

PROSPERITY
LIFE GROUP®



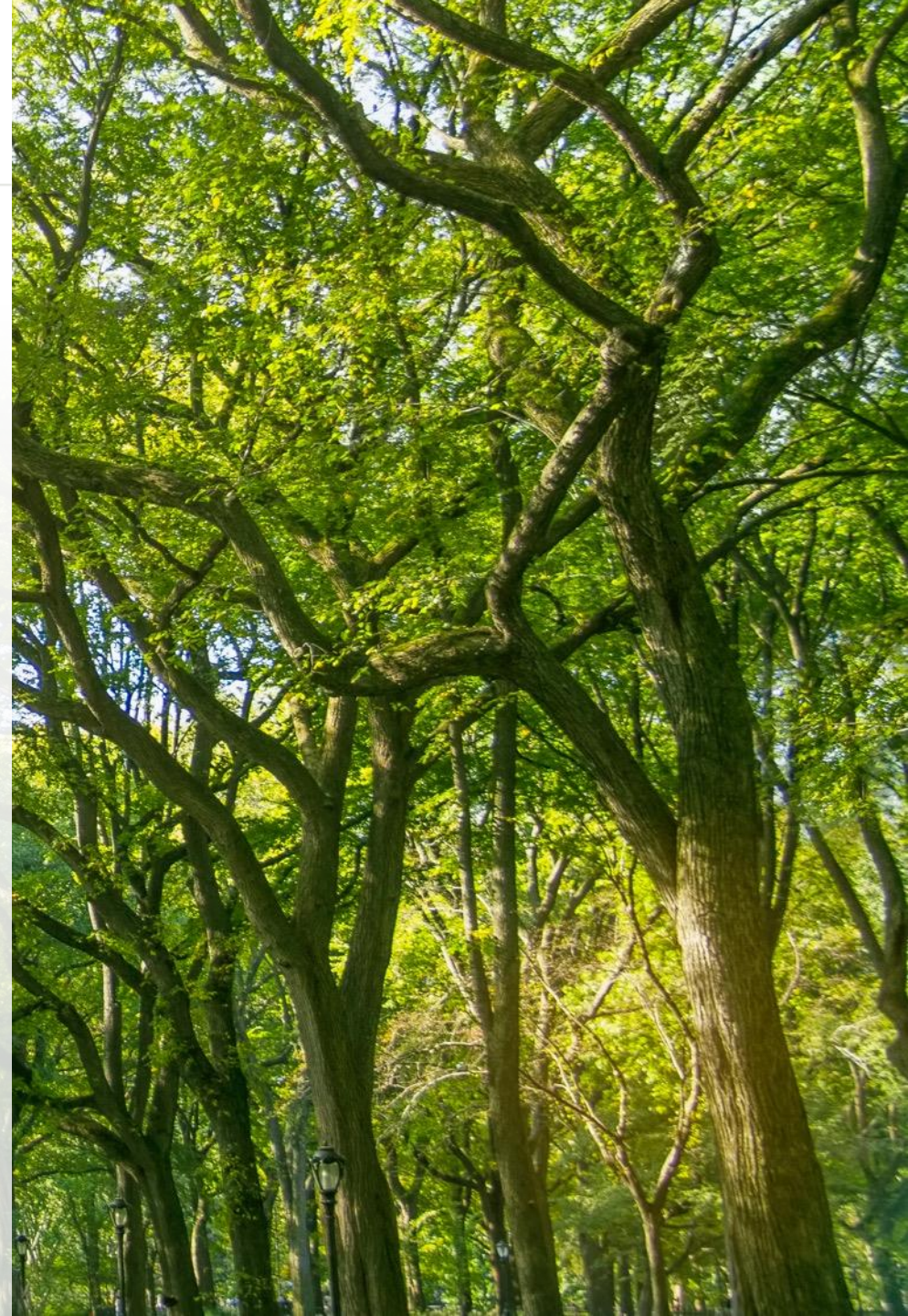
NEW VISTA®

Peace of Mind for You and
Your Loved Ones

Whole Life Insurance
Issued by SUSA Life Insurance Company, Inc.,
a member of Prosperity Life Group

New Vista® Final Expense Whole Life Insurance

For Agent Use Only - Not for Use with Consumers
U-TRNFEXECW19 10/2022



About Prosperity Life GroupSM

Prosperity Life Group Member Companies:



Prosperity Life Group is one of the leading providers of life, annuity and supplemental products. Our underwriting 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 Life Products?

- Multiple options for electronic application submission (both face-to-face and remotely)
- Instant underwriting decision in most cases
- No changes in commission levels for age, plan type, etc. (S.USA products only)
- Commissions pay as often as daily with direct deposit
- A- (Excellent) AM Best rated
- Social Security billing available (aligns payment date with deposit) and acceptance of Direct Express (also eligible for advances)
- Fast and easy contracting, usually completed in as little as 48 hours (non pre-appointment states)
- User friendly agent portal with customizable reports and enhanced downline management tools
- Responsive Agent Support Team

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).

Please review your welcome email carefully as it contains state specific appointment information.

Pre-Appointment States: No application can be submitted before an agent is contracted and appointed.

Just-In-Time (JIT) States: Most 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 from Prosperity)
- 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 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 Prosperity Life Group' message. The main area contains a grid of blue buttons for Quote Engine, Applications, Policies, Commissions, Contracting, Downlines, Resources, Bulletins, and Reporting. Red callout boxes provide descriptions for several of these features: 'Training and important Compliance materials' points to the Support icon; 'Contract your downline agents using customizable web links' points to the Applications button; 'See policy details and get updates on Pending cases' points to the Policies button; 'Quick link to printable marketing materials and helpful tools.' points to the Resources button; 'Customizable user-friendly reports to manage your business and downlines.' points to the Reporting button; and 'Make changes to commissions, advances, and monitor downline's activity' points to the Downlines button. A red arrow points from the 'Policies' button towards the text on the right side of the slide.

Policy information will be available in the portal 2 days after application submission.

Agent Sales Bonus Opportunity



10% Cash Bonus program!

Place at least \$25K in AP during the quarterly qualification period for a 10% bonus.

Please review details for qualifications.

Qualifying Products:
New Vista®, Prime Term To 100, and Family Freedom Term

(S.USA sales only)

Qualifying States:
All states where product is available

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- To qualify, must have a minimum of \$25,000 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. Family Freedom Term not available for voice sales; face-to-face sales only.

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Why Sell New Vista Final Expense?

- 3 Plan options (Level, Graded, Modified) that pay the same commission level ...no matter the age
- Diabetic friendly underwriting - Controlled diabetes without any complications qualifies for Level plan
- Smoker rates based on cigarette smoking only (current smoker or smoked within the last 12 months)
- Social Security billing available (aligns payment date with deposit) and acceptance of Direct Express (also eligible for advances)
- 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.
- Optional Accidental Death Rider available through age 74 (expires at age 75)

New Vista Final Expense - Product Details

Insured Issue Ages: 50-80 (Base Policy) / 50-74 (Accidental Death Benefit Rider)

Expiry Age: 121 (Base Policy) / 75 (Accidental Death Benefit Rider)

Face Amount: \$1,500 - \$35,000 (state variations apply)
(subject to max combined coverage limits)

Risk/Rate Class: Three death benefit plans - Level, Graded, Modified
Simplified Issue - Approved (Level, Graded or Modified)/Declined
Gender and Smoker Distinct - Male/Female, Tobacco(T) /Non-tobacco(NT) -
Based on Cigarette use only

Premiums: Premiums are based on plan, issue age, gender, and smoking class, and are fixed throughout the lifetime of the contract, with cash value accumulation.

Recurring Premiums: EFT*/ Debit Card or Direct Express - Monthly, Quarterly, Semi-Annual, Annual
Direct Bill - Quarterly, Semi-Annual, or Annual (Not offered Monthly)

***EFT or Direct Express must be selected on application to qualify for advanced commissions**

New Vista Final Expense - Product Details

Modal Factors & Policy Fee:

| | Modal Factor | Policy Fee* |
|-------------|--------------|-------------|
| Annual | 1.000 | 60.00 |
| Semi-Annual | 0.5150 | 30.90 |
| Quarterly | 0.2650 | 15.90 |
| Monthly | 0.0900 | 5.40 |

*Policy fee is partially commissionable

Underwriting

For most applicants, the underwriting decision is based on height/weight, answers to the health questions and an MIB and prescription drug service call out. The policy should be submitted through one of Apptical's point-of-sale underwriting methods. If an underwriting determination cannot be made at point of sale, the case will be referred to the Home Office for additional underwriting.

