

ING Term e-Submit Process User's Manual

August 6, 2010

INSURANCE - BANKING - ASSET MANAGEMENT



Disclosures

ING TermSmart, policy form series 1315-02/10, may vary by state and may not be available in all states, is issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the ING family of companies. Not available in New York. ING TermSmart NY, policy form series 3314-02/10, not available outside of New York, is issued by ReliaStar Life Insurance Company of New York (Woodbury, NY), a member of the ING family of companies. Within the state of New York, only ReliaStar Life Insurance Company of New York is admitted and its products issued.

All guarantees are based on the financial strength and claims paying ability of the issuing insurance company, who is solely responsible for all obligations under its policies.

ING ROP Endowment Term, policy form series #1314-12/09, may vary by state and may not be available in every state (not available in New York). It is issued by ReliaStar Life Insurance Company (Minneapolis, MN). ING ROP Endowment Term NY, policy form #3313-12/09 (not available outside of New York), is issued by ReliaStar Life Insurance Company of New York (Woodbury, NY). Within the state of New York, only ReliaStar Life Insurance Company of New York is admitted, and its products issued. Both are members of the ING family of companies.

What is Term e-Submit?

- ING's electronic application platform for ING TermSmart and ING ROP Endowment Term (ROP) life insurance products
- Accessed via ING for Professionals website, at **no cost to the producer**
- "Smart" Application that facilitates an In Good Order Application at the time of submission
- Intuitive tool that provides the agent with all required forms based on responses provided in the application process. (Replacement forms, Questionnaires, etc....)
- Electronic Signature and Submission process that will pass data and images directly into ING's administrative engine
- Print/wet signature submission method also available if client is hesitant to electronically sign (*must submit via alternate method*)
- ING takes the data as it was entered by the Agent into the Term eSubmit platform, reducing the risk of manual data entry errors
- Increases efficiency of new business submissions and improves end-to-end process cycle times

Where do I access Term e-Submit?

ING producers can access Term e-Submit via the ING for Professionals website.

[Home](#) [Manage My Business](#) [Products](#) [Forms](#) [Sales & Marketing](#) [New Business & Underwriting](#) [Policy Service](#) [Compliance](#)

Life Insurance

-- Select a Quick Link --

A film strip graphic with the text "We CUT no-lapse UL rates!" in orange. A mouse cursor points to the word "CUT". Below the film strip is a "Pause" button and a navigation bar with links: << | 1 | 2 | 3 | 4 | 5 | >>.

My Business

- Connector - Pending Business
- ING Compensation
- Inforce Policy Access
- Inforce Illustration Express
- ING Term eSubmit**

[Manage My Business >>](#)

Advanced Sales & Solutions

- Executive Benefits Planning
- Premium Financing Arrangements
- Business Planning
- Retirement Planning
- Wealth Transfer/Estate Planning

[Advanced Sales & Solutions >>](#)

Sales Tools

- ING Presents
- ING Life PromoCenter
- Life Illustration Express
- Forms Wizard

[View all Tools & Calculators >>](#)

Highlights

A landscape image of a road stretching into the distance under a blue sky.

ING for LifeSM
Interactive consumer education tool.
[Learn More >>](#)

A group of four people standing together.

Advanced Sales Microsites
Executive Benefits, Premium Financing, Wealth Transfer/Estate Planning and Retirement Planning Resource Centers.
[Learn More >>](#)

A graphic with the text "Financial Markets" and some numbers.

Important Information from ING
On the Financial Markets
[Learn More >>](#)

A graphic with the text "ING HomeGuard Plus Term".

ING HomeGuard Plus Term Series Microsite
Everything you need in one place.

The ING logo, consisting of the letters "ING" in a bold, sans-serif font, followed by a stylized orange lion.

How do I login to Term e-Submit?

One login ID and password gives you access to ING for Professionals and Term e-Submit.



ING Term eSubmit

Term applications are now easier!

It's so easy. Just login through ING for Professionals (www.inglifeinsurance.com) and enter the necessary information into **Term eSubmit**. Our system will produce the term insurance application and any other forms needed to submit your business.

Then just add your electronic signature and electronically submit to the ING Service Center. Or you can still print... sign... and send. Simple.



Get started with
**ING Term
eSubmit >>**



Get started! Term eSubmit Process

All of the details are here to take advantage of this [turn-key solution](#).

And you can use these NEW recordings to watch demos and tips for the Term eSubmit tool in real-time:

- [Term eSubmit Overview](#)
- [Troubleshooting Live Meeting](#)
- [Adding an E-Signature](#)

Why use ING Term eSubmit?

