

Read slide.

Setting the Stage

SimpliNow Choice

- Our new iPipeline SimpliNow Choice platform delivers an instant decision on our existing fully featured QoL Flex Term
- Key competitive advantages:
 - NEW Client Completion path allows for a possible instant underwriting decision
 - The Tele-interview Paths (both NEW Agent Drop Ticket and the Agent Completion Part A versions) allow for instant AU+ eligibility decision
 - Easily access ALL underwriting submission paths in the same session
 - No change to product or pricing
 - New condensed client and agent completion Part B for a more efficient experience
 - Real-time checks along the process to enhance in-good-order submissions
 - Status updates from all underwriting paths are available in Connex
 - Available on iPipeline via Connex, the same way you access all Corebridge products today



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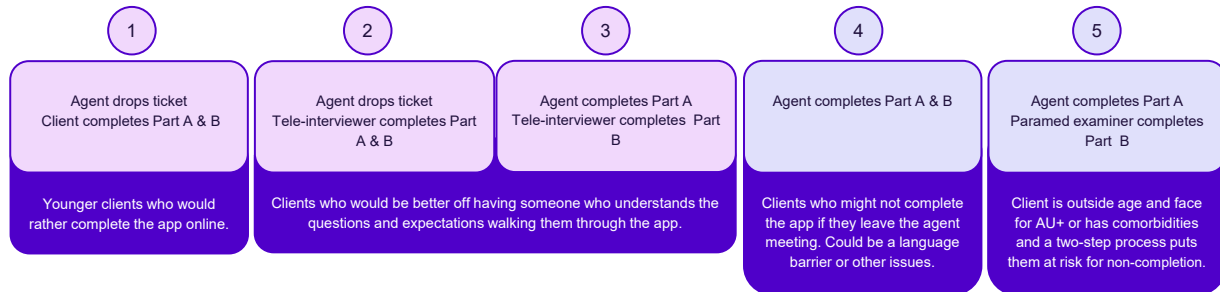
Read slide.

SimpliNow Choice: 1 Platform, 5 Underwriting Paths

You determine the most efficient application path for your client.

Agent believes proposed insured has a good chance of staying in a lab-free underwriting path.
Agent selects the most efficient path to application completion.

Agent believes proposed insured will not qualify lab-free and wants to avoid a 2-step process.



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Automated Term Life Insurance with Instant Decisioning

Instant approval parameters follow same eligibility rules as Agile Underwriting+ (AU+)

Agile Underwriting+

- Ages 20-59
- Face amounts: \$100,000 - \$1,000,000
- Tobacco and non-tobacco underwriting classes are available from Standard up to Preferred Plus
- Applications meeting these parameters and submitted via iGo full eApp will start with the AU+ process
- Our underwriting team renders a decision based on the submitted applications, declarations of Part A and B, supplementary forms, and results of various database searches
- If total amount of AGL inforce and applied-for coverage exceeds \$1,000,000, exam and labs are required. If total amount of AGL inforce and applied-for coverage is less than \$1,000,000, AU+ is available up to a total inforce and applied-for amount of \$1,000,000
- Post issue review will be completed by our Underwriting team and any lack of material disclosures may result in policy recession

Clients outside of these parameters can still utilize the SimpliNow Choice platform but will not be eligible for instant decisioning.



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The Online Application

1. Upon entering iPipeline's iGO platform, you will pick QoL Flex Term (New Submission Platform) as the Product and enter some information about your Client.
2. You will then be given some options as to how you would like to complete the process based on the path you think will be the most efficient for your specific Client.
 - Agent Completion - Along with your client, you can complete both Parts A and B, and we will reach back out to the Client if we need to schedule a paramed exam
 - Client Completion - Along with your client, you complete the minimal information that a licensed agent is required to complete, and the Proposed Insured complete any remaining information including the health questions providing for an instant underwriting decision (presented to client if As Applied For and to agent if any other)
 - Tele-interview Completion – Along with your client, you complete the minimal information a licensed agent is required to complete for the Part A and a tele-interviewer contacts your client to complete any other needed information, including the health questions and provides AU+ instant eligibility decision.
 - Paramed Completion - Along with your client, you can complete the Part A and have a paramed complete the Part B as part of a paramed exam



* Currently not available in CA

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The Online Application (continued)

Validation occurs along the process to assist with efficiencies.

- Agent validation occurs in the beginning, helping to eliminate any delays related to appointments and licensing
- Client validation is also performed to ensure more cases are decisioned at the time of sale
- Payment validation supports the efficient collection of initial and on-going premiums

You will benefit from these real-time checks to assist with in-good-order submissions. Plus, it provides a better client experience.



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NEW Client Completion Path Highlights

- The client can complete any of Part A not completed by the agent and all of Part B themselves
- The application can be completed over a single or multiple sessions at the client's convenience
- Part B data collected on the platform goes directly into the automated underwriting engine allowing for a possible instant decision
- Real-time status updates are available in Connex
- If the case is approved other than as applied for or is declined, the agent can view the reason for the underwriting outcome in Connex
- If it is determined that labs are needed, a real-time scheduler is used to schedule the exam
- This path is available for all cases regardless of whether or not they meet the Agile Underwriting (AU+) parameters for age and face amounts



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NEW Client Completion Path Highlights (continued)

Underwriting

- As the client completes the application, our automated system will inform them of the underwriting outcome, or the next steps required to determine their coverage. They will see one of three outcomes:
 - If everything is in good order and approved as applied for, the client will be informed, and the policy will be conditionally issued within a few days
 - If they are not approved as applied for (includes declines), your client will be referred back to you for the decision. Real time updates in Connexx allows you to decide how to approach your client with the results.
 - If they are told they need a paramed exam they will be presented with a calendar on the spot for scheduling

Policy Issue

- Your client can choose to input their EFT payment information in the same session. Credit card (if desired) can be captured within the eDelivery process for the first payment.
- If the client does not provide payment information and or schedule labs when required, the application will be auto-submitted to Corebridge in 7 days

