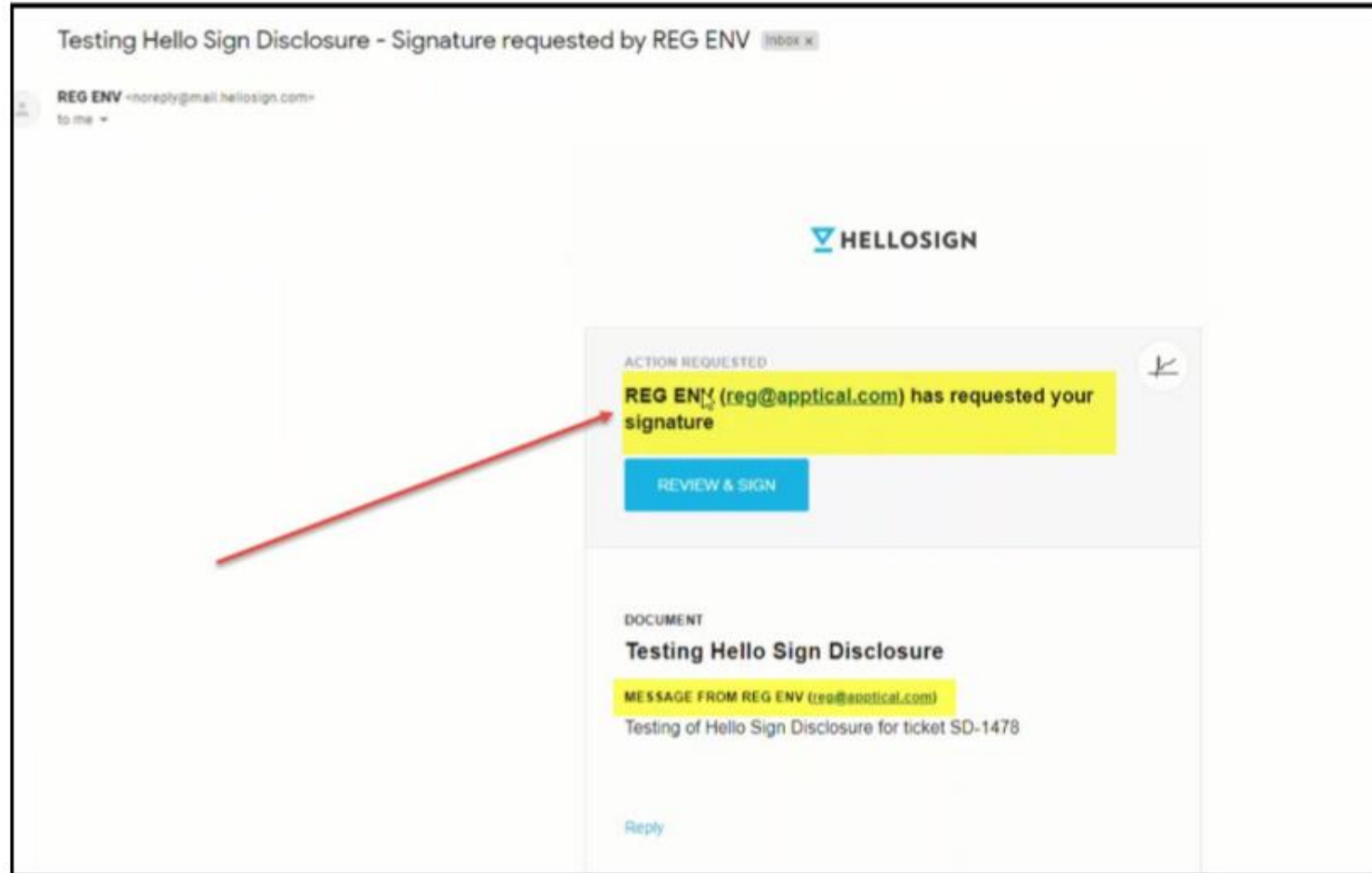
This occurs in 2 phases -- the authorization needed to begin the MIB and Rx history request, and then the completed application package.

The first e-signature event is the health records authorization form. This will be sent to the client automatically. The agent will see a message saying 'Waiting for applicant name'. This means that an email has been sent to the applicant and the agent is waiting for the applicant to electronically sign the document.



