

iGO e-Signature PRODUCER GUIDE

Table of Contents

iGO e-Signature – Overview and What’s New (April 2018) . . .	2
eSignature – Face-to-Face Signings	3
eSignature – via Email	6
Combination: Face-to-Face and Email	9
Print and Wet Signature	13
Post-Submission Delivery of Application	15



Important Notice re: Foreign Nationals

If any of the parties signing the application is a Foreign National (excluding the agent), then only email e-signatures can be accepted and are required from all parties (including the agent) on the application.

What's in the Guide?

This guide provides step-by-step instructions for each type of signing situation. On the following pages, you'll find example screens from the new system along with an explanation of what's changed.

If you have any questions, please call the Contact Center.

Face-to-Face Signings

Face-to-Face Signings

Screen 1



Important Notice re: Foreign Nationals

If any of the parties signing the application is a Foreign National (excluding the agent), then only email e-signatures can be accepted and are required from all parties (including the agent) on the application.

We have introduced improvements to the process making it simpler and straightforward, with fewer screens and less data entry. This section focuses on collecting signatures when you are face-to-face with your customer.

1. Read the steps of the eSignature process [in blue text] to your client.
2. For Face-to-Face signatures, click the **eSign via Face to Face** button.
3. Select the **Proof of Identification** from the dropdown. If you have already supplied a Driver's License during the application process, the data will automatically pre-fill in the space provided.
4. The screen will also prefill the **PIN** using the last four digits of the signing party's SSN as well as the email address collected. You may change this data by assigning any four-digit number as a PIN agreed upon with the client, and you may also change the email address.
5. If your customer does not want to receive a copy of the signed Application Packet, you can check the **Post submission delivery Opt out** checkbox.
6. Upon completion of these steps, click the **Save & Next** box.

2
3
4
5

Signing Party Information

Agent Instructions:

During the e-Signature process....

Step 1. All signing parties will agree to review all documents and disclosures.

Step 2. All signing parties will agree to read the Terms and Conditions as well as electronic consent.

Step 3. All signing parties will acknowledge that you are the Primary Insured, Owner, Payor, or other designated signing party of the insurance application.

Step 4. All signing parties will agree to show proof of identification.

Primary Proposed Insured - Mike Smith

eSign via Face to Face eSign via eMail

Provide Proof of Identification	State Issued	Drivers License No.
Drivers License	CA	ES666778

Last 4 digits of SSN or PIN	E-Mail Address:
1234	mike.smith@anywhere.com

Post submission delivery Opt out

Owner - Papa Smith Sr

eSign via Face to Face eSign via eMail

Provide Proof of Identification	State Issued	Drivers License No.
Drivers License	CA	ES552225

Last 4 digits of SSN or PIN	E-Mail Address:
5678	Papa.SmithSr@anywhere.com

Post submission delivery Opt out

1

6

Terms of Use and eSignature Consent

After Clicking Save & Next on Screen 1, you will be taken to the second and final screen, with just a few steps to finish the process.

1. Read the **Terms of Use and eSignature Consent** to your clients.
2. Click **Review Your Application** to launch the Application Packet. Review each page with your client.
3. Check the **"Agree"** button next to each signing party to indicate his/her agreement to the Terms of Use and eSignature Consent.

Upon completion of these steps, the Terms of Use and eSignature Consent will automatically collapse in preparation for the final eSignature steps (shown below).

Note: You can Hide or Show the Terms of Use and eSignature Consent on demand.

eSignatures

4. For the final steps of the signing ceremony, read the **Agreement, Authorization to Obtain and Disclose Information and Signatures** section. This is an important step.
5. After each signing party has reviewed the application, disclosures and other items and affirms that all statements and answers are complete and true, check the **boxes next to each signing party's name**.
6. Provide the **City and State** where the signing is taking place.
7. Click the **Click to Apply eSignatures** button to apply all digital signatures and submit the application to AIG.
8. After eSignatures are applied, you'll be presented with the **Click to Submit My Application** button. Click it and WAIT for the green "Thank You" button.

Your application is now on its way and will be reviewed by our New Business team.

Don't forget! After clicking the red "Submit" button (above), WAIT for the green "Thank You" message.

eSignature via Email

This section focuses on collecting all signatures electronically via email. All signing parties will receive an email notification containing a link to their application packet. The agent will always sign last and submit the application to the home office during the agent's email signing ceremony.