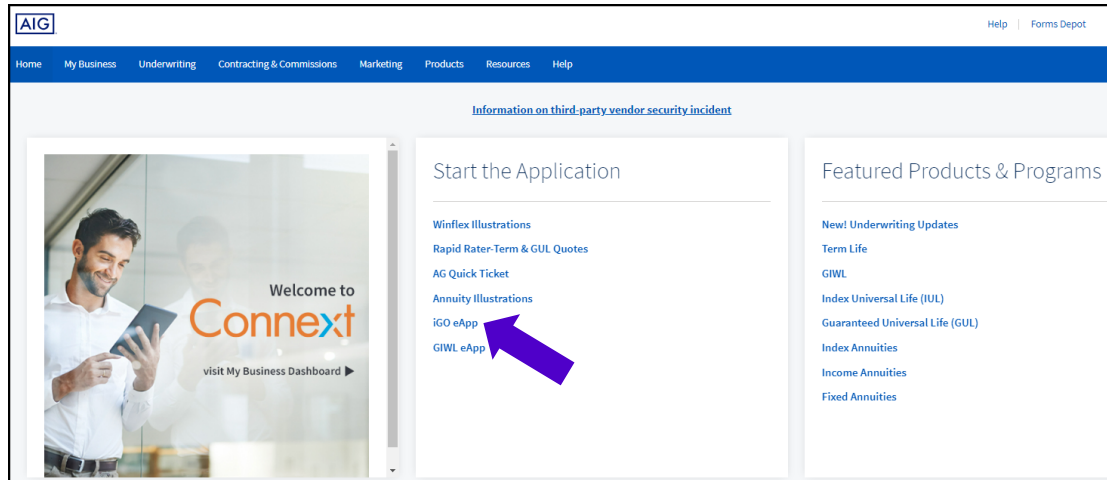


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Where to find SimpliNow Choice?

Same place you have always accessed QoL Flex Term



You can access the new SimpliNow Choice platform via Connexxt by clicking iGo eApp.

Starting a New Case

Case Information

Status: Started | Shared From: | Shared To: | Date Modified: 07/10/2023

Proposed Insured

First Name: New | Last Name: Client

Date of Birth: MM/DD/YYYY | Age: 40 | Gender: Male

Case Description

(Examples: \$500,000.00, Kid's Policy, Business Policy, etc)

Carrier and Product

State: Tennessee | Product Type: Term Life | Find Available Products

Product

Product	QoL Flex Term	QoL Flex Term (New Submission Platform)
	Select e-Sign	Select e-Sign



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Once you have entered the basic information for the client you will click the Select button for QoL Flex Term (New Submission Path).

Producer Information

Producer Information

Policy Number: 4230193263

Writing Agent

First Name

M.I.

Last Name

Suffix

Commission Percent

100%

Agent Code

520564

Agency Code

546454

Agency Name

State License

IA

Phone Number

(515) 447-5588

Email

lvet.robbins@combridgefinancial.com

It's email successfully verified.

You must validate the above information prior to moving on.

Validate Agent Information

Additional Agents

Is there going to be Split Commission with another agent?

☐ Yes

☒ No

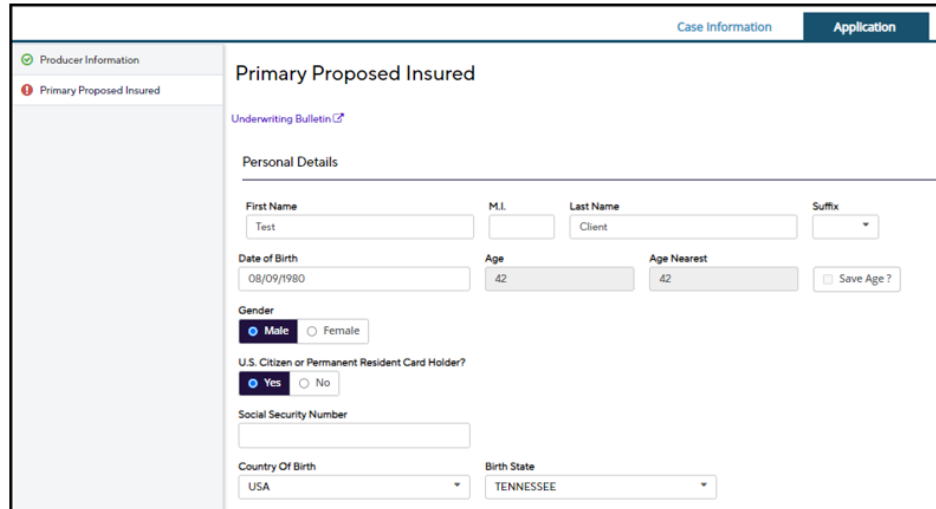
Save & Next >



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The first section will be producer information. This should be prepopulated with your information since you are accessing the platform via Connex. If for some reason your information isn't there or is incorrect you can make changes here. If everything looks good you will need to click the Validate Agent Information button. This will confirm that everything is in good order so that you can continue. If splitting commissions with another agent you can select the Yes button towards the bottom which will allow you to input the other agent's details. If not then just click save and next.

Primary Proposed Insured



The screenshot shows a web application interface for entering client information. At the top, there are two tabs: "Case Information" and "Application", with "Application" being the active tab. On the left side, there is a sidebar with two items: "Producer Information" (marked with a green checkmark) and "Primary Proposed Insured" (marked with a red exclamation mark). The main content area is titled "Primary Proposed Insured" and includes a link for "Underwriting Bulletin". Below this, the "Personal Details" section contains the following fields:

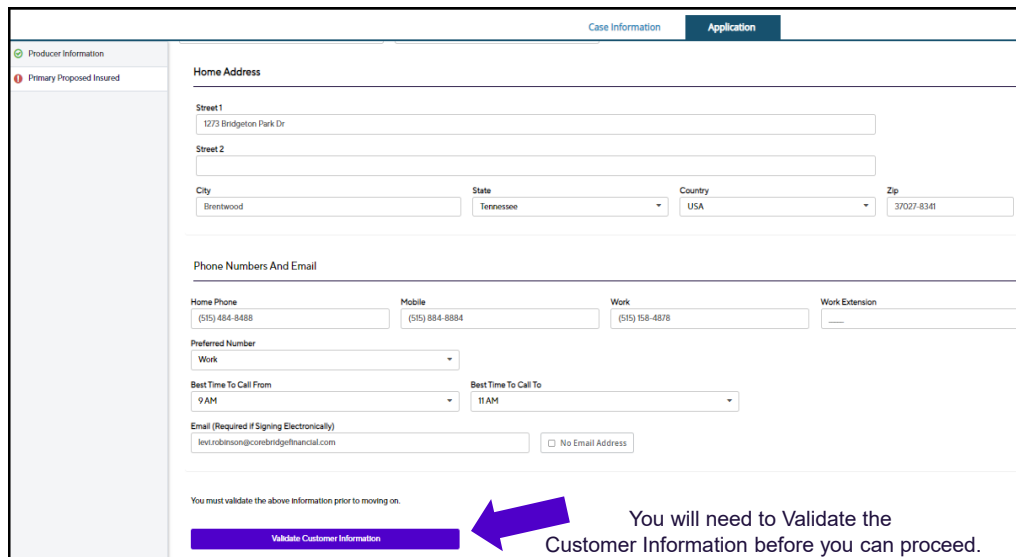
- First Name:** Text input field containing "Test".
- M.I.:** Text input field containing "Client".
- Last Name:** Text input field containing "Client".
- Suffix:** Dropdown menu.
- Date of Birth:** Text input field containing "08/09/1980".
- Age:** Text input field containing "42".
- Age Nearest:** Text input field containing "42".
- Save Age?:** Checkable checkbox.
- Gender:** Radio buttons for "Male" (selected) and "Female".
- U.S. Citizen or Permanent Resident Card Holder?:** Radio buttons for "Yes" (selected) and "No".
- Social Security Number:** Text input field.
- Country Of Birth:** Dropdown menu showing "USA".
- Birth State:** Dropdown menu showing "TENNESSEE".



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Next you will need to enter in additional details regarding your client.

Primary Proposed Insured (continued)



The screenshot shows a web form titled "Primary Proposed Insured" under the "Application" tab. The form is divided into two main sections: "Home Address" and "Phone Numbers And Email".

Home Address Section:

- Street 1: 1273 Bridgeton Park Dr
- Street 2: (empty)
- City: Brentwood
- State: Tennessee
- Country: USA
- Zip: 37027-8341

Phone Numbers And Email Section:

- Home Phone: (515) 484-8488
- Mobile: (515) 884-8884
- Work: (515) 158-4878
- Work Extension: (empty)
- Preferred Number: Work
- Best Time To Call From: 9 AM
- Best Time To Call To: 11 AM
- Email (Required if Signing Electronically): levi.robinson@corebridgefinancial.com
- ☐ No Email Address

At the bottom of the form, there is a blue button labeled "Validate Customer Information". A blue arrow points from the text "You will need to Validate the Customer Information before you can proceed." to this button.

You must validate the above information prior to moving on.

Once you have everything entered in you will need to click the validate information button. This does some checks behind the scenes verifying the client information entered is correct. It will validate things like DOB, address, SSN, etc..

Primary Proposed Insured (continued)

Case Information

Application

Producer Information

Primary Proposed Insured

Is the Primary Proposed Insured also the Owner?

☒ Yes ☐ No

Will the Primary Proposed Insured be the Payor?

☒ Yes ☐ No

Does the Policy Owner want the policy to be delivered electronically?

☒ Yes ☐ No

Is the Primary Proposed Insured able to e-Sign the HIPAA Consent?

☒ Yes ☐ No

If an investigative consumer report is prepared in connection with this application, would you like to be interviewed?

☒ Yes ☐ No

Does the Primary Insured have a driver's license?

☒ Yes ☐ No

License State

TN

Driver's License No.

454545456

Actively at Work?

☒ Yes ☐ No

Able to perform all job duties?

☒ Yes ☐ No

Personal Earned Income (Annual)

\$75,000.00

Household Income (Annual)

\$150,000.00

Net Worth

\$500,000.00

Personal Earned Income means monies received for work performed.

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Further down the page will be a series of questions that will need to be answered/filled in.

Primary Proposed Insured (continued)

Employment Information

Employer Name

Work Place

Occupation

Acid Manufacturing

Date of Employment

08/09/2000

Average No. of hours worked per week

30 Hours or More

Job Duties

Make Acid

Policy Number: 4220316862

< Back

Save & Next >



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Further down the page will be a series of questions that will need to be answered/filled in. You will notice the policy number appears here. Once all the data is entered just click save and next.

Coverage Information

Case Information

Application

✓ Producer Information

✓ Primary Proposed Insured

✓ Coverage Information - Base

○ Optional Benefits/Riders - Base

○ Premium Information

○ Beneficiary

○ Existing Insurance

○ Submission Path

○ Agent Report

○ Attachments

Coverage Information - Base

Underwriting Bulletin

Product Name: QoL Flex Term (New Submission Platform)

Primary Proposed Insured Underwriting Class

Rate Class Quoted
Preferred Non-Tobacco

Face Amount
\$500,000.00

Reason For Insurance
Please select 'one or more' of the reasons from the list
Burial

Term Duration
10 years

Are you applying for additional policies at this time?
☐ Yes ☒ No

Back

Save & Next

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Now we will need to determine the underwriting class, Face Amount, Reason for Insurance and Term Duration. If you are applying for multiple policies you can select yes here which will then provide the additional forms needed. If not just click save and next.

Optional Benefits/Riders

Case Information

Application

✓ Producer Information

✓ Primary Proposed Insured

✓ Coverage Information - Base

✓ Optional Benefits/Riders - Base

○ Premium Information

○ Beneficiary

○ Existing Insurance

○ Submission Path

○ Agent Report

○ Attachments

Optional Benefits/Riders - Base

☐ Waiver of Premium

☐ Accidental Death Benefit

☒ Terminal Illness Rider

☐ Child Rider

< Back

Save & Next >

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Here you can add on any additional riders.

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Premium Information

Case Information

Application

✓ Producer Information

✓ Primary Proposed Insured

✓ Coverage Information - Base

✓ Optional Benefits/Riders - Base

✓ Premium Information

○ Beneficiary

○ Existing Insurance

○ Submission Path

○ Agent Report

○ Attachments

Premium Information

Premium Frequency
Monthly

Payment Method
Bank Draft

Premium Calculation

✓ The premium has been calculated.

QoL Flex Term (New Submission Platform)

\$500,000.00

10 years

Calculated Premium \$

\$32.53

◀ Back

Save & Next ▶

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Now click the green premium calculation button once you enter in the premium frequency to calculate the premium.

18

Beneficiary

- Producer Information
- Primary Proposed Insured
- Coverage Information - Base
- Optional Benefits/Riders - Base
- Premium Information
- Beneficiary**
- Existing Insurance
- Submission Path
- Agent Report
- Attachments

Case Information

Application

Beneficiary

Divide the percentage equally among all Primary Beneficiaries?