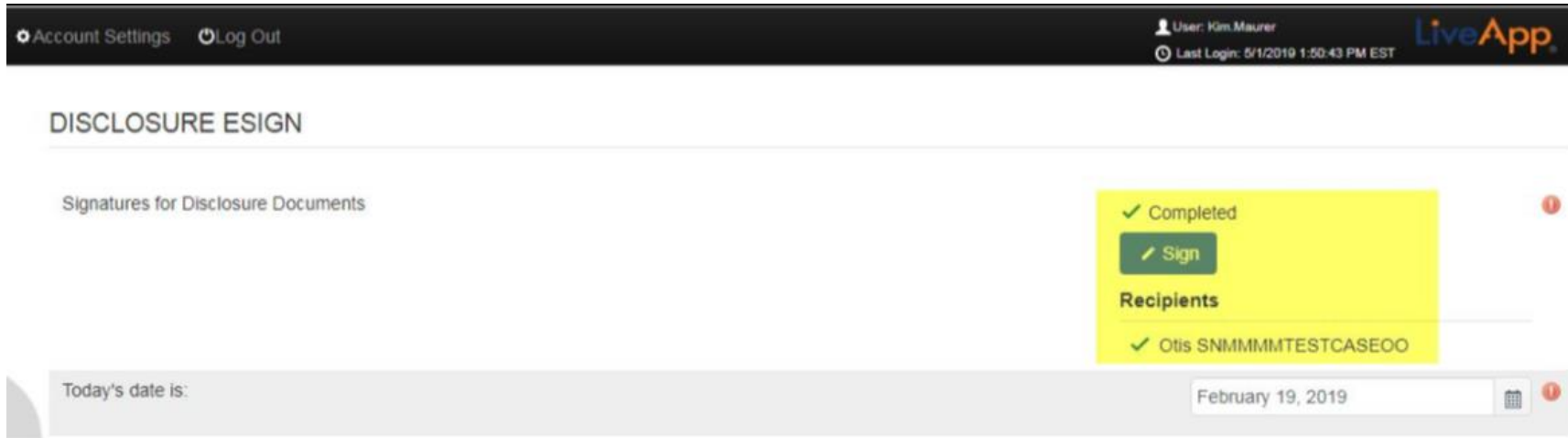
Remote E-Signature Application

The applicant will receive an email. This email can be sent to any device. The applicant clicks on the blue 'Review & Sign' button and is presented with the document to review and sign. The Content of the email will look similar to this:



Remote E-Signature Application

Once the applicant e-signs the document, the agent will see this:




Review Health Questions with Applicant


Please be sure to ask the health questions exactly as they appear on the screen.

HEALTH INFORMATION - Part A Q1-2

Is the Proposed Insured currently or in the last 30 days been: hospitalized, committed to a psychiatric facility, confined to a nursing facility, receiving hospice or home health care, confined to a wheelchair due to a disease, or waiting for an organ transplant?

No 
Yes


Does the Proposed Insured currently require human assistance or supervision with eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence or bathing?

No 
Yes


HEALTH INFORMATION - Part A Q3a-3c

Within the past 12 months has the Proposed Insured:


Been advised by a member of the medical profession to have a diagnostic test (other than an HIV test), surgery, home health care or hospitalization which has not yet started, been completed or for which results are not known?

No 
Yes

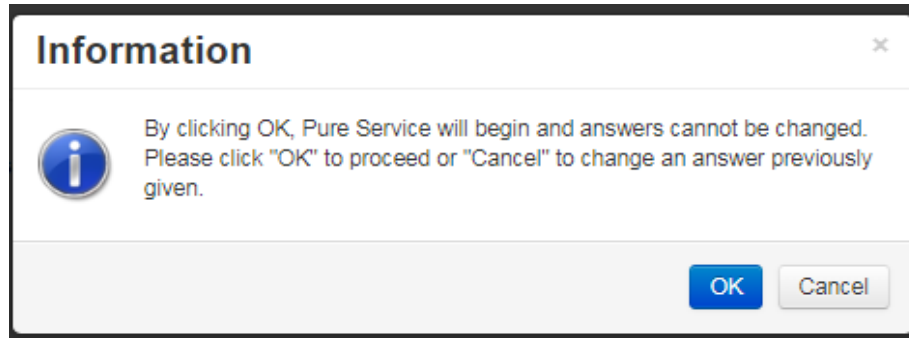
Used or been advised by a member of the medical profession to use oxygen equipment for assistance in breathing (excluding CPAP or nebulizer)?