1. On the first screen, read the steps of the eSignature process [in blue text] to your customer.
2. For eMail signatures, click the **eSign via eMail** button.
3. We now give you the ability to indicate if the signing party is **Present** or **Not Present**. If the signing party is present, it is important that you see the proof of identification at the time of application to verify their identity to prevent delays in underwriting your case.
4. Select the **Proof of Identification** from the dropdown. If you have already supplied Driver's License information during the application process, the data will automatically pre-fill in the space provided.
5. The screen will also prefill the **PIN** using the last four digits of the signing party's SSN as well as the email address collected. You may change this data by assigning any four-digit number as a PIN agreed upon with the client, and you may also change the email address.
6. If your customer does not want to receive a copy of the Signed Application Packet, check the **Post submission delivery Opt out** checkbox.
7. Once the screen is in good order, a **RED Send Email to All Consumers** button appears at the bottom of the screen. This new feature allows you to send, with one click, the email message to all parties who will sign via email.

After sending the initial email messages, notice that the **Resend button** appears beside all signers who elected to sign via email.

After sending, please allow at least a few minutes before re-sending a new email. The link will only be valid and active on the most recent email sent.

Signing Party Information

Agent Instructions:

During the e-Signature process....

Step 1. All signing parties will agree to review all documents and disclosures. **1**

Step 2. All signing parties will agree to read the Terms and Conditions as well as electronic consent.

Step 3. All signing parties will acknowledge that you are the Primary Insured, Owner, Payor, or other designated signing party of the insurance application.

Step 4. All signing parties will agree to show proof of identification.

Primary Proposed Insured - Mike Smith

eSign via Face to Face eSign via eMail **2** Present Not Present **3**

Last 4 digits of SSN or PIN: 1234 **E-Mail Address:** mike.smith@anywhere.com

Post submission delivery Opt out

Owner - Papa Smith Sr

eSign via Face to Face eSign via eMail **2** Present Not Present **3**

Provide Proof of Identification: Drivers License **4** **State Issued:** CA **Drivers License No.:** E5552225

Last 4 digits of SSN or PIN: 5678 **E-Mail Address:** Papa.SmithSr@anywhere.com **5**

Post submission delivery Opt out

Agent

Last 4 digits of SSN or PIN: 2452 **E-Mail Address:** mpatel@pipeline.com

Send Email to All Consumers **7**

Owner - Papa Patel

eSign via Face to Face eSign via eMail Present Not Present

Provide Proof of Identification: Drivers License **State Issued:** CA **Drivers License No.:** E5552225

Last 4 digits of SSN or PIN: 2222 **E-Mail Address:** vanessa.brussseau@aig.com

Post submission delivery Opt out



Important Notice re: Foreign Nationals

If any of the parties signing the application is a Foreign National (excluding the agent), then only email e-signatures can be accepted and are required from all parties (including the agent) on the application.

eSignature via Email

Next Steps

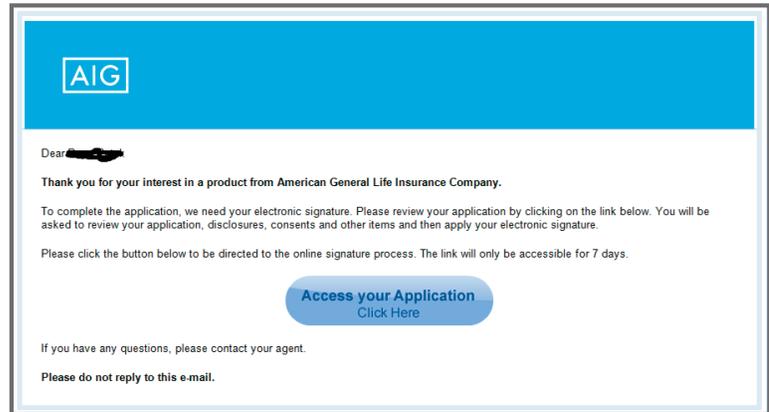
Important!



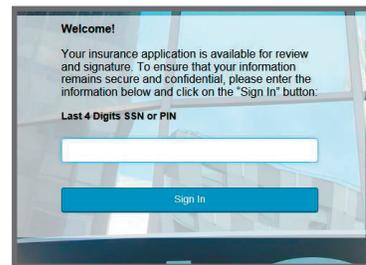
Please ensure that all email signers have access to an email account and a laptop or other device that they will use to complete the eSignature.