Included Accelerated Death Benefit Feature (not available in CA)

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

Optional 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.

New Vista Final Expense - Plan Options

| | Level | Graded | Modified |
|--|--|--|--|
| Insured Issue Age (Age Last Birthday) | 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 Year 30% of Face Amount 2 nd Year 70% of Face Amount 3 rd Year+ full Face Amount | <u>Non-Accidental Death*</u> 1 st Year 110% of Annual Premium 2 nd Year 231% of Annual Premium 3 rd Year+ 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 Face Amount Expires at age 75 | 1X Face Amount Expires at age 75 (Accidental Death benefits are full face in Years 1-2) | 1X Face Amount Expires at age 75 (Accidental Death benefits are full face in Years 1-2) |

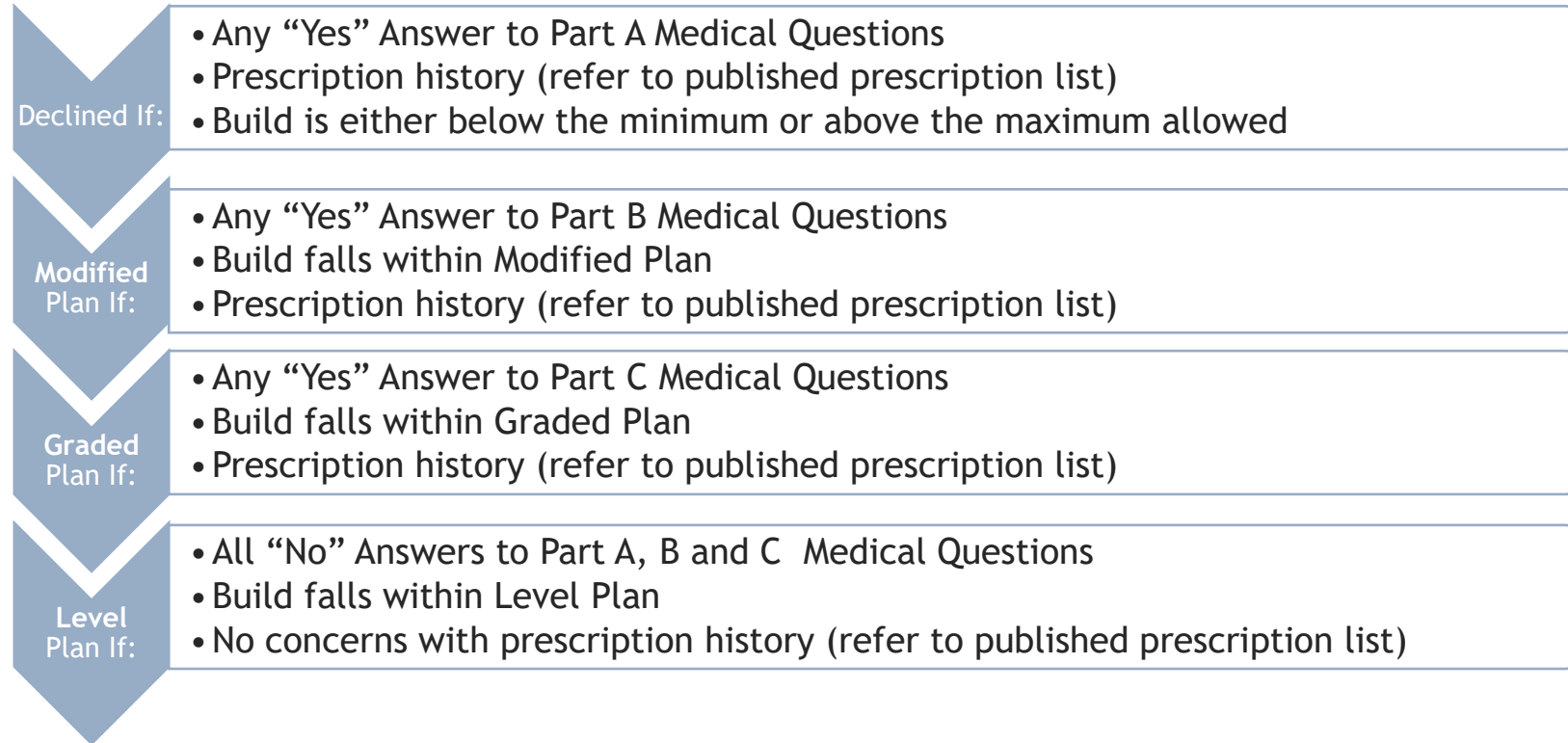
* Base Death Benefit for Accidental Death is full face amount in all years.

**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.

***Issued through Insured age 74 only (expires age 75). Additional premiums apply.

New Vista Final Expense - Plan Options

Plan eligibility is based on the following:

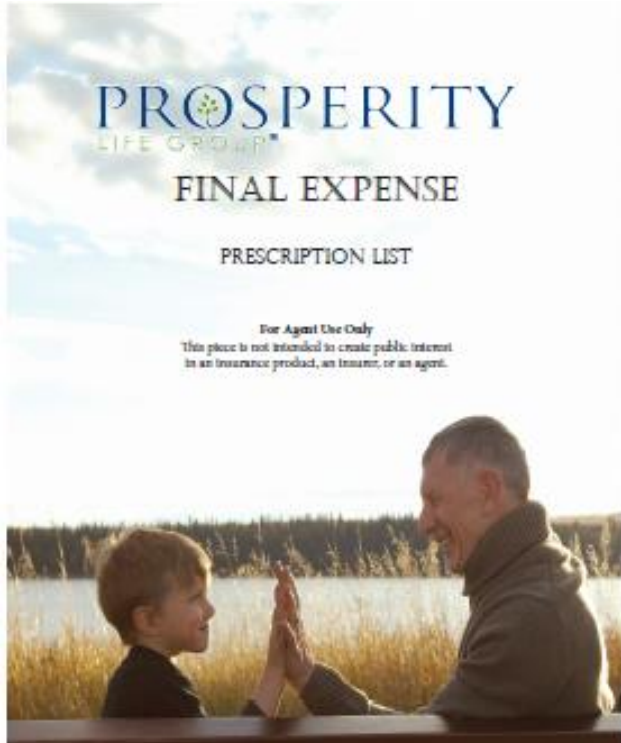


In all cases, Apptical will run MIB and RX history checks. Review of this medical information may result in an adverse decision based on Company underwriting guidelines. Applications may also be withdrawn due to unresolved medical information. **Please make sure to review the health questions with your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

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-underwrite your client.



For Agent Use Only - Not for Use with Consumers

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 |

Health Questions

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

*Remember to always check the Rx Guide for medications filled within the specified lookback period for each question.

This includes smoking cessation aides and medications.

Health Questions

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



In-Person Sales Process: New Vista E-Application

The Application Process: E-Application, Face to Face

E-Applications can be taken if you and your client are in the same place. This provides for the opportunity to receive an underwriting decision at the point of sale through our vendor, Apptical, using the LiveApp web portal: <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-App 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
- Replacements are available in most states

A screenshot of the LiveApp Login web portal. The form is titled "LiveApp Login" and contains two input fields: "User Name" with the placeholder text "YOUR USER NAME HERE" and "Password" with a masked password of seven dots. Below the fields is a blue "Login" button. 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 E-Application

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

Start Here

Important!
The state selected should be where the owner is signing the application. Note that the client should be signing in their resident state unless an acceptable reason applies. Refer to the Non-Resident Sales Guide for Acceptable Reasons.

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.

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:

Please review this important update regarding New Vista E-applications through Aaptical LiveApp (face to face sales only):
Effective April 19, 2021 the Aaptical 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

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

Buttons: 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

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

Buttons: Reset, Calculate, Save, Cancel

3. Then, click “Save.”

4. Click “Next” to proceed.

Buttons: Previous, Next, Stop

Consent to Electronic Signature and E-Delivery of Application Documents

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

California Consent Form

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 customer care@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: _____

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.