Please enter your Primary Beneficiaries by clicking on the grid below.

Name	Beneficiary Type	Share (%)
No matching records found		
CLICK HERE TO ADD PRIMARY BENEFICIARY		

Required (only) should be first

Would you like to designate a contingent beneficiary?

☐ Yes
 ☒ No

Beneficiary Information

Beneficiary Type

Select

Optional Comments

Beneficiary Information

Beneficiary Type

Individual

Relationship to Primary Proposed Insured

Son

Personal Details

First Name Last Name Suffix

First Last Suffix

SSN

SSN requested Not provided

Date of Birth Age

12/15/2000 1

Select address from list below or enter manually

1275 Brimstone Park Dr Brentwood Tennessee 37027-0348

Contact Information

Street 1

1275 Brimstone Park Dr

Street 2

City State Country Zip

Brentwood Tennessee USA 37027-0348

Email

son@gmail.com

Phone Number

(903) 555-1234



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Next you will enter in any beneficiary or contingent beneficiary information.

Existing Insurance

Producer Information

Primary Proposed Insured

Coverage Information - Base

Optional Benefits/Riders - Base

Premium Information

Beneficiary

Existing Insurance

Submission Path

Agent Report

Attachments

Case Information

Application

Existing Insurance

Do any of the Proposed Insureds have any existing annuity, life insurance, or disability insurance or have any application pending for such coverage with this Company or any other company? (Life, Health, Long-term Care, Disability Income, Annuity)

☒ Yes ☐ No

Existing Insurance

List below any individual insurance policies in force on the Primary Proposed Insured

Company	Amount of Coverage/Benefit	Coverage Being Replaced?
No matching records found		
Add all Existing Insurance		
<small>Required fields are marked with *</small>		

[< Back](#)[Save & Next >](#)



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And finally if the insured has an existing insurance and/or is replacing any policies this is where you would enter that information.

NEW Client Completion Path



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Based off of the information that you have entered into the system it will determine which submission paths are available to you.

Agent Drop Ticket + Client Collaboration

Case Information Application

Submission Path

How would you like to submit this application?

This application is eligible for client collaboration, which allows your client to get instant pricing and approval if they meet certain health and lifestyle criteria.

Find out more about SimpliNow with client collaboration

☒ Agent Drop Ticket + Client Collaboration

☐ Agent Completed Full Part A + B

Additional Options

☐ Agent Completed Full Part A + Paramedical Exam

☐ Agent Drop Ticket + Telemed Interview

☐ Agent Completed Full Part A + Telemed Interview

[< Back](#) [Save & Next >](#)

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There are typically five choices.

- 1.) Agent Drop Ticket + Client Collaboration (this is the path that can provide an instant underwriting decision if eligible).
- 2.) Agent Completed Full Part A + B
- 3.) Agent Completed Full Part A + Paramedical Exam (you can schedule the paramed exam in the platform)
- 4.) Agent Drop Ticket + Telemed Interview (you can schedule the Telemed Interview in the platform)
- 5.) Agent Completed Full Part A + Telemed Interview (you can schedule the Telemed Interview in the platform)

For this presentation we walk the screens for the Agent Drop Ticket + Client Collaboration and demonstrate both what the agent will be completed and then what the client will be completing for the Part B.

Agent Report

Producer Information

Primary Proposed Insured

Coverage Information - Base

Optional Benefits/Riders - Base

Premium Information

Beneficiary

Existing Insurance

Submission Path

Agent Report

Attachments

Validator and Lock

Agent Report

Do you want to provide contact information for someone else (other than yourself) to receive notifications about this policy?

☐ Yes ☒ No

Is more than one application being submitted at this time or pending for the Proposed Insured(s), family members, or business associates?

☐ Yes ☒ No

Does any Proposed Insured(s) have any existing or pending annuities or life insurance policies?

☐ Yes ☒ No

Do you have any information the Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity in connection with the policy being applied for?

☐ Yes ☒ No

Are you aware of any other information that would adversely affect the eligibility, acceptability, or insurability of any Proposed Insured(s)?

☐ Yes ☒ No

Will a medical exam be conducted?

☐ Yes ☒ No

Did you personally see all Proposed Insured(s) when the application was written?

☒ Yes ☐ No

Did you provide the Owner with a Limited Temporary Life Insurance Agreement?

☒ Yes ☐ No

Would you like to request in-language underwriting support for this application?

☐ Yes ☒ No

Did you give the Policy Owner an illustration that illustrates the policy as applied for?

☐ Yes ☒ No

Special Instructions

☐ This is a Companion Case

☐ Issue with Companion Policy Number

☐ More than one application on the same applicant.

☐ If this is approved other than applied for, do not issue until we have accepted offer

☐ At approval, hold for issue instructions

Please include information on any policy collateral assignments, etc.

Please provide any additional information.

Back

Save & Next



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First will be the agents report. Simply answer the questions and provide any special instructions if there are any. Then click save & next.

Attachments

Case Information

Application

Producer Information

Primary Proposed Insured

Coverage Information - Base

Optional Benefits/Riders - Base

Premium Information

Beneficiary

Existing Insurance

Submission Path

Agent Report

Attachments

Validate and Lock

Attachments

Click buttons below to attach documents

Documents must be in one of these formats: PDF, JPEG, TIF

You may only attach one document per button

The total size of all documents cannot be more than 15 MB

Note that attachments will not be eSigned

'Other' Attachments will be manually reviewed to satisfy Pending Requirements

Select 'Attachments' from the 'Case Actions' list at the upper right to view or remove any attached files

Underwriting Cover Letter

Medical Records (APS)

Exam

Additional Attachments

Back

Next

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Here you can upload any attachments you may have like an Underwriting Cover Letter, Medical Records (APS) or an Exam. None of this is required to complete the application. But if you have any of this kind of information you can upload it here. If not just click Next.

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Validate and Lock

The image displays two screenshots of a web application interface for the 'Validate and Lock' step.