Email eSignature

Each party who is signing via email will receive an email notification. When they click the button that says **Access your Application**, they will be taken to a login screen

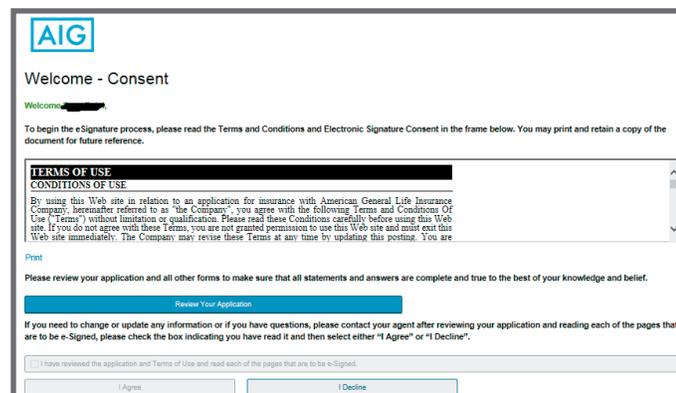


On the login screen, they will enter their **PIN number** to access the application and apply their signature. As noted earlier and shown in the example below, the default PIN number is the last 4 digits of their SSN, but may be changed during the signing ceremony by the agent to any four-digit number agreed upon with the client.



After successfully logging in, the signing party will walk through the steps to agree to **Terms of Use** and **eSignature Consent** and apply their digital signature.

REMEMBER: If any of your signers will sign via email, as the agent, you will always sign and submit your application via email as well. You will receive an "Action Required" email notification when all signing parties have signed the application. You will login from that email to complete your signature and submit your application.



Combination: Face-to-Face and Email

Combination: Face-to-Face and Email

Screen 1



Important Notice re: Foreign Nationals

If any of the parties signing the application is a Foreign National (excluding the agent), then only email e-signatures can be accepted and are required from all parties (including the agent) on the application.

Signatures may be collected by both face-to-face and email methods for the same case. Refer to the previous sections for steps detailing these respective workflows. In this section, we have noted a few additional items to keep in mind.

- Complete the Signing Party Information prep screen according to the steps outlined in page 4 (face-to-face) or page 7 (eSignature by email).
- When collecting the signature by email, click the RED "Send all Messages to Consumers" button to send all messages to email signing parties, as noted on page 8.

After completing the two above steps, you will see this screen.



Important Items to Note:

1. After clicking the **Send all Messages to Consumers** button, a new "shaded" box will appear at the top of the screen that says, "**Email Messages have been sent.**"
2. The **BLUE Resend button** appears beside all signors who elected to sign via email.

If you have a combination of Face-to-Face and Email signature methods for the case, the Amber box will also remind you to finish your Face-to-Face Signatures by saying, "**You are almost done! Click Next to complete all Face to Face Signatures.**"

If you have Face-to-Face Signatures that still need to be collected, please do not forget to click the "Save & Next" button to complete the next screen.

Signing Party Information

⚠️ eMail Messages have been sent. You are almost done! Click Next to complete all Face to Face Signatures.
Note: If you want to change the signature method for any signing party, you must unlock the case by returning to Validation and Lock Data screen.

Agent Instructions: 1

During the e-Signature process....

Step 1. All signing parties will agree to review all documents and disclosures.

Step 2. All signing parties will agree to read the Terms and Conditions as well as electronic consent.

Step 3. All signing parties will acknowledge that you are the Primary Insured, Owner, Payor, or other designated signing party of the insurance application.

Step 4. All signing parties will agree to show proof of identification.

Primary Proposed Insured - Vanessa Transmittal

eSign via Face to Face eSign via eMail

Provide Proof of Identification **State Issued** **Drivers License No.**

Drivers License CA E5666778

Last 4 digits of SSN or PIN **E-Mail Address:**

1111 mpatel@pipeline.com

Post submission delivery Opt out

Owner - Papa Patel

eSign via Face to Face eSign via eMail Present Not Present

Provide Proof of Identification **State Issued** **Drivers License No.**

Drivers License CA E5552225

Last 4 digits of SSN or PIN **E-Mail Address:**

2222 vanessa.brusseau@aig.com 2

Post submission delivery Opt out

Agent

Last 4 digits of SSN or PIN **E-Mail Address:**

2452 mpatel@pipeline.com

After Clicking Save & Next on Screen 1, you will be taken to the second and final screen, with just a few steps to finish the process.