Proposed Insured Information & ID Verification

You may upload a scan of the Proposed Insured's Driver's License. In order to do this, you must download the AppticalMobile app to your smartphone or tablet, then follow the instructions in LiveApp.

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 manually input SSN and US Citizen or Legal Permanent Resident status.

Which method are you using to collect the Photo ID within the Apptical Mobile app? (Please ensure to download to your smartphone or tablet before proceeding.)

Application ID
QR Code

← App ID option is best if only using a tablet.

(Please make sure you see the photo ID loaded on the upper left hand side of the screen.) Please open the Apptical MobileApp on your tablet or smartphone. Select "Capture ID for LiveApp" found in the MobileApp menu. Then choose "Manual Input". Make sure to have the LiveApp Application ID 2307744 ready to enter into the "Application ID" field in the MobileApp screen. This will allow you to take a picture with your mobile device. Some of the Photo ID information will populate below once it's imported from the mobile app. You may need to refresh this page, then confirm the information located in the "Barcode Data" tab, make edits as needed and continue the application process.

Which method are you using to collect the Photo ID within the Apptical Mobile app? (Please ensure to download to your smartphone or tablet before proceeding.)

Application ID
QR Code



← QR code is faster, but you'll need to use a 2nd device to scan it with.

Please open the Apptical MobileApp on your tablet or smartphone. Select "Capture ID for LiveApp" found in the MobileApp menu. Then choose "QR Code Scan". Point the camera to the QR code shown on the E-Application. This will allow you to take a picture of the Photo ID using your mobile device. Some of the Photo ID information will populate below once it's imported from the mobile app. You may need to refresh this page, then confirm the information located in the "Barcode Data" tab, make edits as needed and continue the application process.

Input Proposed Insured's Information

i Applicant's gender is: Male

Salutation: / Mr / Mrs / Ms / Dr

Mr. ▼

First Name

Donald

Middle Initial

i Last Name

Duck

Suffix

N/A ▼

Daytime phone:


888 - 888 - 8888

Evening Phone Number

Best Time to Contact Proposed Insured

i Social Security Number

***SSN is required, ITIN is not acceptable.**

555 - 55 - 5555 

i Date of Birth is January 01, 1950

i State of Birth

Alabama ▼

Country of Birth

United States ▼

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

No

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

Yes

Mailing Address

123 Main Street

Input Proposed Insured's Information

What is your current height?

What is your current weight?

Mailing Address
✓ Matched street and city and state

City

i Residence State

Zip Code

Does the Proposed Insured have a Driver License? ***Drivers License is optional.** No Yes

Please provide the Proposed Insured's email.

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

City

State

i Has the Proposed Insured smoked cigarettes in the past 12 months? No Yes **To change answer to the cigarettes question, you must go back to the Rate Calculator.**

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. This info will auto-populate, please ensure it is accurate.

IDENTITY VERIFICATION (TPC)


Please verify the following information:

First Name


Donald

Last Name

Duck

 Date of Birth

01/01/1950

 Social Security Number

555 - 55 - 5555



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:

We are not able to validate the Proposed Insured's identity but you may continue with the application process. Please ask your customer for a copy of their Social Security card and Driver's License/State ID card. The Home Office will require those items before the policy can be issued. Please send via secure/encrypted email to newbusinessprocessing@prosperitylife.com.

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.

Client E-signs HIPAA Authorization

DISCLOSURE ESIGN

Signatures for Disclosure Documents

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

Waiting for Mickey Mouse

Sign

Recipients

Mickey Mouse

NOTE: As soon as the Proposed Insured has signed the Disclosure document, the Waiting message will change to Completed which allows you to proceed with the application process. (If it does not change, please click on top left side of tool bar and click Refresh Script. This should update the message.)

Today's date is: (This MUST match the application date - not a future date)

January 26, 2022

PROSPERITY LIFE GROUP
SBL USA Life Insurance Company, Inc.
S USA Life Insurance Company, Inc.
Shenandoah Life Insurance Company
(Each the "Company")
Members of the Prosperity Life Group

AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION

THIS AUTHORIZATION COMPLIES WITH THE HIPAA PRIVACY RULE
1970-01-01

Mickey Mouse
Print Name of Proposed Insured/Patient Date of Birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("my providers") to disclose my entire medical record, prescription history, medications prescribed and any other health information concerning me ("protected health information") to the Company. I also authorize any insurance company or agent from which I have applied for or obtained insurance, any consumer reporting agency such as MB, Inc., and any other entity or person having protected health information about me, to disclose to the Company. Protected health information includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. Protected health information also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

Further, protected health information includes genetic information and genetic test results, and I specifically authorize my providers to disclose such information and results to the Company, subject to the terms and conditions of this Authorization.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization and I instruct my providers and other entities or persons referred to above to release and disclose my entire medical record without restriction.

I further authorize the disclosure of protected health information by the Company to its affiliates, service providers, reinsurers, agents and representatives, and to any consumer reporting agency such as MB, Inc.

This protected health information is to be used or disclosed under this Authorization so that the Company may: 1) underwrite my application for insurance, make eligibility, risk rating, and policy issuance determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) 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.

| | | | |
|--------------|---|-----------------|--|
| Mickey Mouse | Printed Name of the Proposed Insured/Patient or Personal Representative | 01/26/2022 | Description of Personal Representative's Authority or Relationship to Proposed Insured/Patient (if applicable) |
| | Signature of Proposed Insured/Patient or Personal Representative | Date (required) | |

Click to sign

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 authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("my providers") to disclose my entire medical record, prescription history, medications prescribed and any other health information concerning me ("protected health information") to the Company. I also authorize any insurance company or agent from which I have applied for or obtained insurance, any consumer reporting agency such as MB, Inc., and any other entity or person having protected health information about me, to disclose to the Company. Protected health information includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. Protected health information also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

Further, protected health information includes genetic information and genetic test results, and I specifically authorize my providers to disclose such information and results to the Company, subject to the terms and conditions of this Authorization.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization and I instruct my providers and other entities or persons referred to above to release and disclose my entire medical record without restriction.

I further authorize the disclosure of protected health information by the Company to its affiliates, service providers, reinsurers, agents and representatives, and to any consumer reporting agency such as MB, Inc.

This protected health information is to be used or disclosed under this Authorization so that the Company may: 1) underwrite my application for insurance, make eligibility, risk rating, and policy issuance determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) 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.

| | | | |
|--------------|---|-----------------|--|
| Mickey Mouse | Printed Name of the Proposed Insured/Patient or Personal Representative | 01/26/2022 | Description of Personal Representative's Authority or Relationship to Proposed Insured/Patient (if applicable) |
| | Signature of Proposed Insured/Patient or Personal Representative | Date (required) | |

| | | |
|---|--|--|
| SBL USA Life Insurance Company, Inc. 100 West 33rd Street, Suite 1007 New York, NY 10001-2914 1-877-725-4872 | S USA Life Insurance Company, Inc. P.O. Box 1190 Newark, NJ 07101-1050 1-866-787-2123 | Shenandoah Life Insurance Company P.O. Box 12847 Roanoke, VA 24029 1-800-848-5433 |
|---|--|--|

Only SBL USA is authorized to do business in New York.
C-HIPAA Page 1 of 1 4/2021

The HIPAA sign date must be today's date.

Future effective dates may be selected later, in the Premium Payment section.

Existing Insurance and Replacements

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

No

Yes

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

No

Yes

EXISTING AND PENDING INSURANCE

Company Name

Policy Number

Product Type

Life 

Annuity

Replacement?

No

Yes

Face Amount

Accidental Death Benefit?

No 

Yes

Year Issued?

Any other coverages?

No 

Yes

Please complete these questions and section about the client's existing or pending insurance and replacement information, if applicable.