Top Screenshot: The interface shows a sidebar with a list of steps: Producer Information, Primary Proposed Insured, Coverage Information - Base, Optional Benefits/Riders - Base, Premium Information, Beneficiary, Existing Insurance, Submission Path, Agent Report, Attachments, and Validate and Lock (highlighted with a red icon). The main content area is titled 'Validate and Lock' and contains a green message box stating: 'Your application is ready for lock. Please click the button below. After you click "Lock Ticket and Proceed to Signatures," you will be unable to edit this application.' Below the message is a green button labeled 'Lock Ticket and Proceed to Signatures' and a 'Back' button.

Bottom Screenshot: This screenshot shows the interface after the application has been locked. The sidebar is the same, but the 'Validate and Lock' step is now marked with a green checkmark. The main content area is titled 'Validate and Lock' and contains a message: 'Your application has been digitally locked to protect client data from alteration during the signature process.' It also includes instructions on how to unlock the application if needed. At the bottom, there is a 'Back' button and a 'Next' button.

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Now you will need to click the Lock Ticket and Proceed to Signatures. Then click Next.

Agent Attestation

Case Information

Application

Producer Information

Primary Proposed Insured

Coverage Information - Base

Optional Benefits/Loaders - Base

Premium Information

Beneficiary

Existing Insurance

Submission Path

Agent Report

Attachments

Validate and Lock

Agent Attestation

Agent Attestation

* By checking the I AGREE checkbox below, I state the following:

"By clicking the I AGREE/SUBMIT button below, I confirm the following: (1) I am a duly licensed and appointed (if appointment is required) life insurance agent in the state in which the applicant was solicited and in the state in which the policy, if one is issued, will be delivered; (2) the plan and amount of insurance identified is appropriate in view of the owner's insurance needs and financial objectives; (3) the information provided is complete, accurate and correctly recorded; and (4) all forms required to be delivered at time of solicitation have been delivered and all other forms (including buyer's privacy notices, if necessary) required have been or will be provided to the applicant.

"I authorize the Company or its duly appointed representative to obtain from the applicant such information as may be necessary with regard to this life insurance application, provided, however that any item of information or question from an owner or proposed insured requiring the act or advice of a licensed life insurance agent will be referred to me for action before the application can be processed.

"I acknowledge that clicking the I AGREE/SUBMIT button below constitutes my signature on the forms and has the same effect as if I personally signed the forms."

I Agree

Send to Client

Proposed Insured Email

leiv.roberson@corebridgefinancial.com

Proposed Insured Cell Phone

(515) 884-8884

Send Invite to Client

Send to Client

Proposed Insured Email

leiv.roberson@corebridgefinancial.com

Proposed Insured Cell Phone

(515) 884-8884

The application was successfully sent to leiv.roberson@corebridgefinancial.com.


Send Invite to Client

Thank you! Your client can begin their portion of the application. No further action is required at this time.

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Finally you will need to read and agree to the agent attestation. At this time you will also need to double check your clients email and cell phone. As the email is where we will be sending your client a link to complete their part of the application. If it is correct click Send Invite to Client. Now you are done with your portion. You will receive real time updates in Connexx letting you know the status of the application and if the client has completed it on their end.

Client Collaboration Email



Hi Test!

Welcome to Corebridge Financial! We look forward to helping you take action for a more secure tomorrow.

We have received your request for life insurance, and the next step is to complete your online application.

[Get Started](#)

What you should know:

- Your application will be available online for 30 days
- Please set aside 20-30 minutes to complete your application
- We suggest collecting important personal, financial and medical information for a faster process: Driver's license, financial information (like household income, bank account info, or existing life insurance information, if applicable), health history including physicians' names and addresses.

Have questions? Please contact **BROKERAGE** at (738) 213-7237 | lexi.roberson@corebridgefinancial.com

Choose how to access your application

Using one of the below methods you can save your progress and return to complete the application at a later time.

[Use an auto-generated PIN](#)

Don't want to use the above access methods? [Continue as a guest](#)

By continuing as a guest you will be required to complete the entire application now. Any information entered will not be saved if you exit or close the application prior completing the application.

Verification Code

Click "Send Code" to receive a text message with the verification code. Enter the 4 digit verification code in the space provided, then click "Verify Code".

+1 (318) 447-2887

[Send Code](#)

3696

[Verify Code](#)

Hi !

We're pulling up your application. Please provide the following information to verify your identity then click Next to continue.

Proposed Insured/Applicant

Date of Birth

08/09/1980

Last four digits of Social Security Number

[Next](#)



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On the left is an example of the email your client will receive. It will contain your email and phone number in case your client needs to get back in touch with you. They will have two options to access their portion of the application process. They can choose to continue as a guest which will require them to complete the entire application in one sitting. Or they can have a pin number auto generated and text to them on their cell phone. This option will allow them to start and stop and then come back to the application at a later time. Next they will just need to confirm their Date of Birth and the last four digits of their SSN to verify they are who they say they are.

Section 1 Review:



Welcome Test!

Thank you for trusting Corebridge Financial to help you meet your financial goals.

To complete your application, we will ask you to provide additional information about your personal, financial and medical history.

Get Started >



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The first section will begin once they click Get Started.

Review:

Here's what to expect:

- Please set aside 20-30 minutes to complete your application
- You may pause and resume as necessary by closing the browser window and logging back in from your email link. Your answers will be saved automatically
- We suggest collecting important personal, financial and medical information for a faster process: financial information (like household income, bank account info, or existing life insurance information, if applicable), health history including physicians' names and addresses
- After you have provided the additional information, your application will be reviewed

Life insurance issued by American General Life Insurance Company (AGL) Houston, TX. AGL is responsible for financial obligations of their insurance products. AGL does not solicit, issue or deliver policies or contracts in the state of New York. Products and services may not be available in all states and product features may vary by state.

[Privacy Policy](#) 



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It does provide the user with some information regarding what to expect in this process.

Review:

Review Your Information

Please review the following information for accuracy. To make changes to this information, please contact your agent, BRUNDEAGE, L.AST@BRUNDEAGE, at (781) 215-1237 or brundage@brundagefinancial.com

Verify your Information

Full Name
[Full Name]

Date of Birth
[Date of Birth] **Age**
[Age] **Gender**
[Gender]

Social Security Number
[Social Security Number]

U.S. Citizen
[U.S. Citizen] **Place of Birth**
[Place of Birth]

Driver's License
State
[State] **ID**
[ID]

Financial
Annual Income
[Annual Income] **Household Income**
[Household Income] **Net Worth**
[Net Worth]

Verify Product Information

Product
[Product]

Paid Amount
[Paid Amount]

Term Duration
[Term Duration]

Rider(s) (Applicable)
[Rider(s)]

Back

Lock Your Information

Please verify that all the information on the previous screen was correct. Once you do, you may click "confirm" and your application will be locked and you will have to start a new application if you need to make changes.