No 
Yes

Had or been advised by a member of the medical profession to have Kidney Dialysis?

No 
Yes

Getting the Decision



PURE EVALUATION

Thank you. Click NEXT to see if there are additional questions. This step should take approximately 1-2 minutes to complete.

PURE DATA RESULTS

NOTE: If PURE Data Results are not rendered due to a service outage, please do not proceed with application. Click STOP and select LiveApp Pending User Action status. Contact Home Office for assistance.

Ms. Dawson

The following pertains to the data results of the case:

The proposed insured is eligible for the Level plan.



Decision is provided, OR if a decision is unable to be rendered, you will be notified of such.

Confirm Policy Information Provided

CONFIRM POLICY AMOUNTS

To confirm: the policy amount is \$10000.00 and the Premium amount is \$40.12. Would you like to continue?

No 

Yes

NOTE: To keep the same premium amount select the Application tab and select Rate Calculator. Enter the Premium amount and Calculate for new Face Amount. Make sure to select the new Eligibility level.

If the client has been downgraded to a Modified or Graded Plan, explain to them how this will affect the benefits for non-accidental death benefits in the first two years.

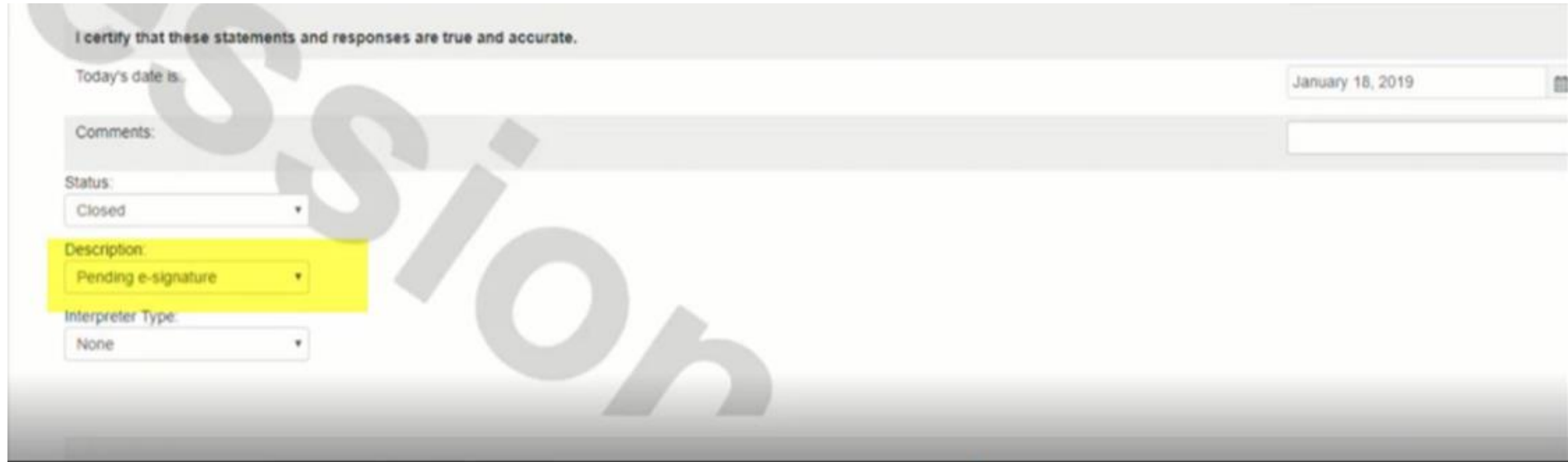
If Client wants to increase or decrease the Face Amount in light of the underwriting decision, select “No,” then Rate Calculator in the Application menu and make the desired adjustments.

Then, it will ask you to confirm the new policy amount. Select “Yes” then continue.

The next page will capture Beneficiary info, followed by the Premium and Billing details, and finally the Agent Certification page.

Submit the Completed E-application

Upon completion of the entire application, the agent will close the application as Pending E-Signature status.



I certify that these statements and responses are true and accurate.