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 

Yes

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 

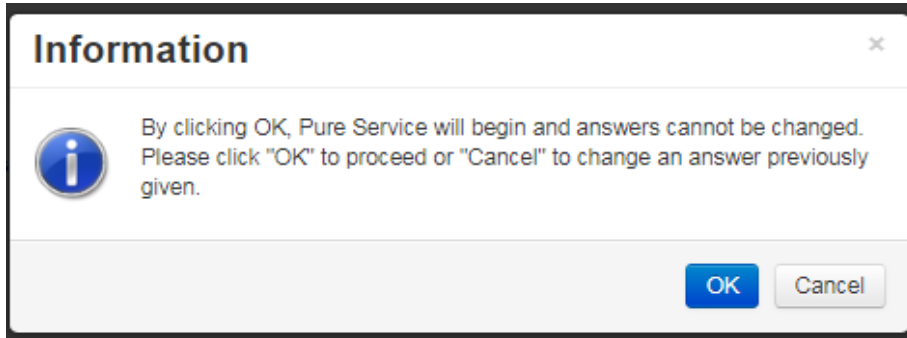
Yes

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 EVALUATION


Thank you. Click NEXT to see if there are additional questions. If additional questions appear, ask exactly as they appear on screen.

PURE DATA RESULT

(NOTE: If you see this message BELOW - "Our apologies, but due to a system issue we are not able to render PURE Data Results at this time" - it means there may be a service outage. Please click on STOP and select LiveApp Pending User Action. Try completing the application at a later time. (Outages are typically resolved in minutes.) Also, please make sure that the Rate Calculator is completely filled.

Ms. Dawson

The results have indicated that you are:

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.

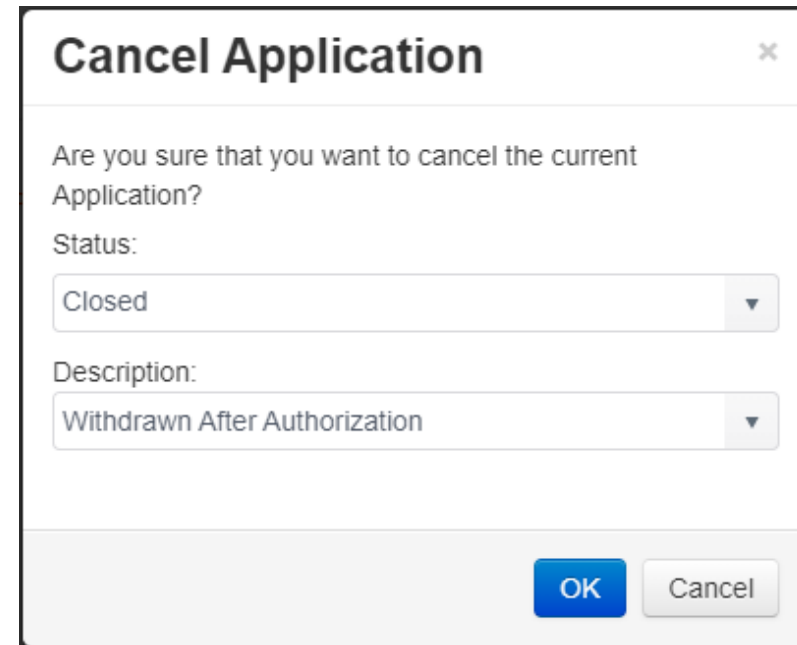
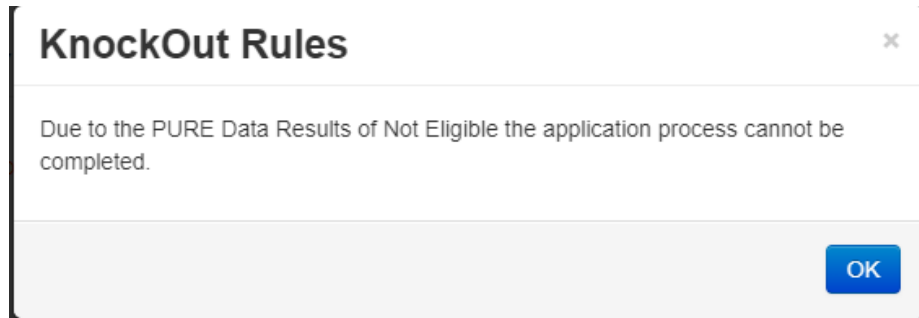
Getting the Decision

ELIGIBILITY

Producer: did you receive a PURE Data Result of "Not Eligible"?

No

Yes



If the PI was Not Eligible for coverage, this question will give you an opportunity to Stop and close the application at this time.

Please select "Withdrawn After Authorization" as the description.

Confirm Plan/Face Amount/Rates

CONFIRM POLICY AMOUNTS

To confirm: the policy amount is \$10000.00 and the Premium amount is \$107.55. Would you like to continue?

No

Yes

Note: If you need to reduce the face amount in order to keep the same premium, go to the Rate calculator, under the Application tab. Enter the Premium amount and Calculate for new Face Amount. Make sure to select the new Eligibility level. If the insured applied level, but was approved graded or modified, the agent should add an explanation here that this means that the death benefit will be limited in the first three years of coverage for death other than accidental death, and explain how.

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 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.

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.

Please note that choosing a minor as a beneficiary will require a court appointed guardian of the minor's estate which will cause delays in distributing the death benefit.

Primary Beneficiary Information

Primary Primary

First Name

Middle Name

Last Name

Social Security Number

Date of Birth

Relationship

Percent of Proceeds

Telephone Number

Is there an address available for this beneficiary? No Yes

Are there any additional beneficiaries? No Yes

(PERCENTAGE TOTAL FOR PRIMARY BENEFICIARIES): 0

Are there any Contingent Beneficiaries? No Yes

Relationship is required and one of the following options must be selected:

- Wife, husband, domestic partner, common law spouse, fiancée
- Son-in-law, daughter-in-law
- Children, stepchildren, grandchildren (Minors not recommended)
- Sibling
- Niece or nephew
- Aunt or uncle
- Parent or grandparent
- Family Living Trust
- Certain Charitable Trusts
- Irrevocable Life Insurance Trusts (ILITs)
- Qualified charitable or community organizations

Other Insurance

SECTION 4 - OTHER INSURANCE

List all current or pending life insurance or annuity coverage below:

| | |
|--------------------------|---|
| Insured's Name | <input type="text"/> |
| Company | <input type="text"/> |
| Owner | <input type="text"/> |
| Replacement? | No <input type="radio"/> Yes <input type="radio"/> |
| Face Amount | <input type="text"/> |
| Accidental Death Benefit | <input type="text"/> |
| Year Issued | <input type="text"/> |
| Any other coverages? | No <input type="radio"/> Yes <input type="radio"/> |

The Other Insurance section only needs to be completed if there is existing insurance.

In many states, if there is existing insurance, a replacement notice is required to be delivered, even if they don't plan to replace their current policy.

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.**

PREMIUM AND BILLING INFORMATION

To confirm, you wish to pay your premiums Monthly. Please note that if you choose to pay your policy premium in semi-annual, quarterly or annual payments, you will pay more over the year than if you choose to pay annually.

(NOTE: Please make any changes to the Premium Mode within the rate calculator.)

Payment Options:

What method do you wish to use to pay your premium?

EFT

Direct Express MasterCard

Debit Card

Billed Directly

To whom should premium notices be sent (note that premium notices will not be mailed if you are paying via automated monthly payments)?

Proposed Insured

Owner

The insurer offers an Automatic Premium Loan feature which will use the cash value of your policy, if any, to pay for an overdue premium in order to avoid a lapse. By selecting this feature, you understand that a loan may be made against the cash value of your policy to pay premiums due. Do you wish to include the Automatic Premium Loan feature?

No

Yes

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) or Direct Express selections will qualify for advances**, other options pay as earned only. Please review the terms of your advance addendum, if applicable.

Social Security Billing

- We can 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.
- 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: Debit Visa or MasterCard tied to bank accounts or Direct Express debit MasterCard.

Premium Payment Authorization and 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)

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

Bank Name

Citi Bank

Routing Number:

021000021

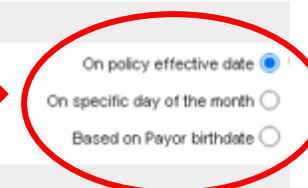
Account Number

420012589855

Account Type:

Checking

Savings



Please double-check account number to avoid rejected charges.



Agent Certification

AGENT CERTIFICATION

WARNING: Once you proceed past this screen, no changes should be made in the application nor within the RATE CALCULATOR. Please be sure you have verified all entered data before proceeding to the Final Signature screen.

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 First !

Agent Last Name:

Agent Last !

Agent Number

B99990000 !

i Email Address of Agent

agent@gmail.com !