Terms of Use and eSignature Consent

1. Read the [Terms of Use and eSignature Consent](#) to your clients.
2. Click [Review Your Application](#) to launch the Application Packet. Review each page with your client.
3. Check the **“Agree”** button next to each signing party to indicate his/her agreement to the Terms of Use and eSignature Consent.

Upon completion of these steps, the Terms of Use and eSignature Consent will automatically collapse in preparation for the final eSignature steps (shown below).

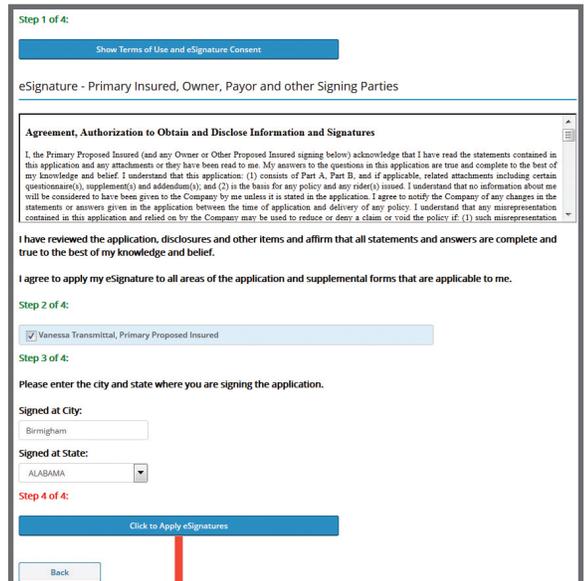
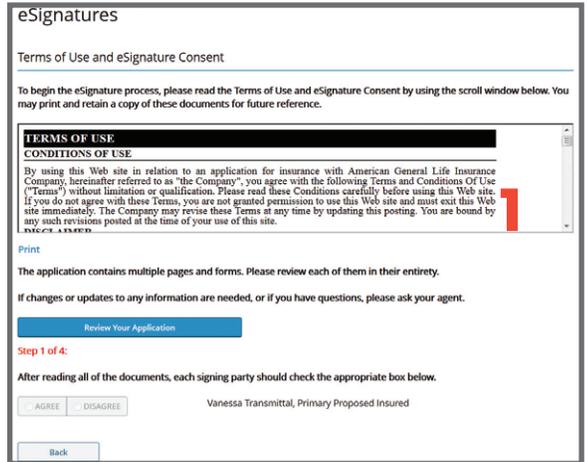
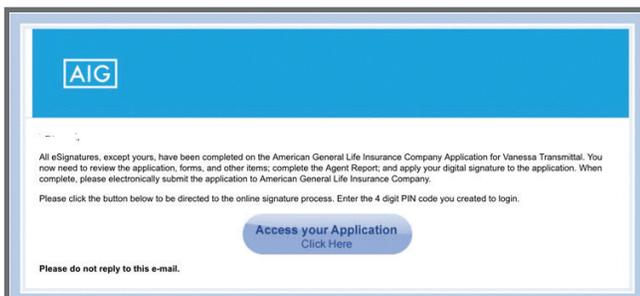
Note: You can Hide or Show the Terms of Use and eSignature Consent on demand.

eSignatures

4. For the final steps of the signing ceremony, read the Agreement, [Authorization to Obtain and Disclose Information and Signatures](#) section. This is an important step.
5. After each signing party has reviewed the application, disclosures and other items and affirms that all statements and answers are complete and true, check the [boxes next to each signing party’s name](#).
6. Provide the [City and State](#) where the signing is taking place.
7. Click the [Click to Apply eSignatures](#) button to apply all digital signatures and submit the application to AIG. The button will then become inactive.

There’s one more step: Check your email!

You will receive an Action Required email. Login from that email to complete the final step. See the next page for instructions.



“Click to Apply eSignatures” button becomes inactive after it’s been clicked.



Combination: Face-to-Face and Email Action Required - Your Email Signature



Important!

Do not miss this last step to submit your application to AIG!

If any of your signers will sign via email, as the agent, you will always sign and submit your application via email as well.