Back Confirm



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The first section will ask them to review all of their information (this is what you had input into the SimpliNow Choice platform). If everything is correct they will click the Confirm button. If there is something incorrect they will need to reach out to you to correct this information. It cannot be changed on their end.

Authorization Forms

Authorization Forms

i These documents authorize us to review your life insurance application and request and obtain additional information that will help us determine your coverage.

Please be sure to open and review each document, and save or print it. If you do not agree to all the terms, please contact your agent.

Electronic Consent and Disclosure

In order to use this system, your consent to use electronic signatures and to apply electronically is required. Please read the Terms of Use and Electronic Consent and Disclosure linked below. To print a copy of this form, select "Save/Download" on the viewing page.

After reading this consent, click the "I agree to the terms of the Electronic Consent and Disclosure" box to continue or select "Cancel" to stop the electronic signature session.

[View Electronic Consent and Disclosure](#) ☐ I agree to the terms of the Electronic Consent and Disclosure

[Back](#) [Submit](#)

HIPAA Authorization Form

Click below to review the HIPAA Authorization that permits Provider to share the Protected Health Information with the Company and others as described in the HIPAA Authorization.

By clicking the "I agree to the terms of the HIPAA Authorization" box, I acknowledge that I have reviewed the HIPAA Authorization referenced above and hereby authorize the Company to allow my signature to such form.

[View HIPAA Authorization](#)

Underwriting Authorization Form

Click below to review the Underwriting Authorization Form that will permit us to begin underwriting while you complete the application process. This authorization permits us to gather information about you from online medical databases and public records.

By clicking the "I agree to the terms of the Underwriting Authorization Form" box, I acknowledge that I have reviewed the Underwriting Authorization Form referenced above and hereby authorize the Company to allow my signature to such form.

[View Underwriting Authorization Form](#)

Forms / PDF

1 / 1

AIG

Electronic Consent - Terms of Use

CONDITIONS OF USE

By using this Web site in relation to an application for insurance with American General Life Insurance Company, hereinafter referred to as "the Company", you agree with the following Terms and Conditions of Use ("Terms") without limitation or qualification. Please read these Conditions carefully before using this Web site. You do not agree with these Terms, you are not authorized to use this Web site and you must stop the Web site immediately. The Company may revise these Terms at any time by updating this posting. You are bound by any such revision posted at the time of your use of this site.

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[Save/Download](#) [Close](#)

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Now the applicant will need to view three and agree to three authorization forms including the Electronic Consent and Disclosure, HIPAA Authorization on the Underwriting Authorization Form. They have the option to download and save these forms if they would like to.

Background

Background

You have completed section 1 of 4. Up next are background questions.

Please be prepared to provide the following information if applicable:

- Future international travel plans
- Aviation activities and details
- Driving Violations



Save & Next >



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Next up is Background information.....they just click Next.

Background Information

Background Information

Do you intend to travel or reside outside of the United States or Canada within the next two years?

☐ Yes ☒ No

In the past five years, have you flown as a pilot, student pilot or crew member of any aircraft, or have any intention to do so in the next two years?

☐ Yes ☒ No

In the past five years, or in the next two years: Have you / Will you participate in motor sports events or racing (auto, truck, motorcycle, boat, etc.); rock or mountain climbing (excludes indoor and stationary platform rock climbing); skin or scuba diving; aerobatics (hang gliding, sky diving, parachuting, ultra light, soaring, ballooning)?

☐ Yes ☒ No

Have you ever had an application for insurance modified, rated, declined, postponed or withdrawn? *

☐ Yes ☒ No

Have you ever filed for bankruptcy, or have the intention to seek bankruptcy protection within the next 12 months?

☐ Yes ☒ No

In the past five years, have you pled guilty or been convicted of any driving violations to include driving under the influence of alcohol or drugs?

☐ Yes ☒ No

Have you ever been convicted of, or are currently charged with, a felony or misdemeanor?

☐ Yes ☒ No

Are you an active duty service member of the U.S. Armed Forces?

☐ Yes ☒ No

Have you ever had an application for insurance modified, rated, declined, postponed or withdrawn? *

☒ Yes ☐ No

Reason

Choose from list or type in and press Enter

Build

Family History

Past Foreign Travel

Lab Values

Other

protection within the next 12

violations to include driving u

idemeanor?

Is there an intention that any party, other than the listed Owner or Beneficiary, will obtain any right, title, or interest in any policy issued on the life of the Primary Proposed Insured as a result of this application? ⓘ

☐ Yes ☒ No

Do you or the Policy Owner intend to finance any of the premium required to pay for this policy through a financing or loan agreement? ⓘ

☐ Yes ☒ No

Are you or the Policy Owner, or any person or entity, being paid (cash, services, etc.) as an incentive to enter into this transaction?

☐ Yes ☒ No

Have you ever used any form of tobacco or nicotine products?

☐ Yes ☒ No

[< Back](#) [Save & Next >](#)

* **Modified:** A modified insurance offer is when your final premiums from the insurer are higher than your initial quoted premium, often due to information discovered during underwriting. This is also referred to as approved other than applied.

Rated: A rated life insurance offer is when the insurer deems the applicant to be high-risk for various reasons, including specific medical conditions or a high-risk occupation. When this happens, the premium rate is higher than intended to cover the additional risk.

Declined: If the insurer deems your health history or lifestyle as too risky to insure, your application for life insurance will be declined.

Postponed: If the insurer is not ready to offer you insurance at the time you apply, they may postpone your application for insurance. This may occur for many reasons, such as if you are waiting for the results of a medical test that you just completed.


Withdrawn: When you withdraw your application for insurance, you cancel it before the policy is activated. This is often due to an offer from the insurer that is higher and/or more expensive than you expected.



Now they must answer a series of background information questions. If Yes is chosen there will be additional drop downs and reflexive questions relating to the question asked. Once complete they click Save & Next.

Limited Term Agreement

Limited Term Agreement

 This agreement could provide a limited amount of life insurance coverage for a limited period of time, subject to the terms and conditions on the Limited Term Life Insurance Form. Such insurance is not available for any riders or accident and/or health insurance. The Limited Term Life Insurance Form will be available in the application packet that you will see shortly.