Confirm: Email Address of Agent

agent@gmail.com

Telephone Number of Agent

540 - 555 - 5555 !

Agency Name

i Agency Number

Are the commissions to be split with another Producer?

No !
Yes

i Comments:


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

Conditional Receipt Provided?

No !

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

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

We offer the option to split commissions with a 2nd agent, please have their agent number ready. 

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

HELLOSIGN GET STARTED

NEW VISTA
S. USA LIFE INSURANCE COMPANY, INC.
APPLICATION FOR INDIVIDUAL WHOLE LIFE INSURANCE

P.O. 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 | | Zip Code 81034 |
| 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 | Zip Code |
| Date of Birth 01/01/1967 | Relationship Common Law Wife | 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 | Zip Code |
| 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.
- New Business will notify the agent via email if anything further is needed to issue the case.
- 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 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. Please note that applications left in Pending will be closed after 72 hours and **cannot be re-opened**.

LiveApp Application Language Help Account settings Log Out

Applications Search

Search Reset

App ID: Status:

Company: Prosperity Life - S.USA Description:

Product: Client Last Name: Creation Date:

Jurisdiction: Client Last 4 of SSN:

Client Date of Birth: M/d/yyyy Client Closed Date:

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 |

Conduct Populate/Preview PDF



Sales processes that do not
require an in-person meeting:

New Vista Voice

New Vista Remote E-app

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

There are 2 ways in which applications can be taken over the phone or by virtual meeting, when you and your client are in 2 different locations, both of which provide for the opportunity to receive an underwriting decision at the point of sale through our vendor, Apptical:

- LiveApp web portal voice signature sales (New Vista Voice option)
- LiveApp web portal remote E-Application (New Vista Remote E-App option)



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" form. The form has a light gray background and a white border. At the top, it says "LiveApp Login" in a dark gray font. Below this, there are two input fields: "User Name" with a placeholder "YOUR USER NAME HERE" and "Password" with a placeholder of seven dots. 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", both in a smaller, blue font.

The Application Process - Voice Signature

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

LiveApp Application Language Help Account Settings Log Out User: hynds18860188 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

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:

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.

Previous Next Stop

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

Important!
The state selected should be where the owner is signing the application. Note that the client should be signing in their resident state unless an acceptable reason applies. Refer to the Non-Resident Sales Guide for Acceptable Reasons.

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

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

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

Face Amount: 10,000.00 Premium Amount: [empty]

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

Female Yes Quarterly Semi-Annual Annual

Face Amount: 10,000.00 Premium Amount: 103.88

Accidental Death Benefit: No Yes

10,000.00

Results:

- The Monthly premium amount including the Accidental Death Benefit Rider(s) for New Vista Voice (with a Level death benefit) is: \$103.88
- The Monthly premium amount including the Accidental Death Benefit Rider(s) for New Vista Voice (with a Graded death benefit) is: \$146.17
- The Monthly premium amount including the Accidental Death Benefit Rider(s) for New Vista Voice (with a Modified death benefit) is: \$180.76

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

NOTE: The Owner must also be on the phone during the Apptical call.

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

No

Yes

(Please make sure so mark Yes to the next question, if the applicant agrees to receive the package documents by email or text along with a verification code.)

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 optional but 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.

Document & Disclosure Delivery Options

To save time on the phone call, the applicant can choose to have the application packet sent to them by text or email so they can see the agreements and disclosures. If they cannot or do not wish to receive the documents, Apptical will play recordings of certain agreement and disclosure language during the call. 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. To exercise this option, the Proposed Insured must also be the Owner.

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.

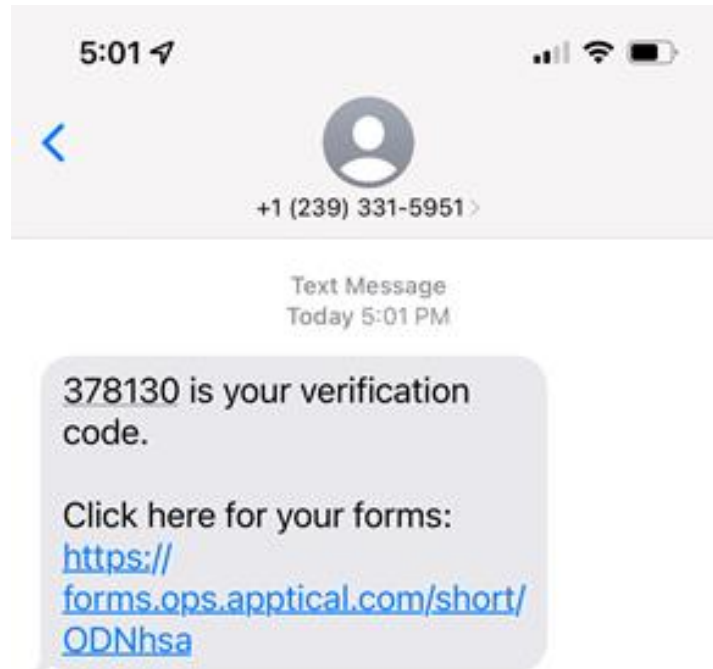
Confirm: Please provide the Proposed Insured's email.

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

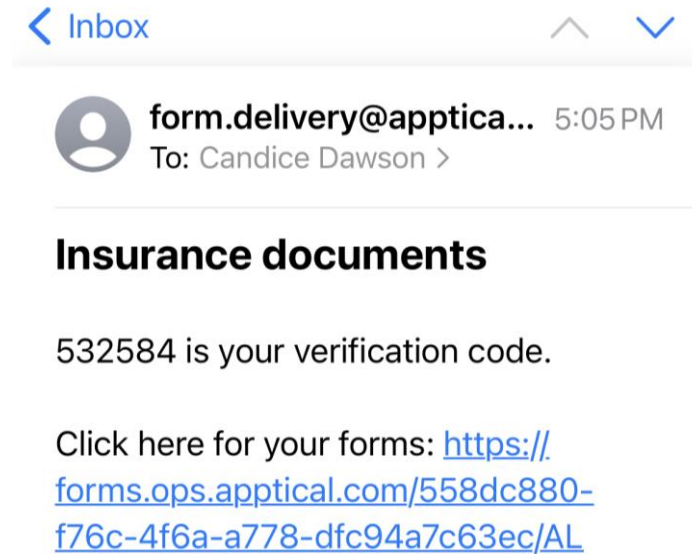
Send by Email or Phone Option, then input the 6-digit code the client will provide to you. See examples of what the client will receive on the next page.

Document & Disclosure Delivery Options

Example client text message:



Example client email:



Proposed Insured Information

| | |
|--|--|
| Salutation: / Mr / Mrs / Ms / Dr | <input type="text"/> |
| First Name | <input type="text"/> |
| Middle Initial | <input type="text"/> |
| Last Name | <input type="text"/> |
| Suffix | <input type="text"/> |
| Daytime phone: | <input type="text"/> |
| Evening Phone Number | <input type="text"/> |
| Best Time to Contact Proposed Insured | <input type="text"/> |
| Social Security Number | <input type="text"/> |
| Date of Birth is January 01, 1950 | <input type="text"/> |
| State of Birth | <input type="text"/> |
| Country of Birth | <input type="text" value="United States"/> |
| Is the Proposed Insured a United States Citizen or legal permanent resident? | <input type="radio"/> No <input type="radio"/> Yes |
| Height | <input type="text"/> |
| Weight | <input type="text"/> |
| Mailing Address | <input type="text"/> |
| City | <input type="text"/> |
| Residence State | <input type="text" value="Alabama"/> |

***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.**

Please input Proposed Insured's personal information carefully, as they provide it to you.


Typos/mis-spellings can result in ID validation failure and delays in processing the application.

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. This info will auto-populate, please ensure it is accurate.

IDENTITY VERIFICATION (TPC)

Please verify the following information:

| | |
|--|--|
| First Name | <input type="text" value="Donald"/> |
| Last Name | <input type="text" value="Duck"/> |
|  Date of Birth | <input type="text" value="01/01/1950"/> |
|  Social Security Number | <input type="text" value="555 - 55 - 5555"/>  |

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:

We are not able to validate the Proposed Insured's identity but you may continue with the application process. Please ask your customer for a copy of their Social Security card and Driver's License/State ID card. The Home Office will require those items before the policy can be issued. Please send via secure/encrypted email to newbusinessprocessing@prosperitylife.com.