You will receive an "Action Required" email notification when all signing parties have signed the application. [Login from that email](#) to complete your signature and submit your application. Here are the steps you'll take after logging in:

1. Review the Application and [Agree to Terms of Use and eSignature Consent](#)
2. [Agree to apply eSignature](#) to all areas of the Application and supplemental forms
3. Enter the signed at [City and State](#)
4. Click the [Click to Apply eSignatures](#) button
5. Click the [Click to Submit My Application](#) button, and **WAIT** for the green "Thank You" message.

To begin the eSignature process, please read the Terms and Conditions and Electronic Signature Consent in the frame below. You may print and retain a copy of the document for future reference.

TERMS OF USE
CONDITIONS OF USE

By using the Web site in relation to an application for insurance with American General Life Insurance Company, hereinafter referred to as "the Company," you agree with the following Terms and Conditions of Use ("Terms").

Please review your application and all other forms to make sure that all statements and answers are complete and true to the best of your knowledge and belief.

I have reviewed the application and Terms of Use and read each of the pages that are to be e-Signed.

Agree I Decline

1

Apply eSignature

Agreement, Authorization to Obtain and Disclose Information and Signatures

I, the Primary Proposed Insured (and any Other or Other Proposed Insured signing before) acknowledge that I have read the statements contained in this application and any attachments or they have been read to me. I agree to the questions in this application as true and complete to the best of my knowledge and belief. I understand that this application: (1) consists of Part A, Part B, and of applicable, related attachments including certain questionnaires, representations, and admissions; and (2) is the basis for my policy and any related coverage. I understand that no information about me will be considered to have been given to the Company by me unless it is stated in the application. I agree to notify the Company of any changes in the statements or answers given in the application between the time of application and delivery of my policy. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement ("LTLTA"), I understand and agree that, even if I paid a premium, no insurance will be in effect under this application or under any other policy or any related policy that may be issued by the Company unless or until all of the following conditions are met: (1) the policy has been delivered and accepted; (2) the full first medical premium for the issued policy has been paid; and (3) there has been no change in the health of any Proposed Insured(s) that would change the answer to any question in the application before Item (1) and (2) in this paragraph has occurred. I understand and agree that, if all three conditions above are not met: (1) no insurance will be in effect; and (2) the Company's liability will be limited to refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

If I have received and accepted the LTLTA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy (and the Other Proposed Insured under a joint and survivorship life policy, if applicable) and only if the conditions set forth in the LTLTA are met. I understand and agree that such temporary insurance is not available as my rates or my accident and health insurance.

I understand and agree that no agent is authorized to accept risks or pass upon insurability, make or modify contracts, or waive any of the Company's rights or requirements.

I have received a copy of or have been read the Notice to the Proposed Insured(s).

I authorize any medical professional, my hospital, clinic or other health care facility; my pharmacy benefit manager or prescription distributor; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; the Medical Information Bureau (MIB); or any other person or organization that has any records or knowledge of me as my physical or mental health or insurability; or that of any minor child for whom application for insurance is being made, to disclose and give to the Company, its legal representatives, its affiliated service companies, and its affiliated insurers all information that has pertained to medical consultations, treatments, surgeries, hospital confinements for physical and/or mental conditions, use of drugs or alcohol, drug prescriptions, or any other information concerning me, or any minor child for whom application for insurance is being made. Other information may include, but is not limited to, items such as personal finances including credit as permitted, habits, hazardous avocations, motor vehicle records from the Department of Motor Vehicles, court records, or foreign travel, etc.

I, BETH FIN

I certify that, to the best of my knowledge and belief, the answers on the application, all supplemental forms, and the agent report are true and correct; and I am also signing any required Replacement Form(s); and I am the writing agent for the application; and I am applying my signature to all locations within the application, all supplemental forms, and the agent report.

Please enter the city and state where you are signing the application.

Signed at City: Birmingham Signed at State: ALABAMA

2

3

4

Apply eSignature

You are almost finished! Scroll down to Submit your Application.