Today's date is: January 18, 2019

Comments:

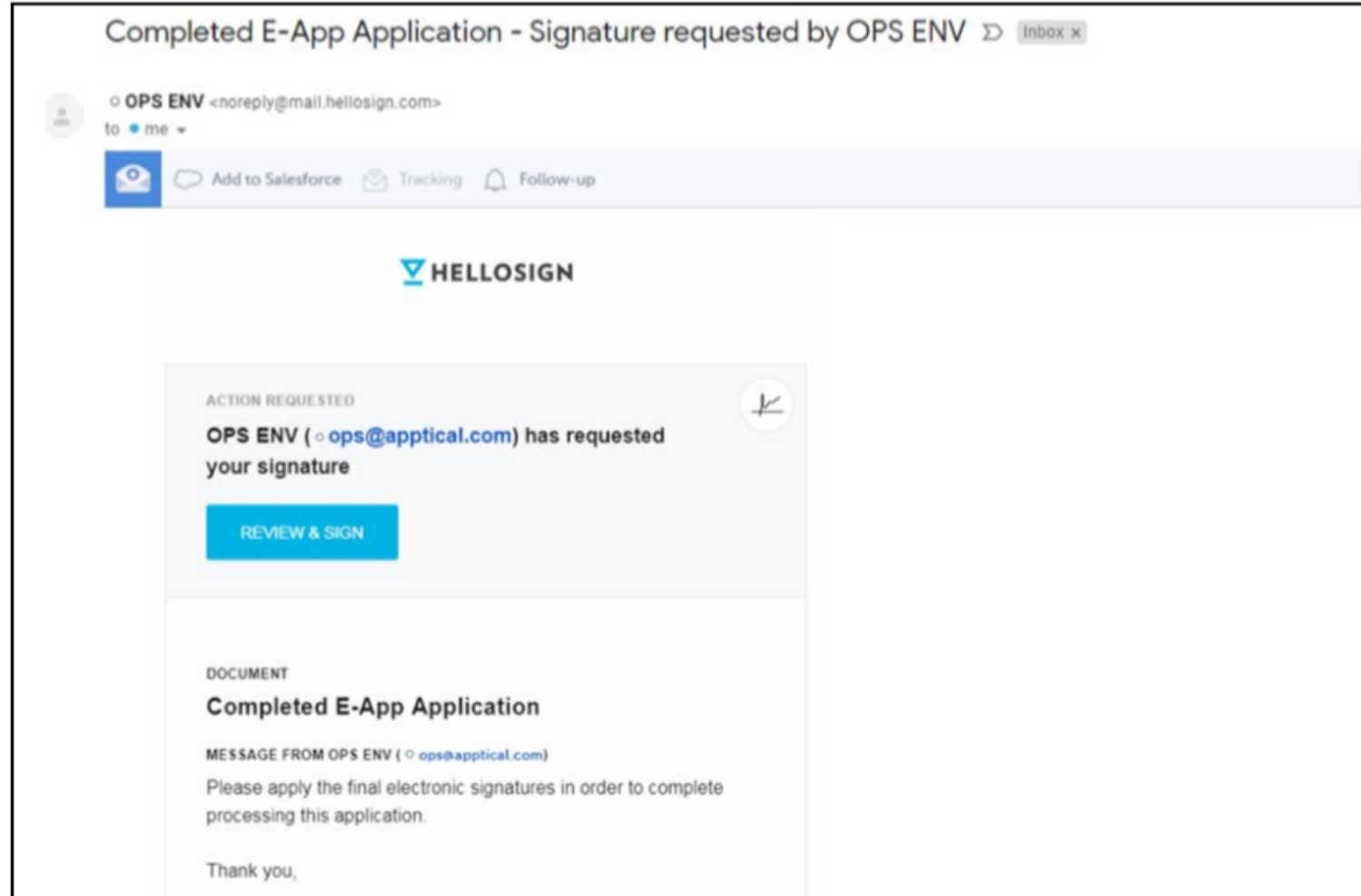
Status: Closed

Description: Pending e-signature

Interpreter Type: None

Remote E-Signature Application

The applicant will receive another email to review and sign the final document. All other signers, including the agent will receive an email as well to review and sign the final documents.