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.

Owner Information

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

Owner Information

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

| | |
|----------------|--|
| First Name | <input type="text" value="Mickey"/> |
| Middle Initial | <input type="text"/> |
| Last Name | <input type="text" value="M"/> <ul style="list-style-type: none">MickeyMouse |

CA Consent Form

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: _____.

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.

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.**

PREMIUM AND BILLING INFORMATION

To confirm, you wish to pay your premiums Monthly. Please note that if you choose to pay your policy premium in semi-annual, quarterly or annual payments, you will pay more over the year than if you choose to pay annually.

(NOTE: Please make any changes to the Premium Mode within the rate calculator.)

Payment Options:

What method do you wish to use to pay your premium?

EFT

Direct Express MasterCard

Debit Card

Billed Directly

To whom should premium notices be sent (note that premium notices will not be mailed if you are paying via automated monthly payments)?

Proposed Insured

Owner

The insurer offers an Automatic Premium Loan feature which will use the cash value of your policy, if any, to pay for an overdue premium in order to avoid a lapse. By selecting this feature, you understand that a loan may be made against the cash value of your policy to pay premiums due. Do you wish to include the Automatic Premium Loan feature?

No

Yes

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) or Direct Express selections will qualify for advances**, other options pay as earned only. Please review the terms of your advance addendum, if applicable.

Social Security Billing

- We can 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.
- 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: Debit Visa or MasterCard tied to bank accounts or Direct Express debit MasterCard.

Premium Payment Authorization and 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)

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

Bank Name

Citi Bank

Routing Number:

021000021

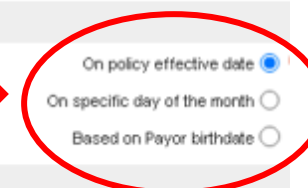
Account Number

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.

Please note that choosing a minor as a beneficiary will require a court appointed guardian of the minor's estate which will cause delays in distributing the death benefit.

Primary Beneficiary Information

Primary Primary

First Name

Middle Name

Last Name

Social Security Number

Date of Birth

Relationship

Percent of Proceeds

Telephone Number

Is there an address available for this beneficiary? No Yes

Are there any additional beneficiaries? No Yes

(PERCENTAGE TOTAL FOR PRIMARY BENEFICIARIES): 0

Are there any Contingent Beneficiaries? No Yes

Relationship is required and one of the following options must be selected:

- Wife, husband, domestic partner, common law spouse, fiancée
- Son-in-law, daughter-in-law
- Children, stepchildren, grandchildren (Minors not recommended)
- Sibling
- Niece or nephew
- Aunt or uncle
- Parent or grandparent
- Family Living Trust
- Certain Charitable Trusts
- Irrevocable Life Insurance Trusts (ILITs)
- Qualified charitable or community organizations

Agent Certification

Agent Certification

We will now complete the Agent Certification section of the application:

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

B99990000

Email Address of Agent

agent@youremail.com

Confirm: Email Address of Agent

agent@youremail.com

Agent First Name:

Agent First

Agent Last Name:

Agent Last

Telephone Number of Agent

555 - 904 - 1223

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

Conditional Receipt Provided?

No

Comments:

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

Additional Comments Here

Status:

LiveApp Pending

Description:

Ready for Interview

Interpreter Type:

None

Click "Finish" to submit to Apptical, then
follow the instructions on your screen.

Previous Finish Stop

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

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 the application medical questions and will run the MIB and the prescription checks.
- 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 and contact the home office immediately if there are any mistakes or concerns.

The Remote E-Application Process (Virtual/Tele Sales)

Agents may also utilize the Remote E-app through the Apptical LiveApp portal:

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

This uses the HelloSign e-signature process with a remote signer 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 or virtual meeting, 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 only up to 3 days. **After the expiration period, it will be Closed and cannot be re-opened.**

Electronic Transaction Consents

The client's consent to sign electronically and to e-delivery of the **application documents** is required to proceed.

This is different than the election to have policy documents, if issued, delivered electronically -- that election is later in the process in the Go Green section.

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

Proposed Insured Information

Please enter the following information:

Gender: Male

First Name

Mickey

Middle Initial (Note: please do not use the word NONE)

Last Name (NOTE: please do not use hypens (-). Use a space only)

Mouse

Suffix

N/A

Daytime phone:

997 - 555 - 5555

Evening Phone Number

Best Time to Contact Proposed Insured

Social Security Number *SSN is required

111 - 22 - 3333

Date of Birth is January 01, 1970

(Age)

52

State of Birth

Alabama

Proposed Insured Information (continued)

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

No

Yes

← Proposed Insured must be a US Citizen or Legal Permanent Resident.

Height

Weight

← Please ensure height and weight are within stated guidelines.

Mailing Address
✓ Matched street and city and state

City

Residence State

Zip Code

Occupation:

NOTE: All persons signing the application must have an email for the remote esignature process.

Proposed Insured's Email address:

Confirm: Proposed Insured's Email address:

← Email address is required for signatures

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

City

State

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

Remote E-Signature Application

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

This occurs in multiple phases -

- 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.
- The completed application package which may require one or more signatures.


Once the client has signed the application documents, the agent will be sent an email requesting signature.


The final e-signature process has the following signing events:

1. Proposed Insured
2. Owner (only if Owner is not the PI)
3. Payor (this is a separate pdf (payment form) and that is why it must be signed by PI or separate Owner unless its Direct Billing.
4. Agent

Client E-signs HIPAA Authorization


HIPAA Authorization Form - Signature requested by REG ENV

 noreply@mail.hellosign.com
To: Dawson, Candice

 If there are problems with how this message is displayed, click here to view it in a web browser.



ACTION REQUESTED

REG ENV (reg@apptical.com) has requested a signature 

[REVIEW & SIGN](#)

DOCUMENT

HIPAA Authorization Form

MESSAGE FROM REG ENV (REG@APPTICAL.COM)

Please apply the electronic signature to the HIPAA Disclosure form in order to continue with the application process.

Thank you,

[Reply](#)



HELLOSIGN

PROSPERITY LIFE GROUP

SBLI USA Life Insurance Company, Inc.
SUSA Life Insurance Company, Inc.
Shenandoah Life Insurance Company
(Each the "Company")
Members of the Prosperity Life Group

AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION

THIS AUTHORIZATION COMPLIES WITH THE HIPAA PRIVACY RULE

Mickey Mouse 1976-01-01

Print Name of Proposed Insured/Patient Date of Birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("my providers") to disclose my entire medical record, prescription history, medications prescribed and any other health information concerning me ("protected health information") to the Company. I also authorize any insurance company or agent from which I have applied for or obtained insurance, any consumer reporting agency such as MIB, Inc., and any other entity or person having protected health information about me, to disclose to the Company. Protected health information includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. Protected health information also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

Further, protected health information includes genetic information and genetic test results, and I specifically authorize my providers to disclose such information and results to the Company, subject to the terms and conditions of this Authorization.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization and I instruct my providers and other entities or persons referred to above to release and disclose my entire medical record without restriction.

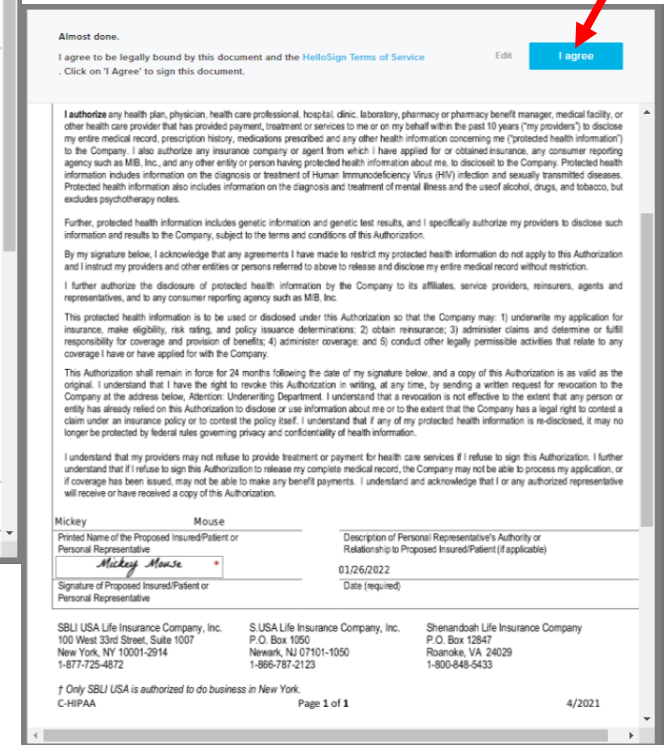
I further authorize the disclosure of protected health information by the Company to its affiliates, service providers, reinsurers, agents and representatives, and to any consumer reporting agency such as MIB, Inc.