Agreement, Authorization to Obtain and Disclose Information and Signatures

I, the Primary Proposed Insured (and any Other or Other Proposed Insured signing before) acknowledge that I have read the statements contained in this application and any attachments or they have been read to me. I agree to the questions in this application as true and complete to the best of my knowledge and belief. I understand that this application: (1) consists of Part A, Part B, and of applicable, related attachments including certain questionnaires, representations, and admissions; and (2) is the basis for my policy and any related coverage. I understand that no information about me will be considered to have been given to the Company by me unless it is stated in the application. I agree to notify the Company of any changes in the statements or answers given in the application between the time of application and delivery of my policy. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement ("LTLTA"), I understand and agree that, even if I paid a premium, no insurance will be in effect under this application or under any other policy or any related policy that may be issued by the Company unless or until all of the following conditions are met: (1) the policy has been delivered and accepted; (2) the full first medical premium for the issued policy has been paid; and (3) there has been no change in the health of any Proposed Insured(s) that would change the answer to any question in the application before Item (1) and (2) in this paragraph has occurred. I understand and agree that, if all three conditions above are not met: (1) no insurance will be in effect; and (2) the Company's liability will be limited to refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

If I have received and accepted the LTLTA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy (and the Other Proposed Insured under a joint and survivorship life policy, if applicable) and only if the conditions set forth in the LTLTA are met. I understand and agree that such temporary insurance is not available as my rates or my accident and health insurance.

I understand and agree that no agent is authorized to accept risks or pass upon insurability, make or modify contracts, or waive any of the Company's rights or requirements.

I have received a copy of or have been read the Notice to the Proposed Insured(s).

I authorize any medical professional, my hospital, clinic or other health care facility; my pharmacy benefit manager or prescription distributor; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; the Medical Information Bureau (MIB); or any other person or organization that has any records or knowledge of me as my physical or mental health or insurability; or that of any minor child for whom application for insurance is being made, to disclose and give to the Company, its legal representatives, its affiliated service companies, and its affiliated insurers all information that has pertained to medical consultations, treatments, surgeries, hospital confinements for physical and/or mental conditions, use of drugs or alcohol, drug prescriptions, or any other information concerning me, or any minor child for whom application for insurance is being made. Other information may include, but is not limited to, items such as personal finances including credit as permitted, habits, hazardous avocations, motor vehicle records from the Department of Motor Vehicles, court records, or foreign travel, etc.

I, BETH FIN

I certify that, to the best of my knowledge and belief, the answers on the application, all supplemental forms, and the agent report are true and correct; and I am also signing any required Replacement Form(s); and I am the writing agent for the application; and I am applying my signature to all locations within the application, all supplemental forms, and the agent report.

Please enter the city and state where you are signing the application.

Signed at City: Birmingham Signed at State: ALABAMA

5

Apply eSignature

Agreement, Authorization to Obtain and Disclose Information and Signatures

I, the Primary Proposed Insured (and any Other or Other Proposed Insured signing before) acknowledge that I have read the statements contained in this application and any attachments or they have been read to me. I agree to the questions in this application as true and complete to the best of my knowledge and belief. I understand that this application: (1) consists of Part A, Part B, and of applicable, related attachments including certain questionnaires, representations, and admissions; and (2) is the basis for my policy and any related coverage. I understand that no information about me will be considered to have been given to the Company by me unless it is stated in the application. I agree to notify the Company of any changes in the statements or answers given in the application between the time of application and delivery of my policy. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement ("LTLTA"), I understand and agree that, even if I paid a premium, no insurance will be in effect under this application or under any other policy or any related policy that may be issued by the Company unless or until all of the following conditions are met: (1) the policy has been delivered and accepted; (2) the full first medical premium for the issued policy has been paid; and (3) there has been no change in the health of any Proposed Insured(s) that would change the answer to any question in the application before Item (1) and (2) in this paragraph has occurred. I understand and agree that, if all three conditions above are not met: (1) no insurance will be in effect; and (2) the Company's liability will be limited to refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

If I have received and accepted the LTLTA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy (and the Other Proposed Insured under a joint and survivorship life policy, if applicable) and only if the conditions set forth in the LTLTA are met. I understand and agree that such temporary insurance is not available as my rates or my accident and health insurance.

I understand and agree that no agent is authorized to accept risks or pass upon insurability, make or modify contracts, or waive any of the Company's rights or requirements.

I have received a copy of or have been read the Notice to the Proposed Insured(s).