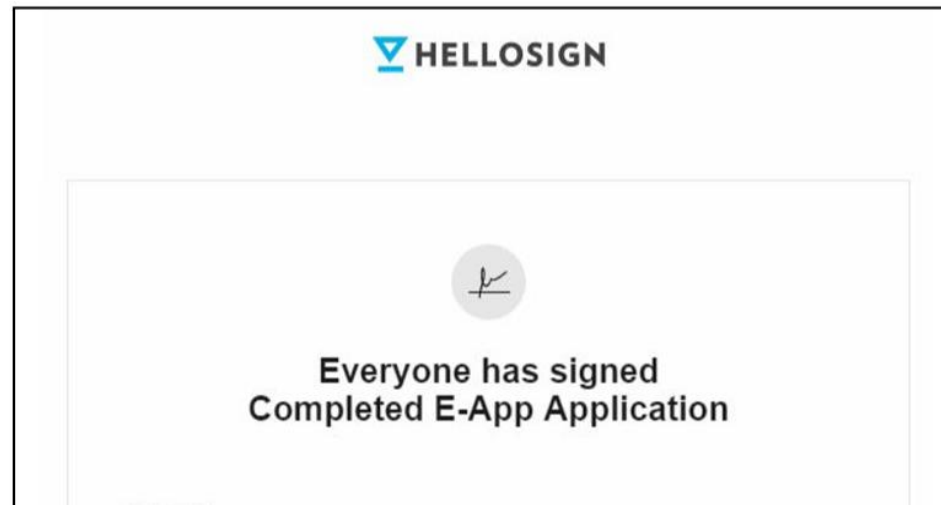
Remote E-Signature Application

Important:

Explain to the client what they are getting and ask them to review it and ask any questions they have.

Tell the client to review the completed application carefully to ensure answers were recorded properly, including in particular, the answers to the health questions.

There is a final email sent to all signers that the e-signature event has been completed.



Remote E-Signature Application

What to expect during the Remote E-Application Process:

- Agent will validate the E-app entries with the client.
- The system will conduct a customer identity validation check. Notification will be given if additional ID documentation is required.
- Agent will ask all of the application medical questions and the E-application will run the MIB and the prescription history checks.
- Agent will convey the underwriting decision based on the responses and the MIB and Rx history results; in some cases the Agent will first re-ask certain medical questions based on MIB and Rx history results.
- If the underwriting decision results in a different plan offering than the plan selected, Agent will run a new quote.
- The proposed insured, owner (if separate owner), and agent will electronically sign the application and other required documents and disclosures via HelloSign.
- Replacements are available – client will be asked to review and sign the state-required replacement notice.
- The completed application will be electronically sent to the Home Office for processing.
- The owner will receive copies of the completed signed application and other documents and disclosures with the policy when issued. The owner should be instructed to review it carefully within the first 30 days and to contact the agent (or S.USA) if there are any questions or concerns.

Search Your Applications

From Application Menu, select “Search Applications”

You must choose at least one filter option. Selecting the “Company” (Prosperity Life – S.USA) will display all of your applications. They are listed in date order, most recent are at the bottom.

To continue an application, click on the application and click “Conduct” on bottom of screen or double click to go right into the application.

LiveApp Application Language Help Account settings Log Out

Applications Search

Search Reset

App ID:

Company: Prosperity Life - S.USA

Product:

Jurisdiction:

Status:

Description:

Client Last Name:

Client Last 4 of SSN:

Client Date of Birth:

Client Contact Number:

Interpreter Type:

Creation Date:

Closed Date:

App ID	Client Name	Date To Call	Creation Time	'Closed' Time	Company	Product	Status	State	Language	Producer Name
2302466			11/29/2018 11:50:04 AM		Prosperity Life - S.USA	New Vista E-App	LiveApp Pending- User Action	Alabama	English	Dawson, Candice
2302471	Duck, Donald		12/03/2018 10:18:25 AM	12/03/2018 11:32:49 AM	Prosperity Life - S.USA	New Vista E-App	Closed-Complete	Colorado	English	Dawson, Candice

Other Important Information

Summary of coverage only. Refer to the policy and riders for applicable exclusions, and limitations, including death benefit reduction first 2 policy years for graded and modified plans, suicide exclusion and 2 year contestability period for health history misrepresentations made in the application. **You must disclose all exclusions and limitations to the client.**

S.USA does not provide tax advice. Clients should be advised to consult their tax advisors on specific tax questions.

Product issued by S.USA Life Insurance Company, Inc., a member of the Prosperity Life Group. Not licensed in all states. All guarantees are based on the financial strength and claims paying ability of S.USA.

Policy Form #'s ICC16FELPUECS16, ICC16FEGPUECS16, ICC16FEMPUECS16 and state specific versions, where applicable. Not available in all states. Terms may vary by state.

Questions?

**Contact Agent Support at
866-380-6413
agentcare@prosperitylife.com**