This protected health information is to be used or disclosed under this Authorization so that the Company may: 1) underwrite my application for insurance, make eligibility, risk rating, and policy issuance determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) 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.

Mickey Mouse
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 * 01/26/2022 Date (required)
Signature of Proposed Insured/Patient or Personal Representative



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](#)

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("my providers") to disclose my entire medical record, prescription history, medications prescribed and any other health information concerning me ("protected health information") to the Company. I also authorize any insurance company or agent from which I have applied for or obtained insurance, any consumer reporting agency such as MIB, Inc., and any other entity or person having protected health information about me, to disclose to the Company. Protected health information includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. Protected health information also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

Further, protected health information includes genetic information and genetic test results, and I specifically authorize my providers to disclose such information and results to the Company, subject to the terms and conditions of this Authorization.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization and I instruct my providers and other entities or persons referred to above to release and disclose my entire medical record without restriction.

I further authorize the disclosure of protected health information by the Company to its affiliates, service providers, reinsurers, agents and representatives, and to any consumer reporting agency such as MIB, Inc.

This protected health information is to be used or disclosed under this Authorization so that the Company may: 1) underwrite my application for insurance, make eligibility, risk rating, and policy issuance determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) 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.

Mickey Mouse
Printed Name of the Proposed Insured/Patient or Personal Representative Description of Personal Representative's Authority or Relationship to Proposed Insured/Patient (if applicable)
Mickey Mouse * 01/26/2022 Date (required)
Signature of Proposed Insured/Patient or Personal Representative

SBLI USA Life Insurance Company, Inc. P.O. Box 1050 Shenandoah Life Insurance Company
100 West 33rd Street, Suite 1007 Newark, NJ 07101-1050 P.O. Box 12847
1-877-725-4872 1-866-787-2123 Roanoke, VA 24029
1-800-848-5433

† Only SBLI USA is authorized to do business in New York.
C-HIPAA Page 1 of 1 4/2021

Client will click "Review & Sign" then follow prompts to collect all signatures. A copy of the signed document will be delivered to your client's email after signing.

Client E-signs HIPAA Authorization

DISCLOSURE ESIGN

Signatures for Disclosure Documents

You are waiting for the Proposed Insured to complete the electronic signature request. This will update as soon as they sign.

 Waiting for **Mickey Mouse**

Recipients

 Mickey Mouse

DISCLOSURE ESIGN

Signatures for Disclosure Documents

 Completed

Recipients

 Mickey Mouse

NOTE: As soon as the Proposed Insured has signed the Disclosure document, the Waiting message will change to Completed which allows you to proceed with the application process. (If it does not change, please click on top left side of tool bar and click Refresh Script. This should update the message.)

Today's date is: (This MUST match the application date - not a future date)

The HIPAA sign date must be today's date.

Future effective dates may be selected later, in the Premium Payment section.

March 10, 2022



Existing Insurance and Replacements

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

No

Yes

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

No

Yes

EXISTING AND PENDING INSURANCE

Company Name

Policy Number

Product Type

Life 

Annuity

Replacement?

No

Yes

Face Amount


Accidental Death Benefit?

No 

Yes

Year Issued?

Any other coverages?

No 

Yes

Please complete these questions and section about the client's existing or pending insurance and replacement information, if applicable.

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

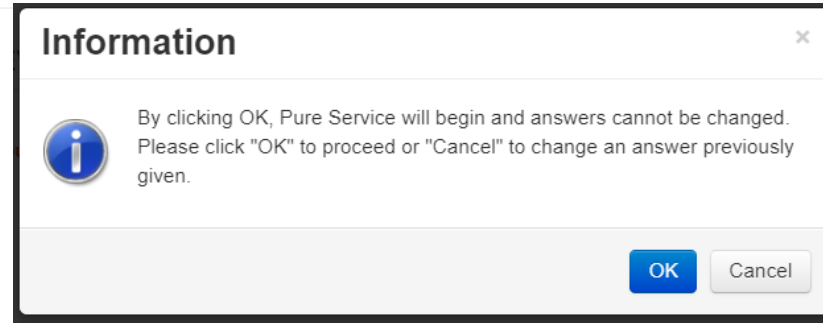
Getting the Decision

1

THIRD PARTY CALL

Click NEXT to continue.

2



Please be sure everything is accurately recorded before running Pure Service. Only the Rate Calculator may be changed beyond this point.

3

PURE EVALUATION

Thank you. Click NEXT to see if there are additional questions. If additional questions appear, ask exactly as they appear on screen.

4

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.



Please review the decision carefully and discuss the results with your client.

Getting the Decision

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.

If decision is “Referred” please note that the Home Office Underwriting team will follow up and advise what is needed to proceed. **You should prepare your client for additional requirements, such as complete medical records, or consider a different product type.**

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.

Please note that choosing a minor as a beneficiary will require a court appointed guardian of the minor's estate which will cause delays in distributing the death benefit.

Primary Beneficiary Information

Primary Primary

First Name

Middle Name

Last Name

Social Security Number

Date of Birth

Relationship

Percent of Proceeds

Telephone Number

Is there an address available for this beneficiary? No Yes

Are there any additional beneficiaries? No Yes

(PERCENTAGE TOTAL FOR PRIMARY BENEFICIARIES): 0

Are there any Contingent Beneficiaries? No Yes

Relationship is required and one of the following options must be selected:

- Wife, husband, domestic partner, common law spouse, fiancée
- Son-in-law, daughter-in-law
- Children, stepchildren, grandchildren (Minors not recommended)
- Sibling
- Niece or nephew
- Aunt or uncle
- Parent or grandparent
- Family Living Trust
- Certain Charitable Trusts
- Irrevocable Life Insurance Trusts (ILITs)
- Qualified charitable or community organizations

Premium and Billing Information

Premium Mode Selected was: Monthly

(NOTE: Please make any changes to the Premium Mode within the rate calculator.)

Note: If you choose to pay your policy premium in semi-annual, quarterly or monthly payments, you will pay more over the year than if you choose to pay your premium in one annual premium payment.

Payment Options:

Please select one of these payment options for payment of premium:

EFT

Direct Express MasterCard

Debit Card

Billed Directly

Proposed Insured

Owner

Payor

Premium notices sent to:

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.
- **Only EFT (bank draft) or Direct Express selections will qualify for advances**, other options pay as earned only. Please review the terms of your advance addendum, if applicable.

Owner/Payor Information

OWNER/PAYOR SECTION

Is the Proposed Insured the Payor?

No

Yes

Is the Proposed Insured the Owner?

No

Yes

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

First Name

Mickey

Middle Initial

Last Name

Mouse

Email address is required for the remote electronic esignature process.

Email Address

mickey@disney.com

Confirm: Email Address

mickey@disney.com

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

City

Anniston

State

Alabama

◀ Previous

Next ▶

⏹ Stop

Owner and Payor information must be completed before the billing details can be completed.

Please ensure all parties are available to provide their electronic signatures by email.

Premium and Billing Information

Accountholder's Name:

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

First Name

Middle Initial

Last Name

Address on the account:

State

Street Address

✓ Matched street and city and state

City

Zip Code

Relationship to Insured

Email address is required for the remote electronic esignature process.

Email Address

Confirm: Email Address

PREMIUM PAYMENT DATE

Payment Date (choose one):

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

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 =
For Social Security billing:
2nd, 3rd, 4th Wednesday based
on payor DOB*

*Birthdates:

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

Premium and Billing Information

PREMIUM PAYMENT DATE

Payment Date (choose one):

On policy effective date

On specific day of the month

Based on Payor birthdate

Your Payment Date selection is: Draft/charge on the selected day of the month and on same modal date thereafter.