I authorize any medical professional, my hospital, clinic or other health care facility; my pharmacy benefit manager or prescription distributor; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; the Medical Information Bureau (MIB); or any other person or organization that has any records or knowledge of me as my physical or mental health or insurability; or that of any minor child for whom application for insurance is being made, to disclose and give to the Company, its legal representatives, its affiliated service companies, and its affiliated insurers all information that has pertained to medical consultations, treatments, surgeries, hospital confinements for physical and/or mental conditions, use of drugs or alcohol, drug prescriptions, or any other information concerning me, or any minor child for whom application for insurance is being made. Other information may include, but is not limited to, items such as personal finances including credit as permitted, habits, hazardous avocations, motor vehicle records from the Department of Motor Vehicles, court records, or foreign travel, etc.

I, BETH FIN

I certify that, to the best of my knowledge and belief, the answers on the application and in the statements are true and correct; and I am signing the Replacement Notice, if any; and I understand that omissions or misstatements in this application could cause an otherwise valid claim to be denied under any contract issued for this application.

Please enter the city and state where you are signing the application.

Signed at City: Birmingham Signed at State: ALABAMA

Don't forget! After clicking the red "Submit" button (above), WAIT for the green "Thank You" message.

A Wet Signature is only made available when a signing party **disagrees** with the Terms of Use or eSignature Consent. If you already know that one or more of the signing parties do not want to sign the application digitally, please follow the instructions below to trigger the Print and Wet Signature method.

1. Complete the Signing Party Information prep screen by selecting the **eSign via Face-to-Face** method for all signing parties.
2. Click **Save & Next**.

Signing Party Information

Agent Instructions:

During the e-Signature process....

Step 1. All signing parties will agree to review all documents and disclosures.

Step 2. All signing parties will agree to read the Terms and Conditions as well as electronic consent.

Step 3. All signing parties will acknowledge that you are the Primary Insured, Owner, Payor, or other designated signing party of the insurance application.

Step 4. All signing parties will agree to show proof of identification.

Primary Proposed Insured - Mike Smith

eSign via Face to Face eSign via eMail

Provide Proof of Identification **State Issued** **Drivers License No.**

Drivers License CA E5666778

Last 4 digits of SSN or PIN **E-Mail Address:**

1234 mike.smith@anywhere.com

Post submission delivery Opt out

Owner - Papa Smith Sr

eSign via Face to Face eSign via eMail

Provide Proof of Identification **State Issued** **Drivers License No.**

Drivers License CA E5552225

Last 4 digits of SSN or PIN **E-Mail Address:**

5678 Papa.SmithSr@anywhere.com

Post submission delivery Opt out

2

Print & Wet Signature

Screen 2

The screenshot shows a web interface for eSignatures. At the top, it says 'eSignatures' and 'Terms of Use and eSignature Consent'. Below this, there is a scrollable area containing the 'TERMS OF USE' and 'CONDITIONS OF USE'. A 'Print' link is visible. A 'Review Your Application' button is highlighted with a red '1'. Below that, there are three rows of agreement options for different parties: Mike Smith, Papa Smith Sr, and Manish Patel. Each row has 'AGREE' and 'DISAGREE' radio buttons. The 'DISAGREE' button for Papa Smith Sr is highlighted with a red '2'. Below the agreement options, there is a warning box with a red '3' and instructions on what to do if a party disagrees. At the bottom, a 'Print Application for Wet Signatures' button is highlighted with a red '4'.

1. On the next screen, click the “Review Your Application” button to launch the Application Packet. This will also unlock the Terms of Use and eSignature Consent buttons
2. Select the **Disagree** button(s) next to any of your signing parties who have not agreed to the Terms of Use. This will trigger the Print & Wet Signature option.
3. A new **shaded** box will appear with a description of your options.

At this point, you may:

4. Click the **Print Application for Wet Signatures** button to collect handwritten signatures.

Note: You may also use the navigation area on the left side of the screen (not pictured here) to return to the “Validation and Lock Data” screen. This will unlock your application, allowing you to change the signature method or make modification to the application as needed.

Important! By clicking the “Print Application for Wet Signature” button, you will be presented with a PDF that is ready to be printed for handwritten signatures. All watermarks will be removed.