To the best of your knowledge and belief has any Proposed Insured ever been diagnosed with, or sought treatment from a member of the medical profession for any of the following: a heart attack; stroke; coronary artery disease or other heart disease; cancer; diabetes; or disorder of the immune system, including but not limited to Acquired Immune Deficiency Syndrome (AIDS) or infection by the Human Immunodeficiency Virus (HIV)?

☐ Yes ☒ No

To the best of your knowledge and belief has any Proposed Insured, during the last two years: (1) been confined in a hospital or other health care facility (except for childbirth without complications); (2) received medical treatment or counseling for alcohol or drug use; or (3) been advised to have any diagnostic test or surgery not yet performed (except for those tests related to the Human Immunodeficiency Virus (HIV))?

☐ Yes ☒ No

To the best of your knowledge and belief is any Proposed Insured either less than 14 days old or over age 70 1/2?

☐ Yes ☒ No

[< Back](#)

[Save & Next >](#)



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Here they need to answer the Limited Term Agreement Questions and click Save & Next.

Medical

Medical History Details

You have completed section 2 of 4. The next section includes questions about your health and medical history.

Please be prepared to provide the following information:

- **Health Care Providers:** Names, phone numbers and addresses of physicians, medical facilities visited, with dates and reasons for visits
- **Medications:** Names and dosages of current and recently prescribed medications
- **Medical tests:** Name type of test, date of test, results (if known)
- **Medical Conditions or Diagnoses,** including the date of diagnosis, treatment and treating physician information
 - **Chronic Conditions:** If you have a history of high blood pressure, cholesterol concerns, or diabetes, please be ready to provide recent levels readings for:
 - Blood pressure
 - Cholesterol
 - Glycohemoglobin A1c
- **Health history of parents** including age and medical diagnoses and major medical diagnoses.



Save & Next >



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Now is the Medical section. Here it gives them information that they will need to have on hand to be able to complete this step. Here they just select Save & Next.

Medical

Physician Information

Provide the Name, Address, and Phone Number of your personal Physician(s). If no personal physician, provide name, address and phone number of the last doctor consulted or medical facility visited or to which admitted.

Physician Full Name

John Doctor

Phone Number

(515) 454-5544

Street One

940 Oldham Dr

Street Two

City

Nolensville

State

Tennessee

Zip

37135-9454

Country

USA

Date of Last Visit to Physician or Medical Professional

08/09/22

◀ Back

Save & Next ▶



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First they will need to enter their physician information and the date of their last visit. Then click Save & Next.

Medical

The image displays two screenshots of a medical assessment form. The left screenshot shows the 'Test Client - Risk Assessment' section with tabs for Personal Details, Personal History, Medical History, and Summary. It includes an Honesty Declaration, Primary Care Physician Details, and Height input fields. The right screenshot shows the 'Weight' and 'Family History' sections with various questions and 'Confirm' buttons.

Test Client - Risk Assessment

Personal Details | Personal History | Medical History | Summary

Honesty Declaration

I understand and agree to respond to all questions truthfully and not to withhold any information that may be responsive to any question asked. I understand that the Company may verify my answers against my health-related records

Yes No

Primary Care Physician Details

Do you have a personal physician?

Yes No

Height

Feet: 5 Confirm

Inches: 0 Confirm

Weight

Weight in lbs: 150 Confirm

Are you currently pregnant?

Yes No

Have you had any weight loss in excess of 10 lbs during the past year?

Yes No

Family History

Is your biological father alive?

Yes Confirm

Is your biological mother alive?

Yes Confirm

Have you had a biological parent die before age 60 from any of the following: Heart Disease, Coronary Artery Disease, Stroke, Suicide, Breast / Ovarian Cancer, Pancreatic Cancer, Colon Cancer, Substance Abuse, Lung Cancer, Prostate Cancer, Melanoma, or Mental illness

No Confirm

Continue



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Now they will answer all the medical questions. Anytime you see a green Confirm button they will need to click that after they input the requested information.

Medical – Reflexive Example

Personal Details Personal History **Medical History** Summary

Test Client - Risk Assessment 47 %

Medical History

Have you ever been diagnosed as having, been treated for, or consulted a member of the medical profession for:

High cholesterol	<input type="button" value="Yes"/>	<input type="button" value="No"/>
High blood pressure	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Diabetes or high blood sugar	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Coronary artery disease, heart attack, chest pain, shortness of breath, irregular heartbeat, heart murmur, or other disorder or disease of the heart	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Aneurysm, peripheral vascular disease, or other disease, disorder or blockage of the arteries or veins	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Cancer, leukemia, lymphoma, tumors or growths, masses, cysts or other similar abnormalities	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Thyroid or adrenal disease or any endocrine disorder	<input type="button" value="Yes"/>	<input type="button" value="No"/>

High blood pressure Yes [Change Answer](#)

Provide your most recent blood pressure reading, if known

Please choose...
Please choose...
120/80
Unknown



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Here is an example of a reflexive question. If they select yes the system will then ask for additional information.

Medical

Medical Questionnaire

Risk Assessment - Completed!

✔ Thank you for completing the Underwriting questions. The Underwriting process continues on the next screen.

◀ Back

Save & Next ▶

Validate and Lock

Great Job! You have completed section 3 of 4. Next, we will collect your electronic signature.

Lock Application and Proceed to Signatures

◀ Back



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Once they complete the medical questionnaire they will need to Lock the Application and Proceed to Signatures.

Payment & Signature

eSign Documents

Great job! You have completed section 3 of 4. Next, we will collect your electronic signature.



IMPORTANT: If you find any errors, please click the cancel button to have your agent update the application

Start eSignature

Signature Not Started

eSignature Information

Please fill out all of the information below to continue with your eSignature.

Signed At City:

Brentwood

Signed At State:

Tennessee

Continue

Terms of Use and eSignature Consent

Welcome, Client Imaginary

To begin the eSignature process, please read the Terms of Use and eSignature Consent by using the scroll window below. You may print and retain a copy of these documents for future reference.

TERMS OF USE CONDITIONS OF USE

By using this Web site in relation to an application for insurance with American General Life Insurance Company, hereinafter referred to as "the Company", you agree with the following Terms and Conditions Of Use ("Terms") without limitation or qualification. Please read these Conditions carefully before using this Web site. If you do not agree with these Terms, you are not granted permission to use this Web site and must exit this Web site immediately. The Company may revise these Terms at any time by updating this posting. You are bound by any such revisions posted at the time of your use of this site.