Please select a day from 1 to 28:

Is the draft charge linked to the monthly Social Security deposit? No Yes

Was the 1st or 3rd of the month selected above? No Yes

Bank Name

Routing Number:

Account Number

Account Type: Checking Savings



- Can draft on the same day each month 1st - 28th
- Please be sure to check the box if 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. (This allows Social Security recipients' drafts to recur on the same day as the client receives their deposit, even if that is a non-business day.)

Agent Certification

AGENT CERTIFICATION

WARNING: Once you proceed past this screen, no changes should be made in the application nor within the RATE CALCULATOR. Please be sure you have verified all entered data before proceeding to the Final Signature screen.

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 First !

Agent Last Name:

Agent Last !

Agent Number

B99990000 !

i Email Address of Agent

agent@gmail.com !

Confirm: Email Address of Agent

agent@gmail.com

Telephone Number of Agent

540 - 555 - 5555 !

Agency Name

i Agency Number

Are the commissions to be split with another Producer?

No !
Yes

i Comments:


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

Conditional Receipt Provided?

No !

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

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

We offer the option to split commissions with a 2nd agent, please have their agent number ready. 

Submit the Application for Final Signatures

FINISH AND SUBMIT APPLICATION

Please click FINISH to submit application 2308151.

Status:

Closed

Description:

Pending e-signature

Interpreter Type:

None

Previous

Finish

Stop

Click “Finish” to submit the request for final signatures to the Proposed Insured, Owner (if different), Payor (if different) and the Agent.


An email will be sent to the applicable parties to obtain their final electronic signatures. **Please note, some parties may be asked to sign twice if their signature is needed on multiple forms.**

Please have your client(s) review the completed application in full, including any applicable replacement notices and other disclosures required in the applicable state, before applying their e-signatures.


Signature requests expire after 5 days. The signor will be reminded one time if they’ve not completed the process.

Final Signatures - Emails to Applicant

Completed E-App Application - Signature requested by REG ENV ▶ Inbox x

 REG ENV <noreply@mail.hellosign.com>
to me ▾

 HELLOSIGN
a Dropbox Company



Get Started

2

1

ACTION REQUESTED

REG ENV (reg@apptical.com) has requested a signature

REVIEW & SIGN

DOCUMENT

Completed E-App Application

MESSAGE FROM REG ENV (reg@apptical.com)

Please apply the final electronic signatures in order to complete processing this application.

NEW VISTA S.USA LIFE INSURANCE COMPANY, INC.
APPLICATION FOR INDIVIDUAL WHOLE LIFE INSURANCE

P.O. 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 | First Name | MI | Phone Number for Contact Day: 540-555-8888 |
| Mouse | Mickey | | |
| Social Security Number | Sex | Date of Birth | State of Birth |
| ***-**-3333 | Male | | |
| Mailing Address (Number, Street, Apt. #) | Country of Birth | Evening: | |
| 1233 Almond Dr | | | |
| Driver's License State and Number | | | |
| | | | |
| Beneficiary <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | |
| Minnie | | | |
| Address (Number, Street, Apt. #) | | | |
| | | | |
| Date of Birth | Relation | | |
| | Customer Life | | |

Almost done.

4

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

< back

I agree

3

By my correct knowledge and without duress, coercion, fraud, or undue influence, I hereby certify that my Social Security Number (Taxpayer Identification Number) above is correct.

Signed Mickey on 09/27/2022
City, State Date

X Mickey
Signature of Proposed Insured

Signed by the Owner at _____ on 09/27/2022
City, State Date

X _____
Signature of Owner, if other than Proposed Insured

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NEW VISTA S.USA LIFE INSURANCE COMPANY, INC.
APPLICATION FOR INDIVIDUAL WHOLE LIFE INSURANCE

P.O. 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 | First Name | MI | Phone Number for Contact Day: 540-555-8888 |
| Mouse | Mickey | | |
| Social Security Number | Sex | Date of Birth | State of Birth |
| ***-**-3333 | Male | 01/01/1950 | AL |
| | | | Country of Birth |
| | | | United States |
| | | | Evening: |
| | | | Best Time To Call |

Final Signatures - Emails to Agent

1



Heads up, you've got a document coming your way

Just letting you know that reg@apptical.com has sent you and others "Completed E-App Application" to review and sign. The document is being sent in this order:

1. Mickey Mouse
2. You

There's nothing you need to do yet. We'll email you again when it's your turn to sign.

THE HelloSign TEAM

3

X *

Agent's Signature



2

ACTION REQUESTED

REG ENV (reg@apptical.com) has requested a signature

REVIEW & SIGN

DOCUMENT

Completed E-App Application

MESSAGE FROM REG ENV (REG@APPTICAL.COM)

Please apply the final electronic signatures in order to complete processing this application.

4

After the agent applies the final signature, a confirmation email is sent to all parties with an attached fully executed application package.



Everyone has signed Completed E-App Application

You can view the document as an attachment below (if it's under 25 MB). This document and others may also be accessed by logging in to your [HelloSign account](#).

Warning: To prevent others from accessing your document, please do not forward this email.

THE HelloSign TEAM

Final Signatures

If the application is not fully signed, it will be withdrawn by the system and cannot be re-opened. Email reminders are sent to the recipients who need to sign.

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: MM/DD/YYYY

Client Contact Number:

Interpreter Type:

| App ID | Client Name | Date To Call | Creation Time | 'Closed' Time | Company | Product | Status | State |
|---------|---------------|--------------|---------------------------|---------------|-------------------------|------------------------|----------------------------|---------|
| 2309064 | Mouse, Mickey | | 09/27/2022 12:00:19 PM | | Prosperity Life - S.USA | New Vista Remote E-App | Closed-Pending e-signature | Alabama |

The app status will show as *Closed-Pending e-signature* until all parties (including the Agent) have signed.

The application is finalized and submitted to Home Office for processing when status is *Closed-Complete*.

| App ID | Client Name | Date To Call | Creation Time | 'Closed' Time | Company | Product | Status | State |
|---------|---------------|--------------|---------------------------|---------------------------|-------------------------|------------------------|-----------------|---------|
| 2309064 | Mouse, Mickey | | 09/27/2022 12:00:19 PM | 09/27/2022 01:14:26 PM | Prosperity Life - S.USA | New Vista Remote E-App | Closed-Complete | Alabama |

What's Next?

- Once all signatures are completed, the completed application will be electronically sent to the Home Office for processing the next 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.
- If the application is approved, the owner will receive copies of the completed signed application and disclosures with the policy when issued.
- New Business will notify the agent via email if anything further is needed to issue the case and provide status updates via daily summary report.
- You will see the policy in your agent portal in about 2 business days, along with any outstanding requirements.

How Your Client Can Access Documents on the Customer Portal

Welcome to Customer Center

NEW USER

If you're new to the Customer Center and would like to register, get started here.

[CLICK HERE TO GET STARTED!](#)

CURRENT USER

If you are a returning customer, please enter your username and password below:

* Username

customer@gmail.com

[Forgot User Name?](#)

* Password

●●●●●●●●

[Forgot Password?](#)

[GO](#)

Visit www.prosperitylife.com and click on *Policyholder*

Access is obtained by any policyholder through an easy self-registration process.

Once they have their account, they can:

- View important details about a policy and policy related transactions
- See when premium payment is due and make a payment
- View, download and print notices, statements, letters, and forms
- Change mailing address
- Change premium payment method and payment schedule
- Obtain forms for other policy changes
- E-mail us directly
- Manage profile, including delivery preferences (paper or e-delivery)

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 material height/weight, smoking and 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.

Prosperity Life Group is a marketing name for Prosperity Group Holdings, LP and its subsidiaries. New Vista is underwritten by S.USA Life Insurance Company, Inc. (S.USA). Not licensed in all states. Policy form #'s ICC16FELPUECS16, ICC16FEGPUECS16, ICC16FEMPUECS16 and state specific versions, where applicable. Not licensed in all states. Product not available all states. Features may vary by state.

S.USA is solely responsible for its own financial and contractual obligations.



Thank you.

Questions?

**Contact Agent Support at 866-380-6413, option 1 or
agentcare@prosperitylife.com**

ProsperityLife.com

For Agent Use Only - Not for Use with Consumers