To complete the Wet Signature process:

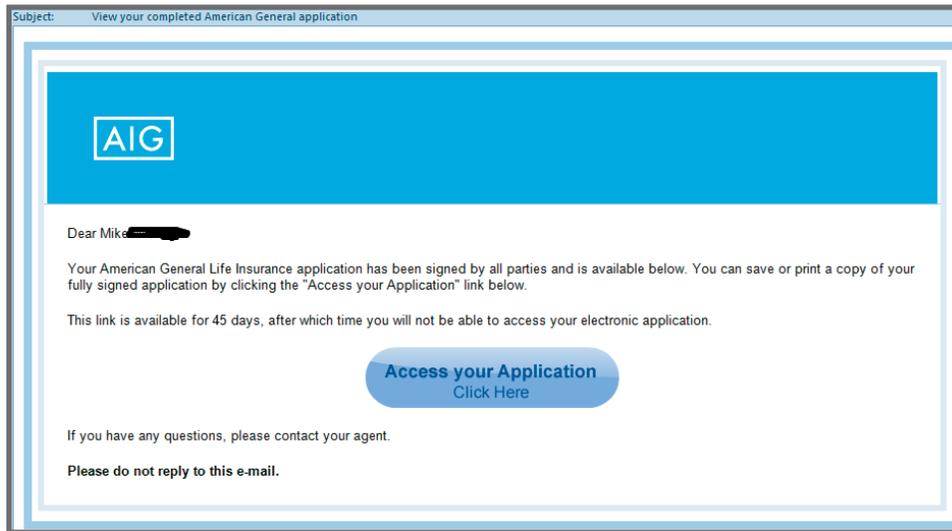
- Remember to print out the package one-sided on white paper. Do not print double-sided.
- Review all paper forms, including the application itself one more time.
- Obtain all required handwritten signatures.
- Then mail or fax, the signed application package to the Service Center within 10 business days.
- Finally, if the applicant requests a copy of the signed application package, you will need to make a copy for them.

Post-Submission Delivery of Application

A new enhancement will allow you to provide a copy of the Post-Submission, Signed Application Packet to the signing parties.

Each signing party will receive a unique email notification containing a link they will click to access their application online.

Note: This link is only valid and active for 45 days, after which time the client will no longer be able to access the electronic application.

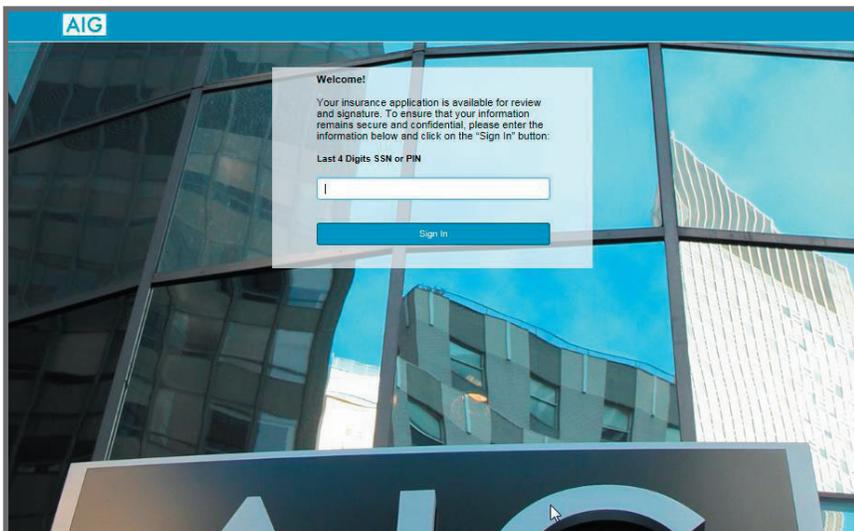


Important Notice re: Foreign Nationals

If any of the parties signing the application is a Foreign National (excluding the agent), then only email e-signatures can be accepted and are required from all parties (including the agent) on the application.

Each signing party will login to access their signed Application Packet.

Important! If any of the signing parties do not want to receive a copy of the signed Application Packet, please select the "Post submission delivery Opt out" check box on the Signing Party Information prep screen.





Policies issued by American General Life Insurance Company (AGL), Houston, TX, except in New York, where issued by The United States Life Insurance Company in the City of New York (US Life). Issuing companies AGL and US Life are responsible for financial obligations of insurance products and are members of American International Group, Inc. (AIG). Guarantees are backed by the claims-paying ability of the issuing insurance company. Products may not be available in all states and product features may vary by state.

FOR FINANCIAL PROFESSIONAL USE ONLY - NOT FOR PUBLIC DISTRIBUTION

AGLC111594 REV0719 ©2019 AIG. All rights reserved.