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Print

Please read all Disclosures, Acknowledgements and Caution statements included in the application. These provide important information and protections for you.

☒ I have read the Electronic Consent and Disclosure

Cancel

I Agree



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All signatures will be completed via DocuSign. They will need to input their City and State where they are located and agree to the eSignature Consent form.

UW Decision Result if OTAF or Declined

Underwriting Decision

Thank you for your application!

Your agent has received your offer and will provide you with next steps.

[< Back](#)

[Save & Next >](#)



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Here is where the applicant will be notified if an instant underwriting decision was made. It will either refer them back to their agent if it was approved other than applied for or if it was declined. You will see the reason for the decision in real time in Connex.

UW Decision Result if Approved as Applied

Underwriting Decision

Congratulations ! Your application has been approved!

Product: QoL Flex Term

Coverage: 200000

Term Duration: 10 years

Premium: \$69

Next, we will collect your payment information.

[< Back](#)

[Save & Next >](#)



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If they were approved as applied for it will inform them of their approval.

UW Decision Result if Labs Needed

[Save](#) [Sign out](#)

Underwriting Decision

Thank you for your application!

Based on the information you have provided, a medical exam and/or additional information such as medical records is needed to finish the process.

Click the button below to schedule your exam.

Exam Vendor

APPS

[Schedule my exam](#)

i If your exam was not scheduled, an examiner will contact you to schedule labs.



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Or if it is determined additional labs are needed they can schedule the exam right in the platform.

Payment & Signature

Payment Information

Quoted Initial Premium: \$41.38

This is the source for the initial premium. Please note: the initial premium can be made with a credit card; however, subsequent premiums need to be collected by Electronic Fund Transfer (EFT). We collect this information in order to secure your application. No money will be charged until we have approved your application.

Payment Method
Credit Card

Credit card information will be collected during the policy delivery process.

Quoted Ongoing Premium: \$41.38/mo.

Ongoing premium is collected by Electronic Fund Transfer (EFT). EFT is a debit service that offers a convenient way to pay insurance premiums. The Company will collect insurance premiums from your bank electronically – you do not need to write checks or mail in any payments. Premium withdrawals will appear on your bank statement, and your statements will be your receipt of payment of your premium.

Payment Method
Electronic Fund Transfer (EFT)

Bank Account Information

This will be used for all Electronic Fund Transfers.

Bank Account Type
☒ Checking ☐ Savings

Bank Name
Bank of Banks

Bank Account Routing/Transit #
123456789

Bank Account Number
650065665

☒ Thank you. Your bank account has been successfully validated.

1006

Yr Name
Yr Address
DATE
PAY TO THE ORDER OF \$
DOLLARS
Yr Bank Name
MEMO: 123456789 1006 1035
Routing Number Account Number Check Number

[< Back](#) [Save & Next >](#)

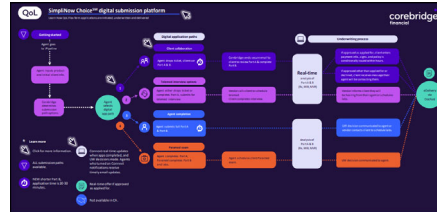


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The final step will be completion of the payment information.

Additional information: click the picture to pull up the document

Submission process overview



Agent guide



FAQ

Introducing SimpliNow Choice™ platform with a NEW online client completion path

Ready for a faster experience with underwriting approval?

Introducing SimpliNow Choice™ platform with a NEW online client completion path. This new path allows agents to submit applications directly to the platform, bypassing the traditional underwriting process. This results in faster approval times and a more streamlined experience for both agents and clients.

Key benefits include:

- Faster underwriting approval
- Streamlined application process
- Real-time status updates
- Improved client experience

AU+ Checklist

AU+ availability review checklist		corebridge	
Item	Yes	No	Comments
1. Agent is a licensed insurance agent in the state of Florida.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Agent is a member of the Florida Insurance Association.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Agent is a member of the Florida Insurance Association's Underwriting Committee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Agent is a member of the Florida Insurance Association's Underwriting Committee's Underwriting Committee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Agent is a member of the Florida Insurance Association's Underwriting Committee's Underwriting Committee's Underwriting Committee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Agent is a member of the Florida Insurance Association's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Agent is a member of the Florida Insurance Association's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Agent is a member of the Florida Insurance Association's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Agent is a member of the Florida Insurance Association's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Agent is a member of the Florida Insurance Association's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee's Underwriting Committee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Client completion guide

Fall in love with the SimpliNow Choice™ platform

- Consistently across ALL potential underwriting submission paths in the same session and choose which meets your client's needs.
- New client completion Part B on items cases with a potential real-time offer.
- Financial professional and client validation occurs during the online process to ensure a good order submission and payment processing.
- Real-time status updates throughout the application process via Connect.

Online Application

Underwriting and client validation occurs during the online process to ensure a good order submission and payment processing.

Agent Drop Ticket - C

Financial professional

Client

Underwriting and client validation occurs during the online process to ensure a good order submission and payment processing.

Agent Drop Ticket - C

Financial professional

Client

Underwriting and client validation occurs during the online process to ensure a good order submission and payment processing.

Agent Drop Ticket - C

Financial professional

Client

Underwriting and client validation occurs during the online process to ensure a good order submission and payment processing.

Agent Drop Ticket - C

Financial professional

Client

Underwriting and client validation occurs during the online process to ensure a good order submission and payment processing.

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Read slide

Policies issued by **American General Life Insurance Company** (AGL), Houston, TX. Policy Form Numbers ICC21-19310 Rev0321, 19310, ICC21-19311 Rev0321, 19311, 19310-10A Rev0321, 19311-10A Rev0321; Rider Form Numbers ICC14-14012, 14012, ICC14-14001, 14001, ICC15-15602, 15602, ICC15-15603, ICC15-15604, AGLA 04CHIR-CA (0514), AGLA 04CRIR, AGLA 04TIR, ICC16-16420, 16420. **AGL does not solicit, issue, or deliver policies or contracts in the state of New York.** Guarantees are backed by the claims-paying ability of the issuing insurance company and each company is responsible for the financial obligations of its products. Products may not be available in all states and features may vary by state.

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