Contact Us

Who to call

If you have questions about ING Term eSubmit, please contact:

- Sales Desk - 1-866-464-7355, Option 3

ATTENTION! Term eSubmit Users

Browser Compatibility

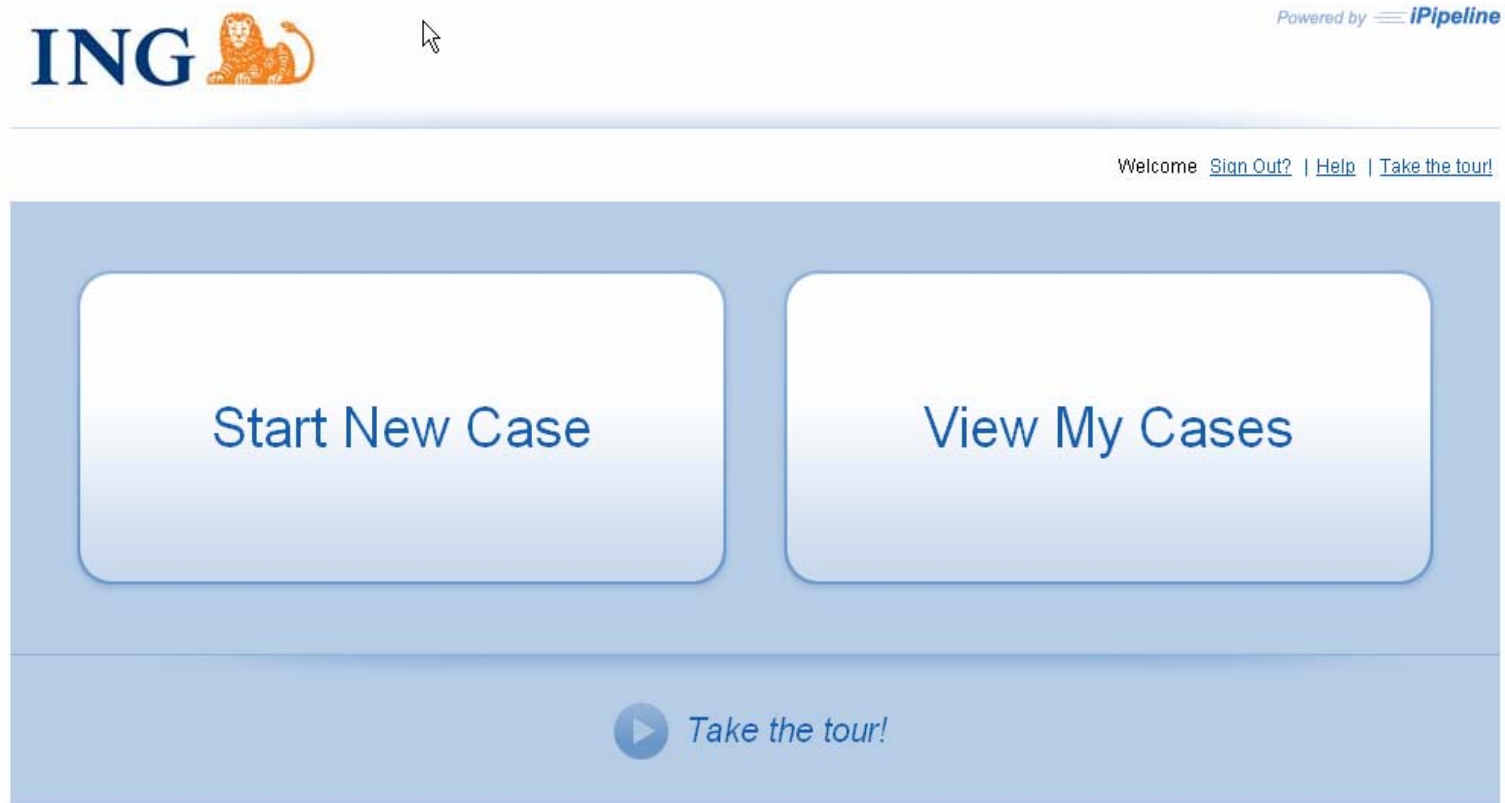
Please note, For ING Term eSubmit, Firefox and Safari browsers are not currently supported at this time. Please remind your client when signing using eSignature that they need to use Internet Explorer to avoid a disruption in the process.



First screen of Term e-Submit: Quick Access Screen

The first screen to launch when you access the Term e-Submit platform is the “Quick Access” screen.

This screen allows you to either start a new application or view your existing cases.

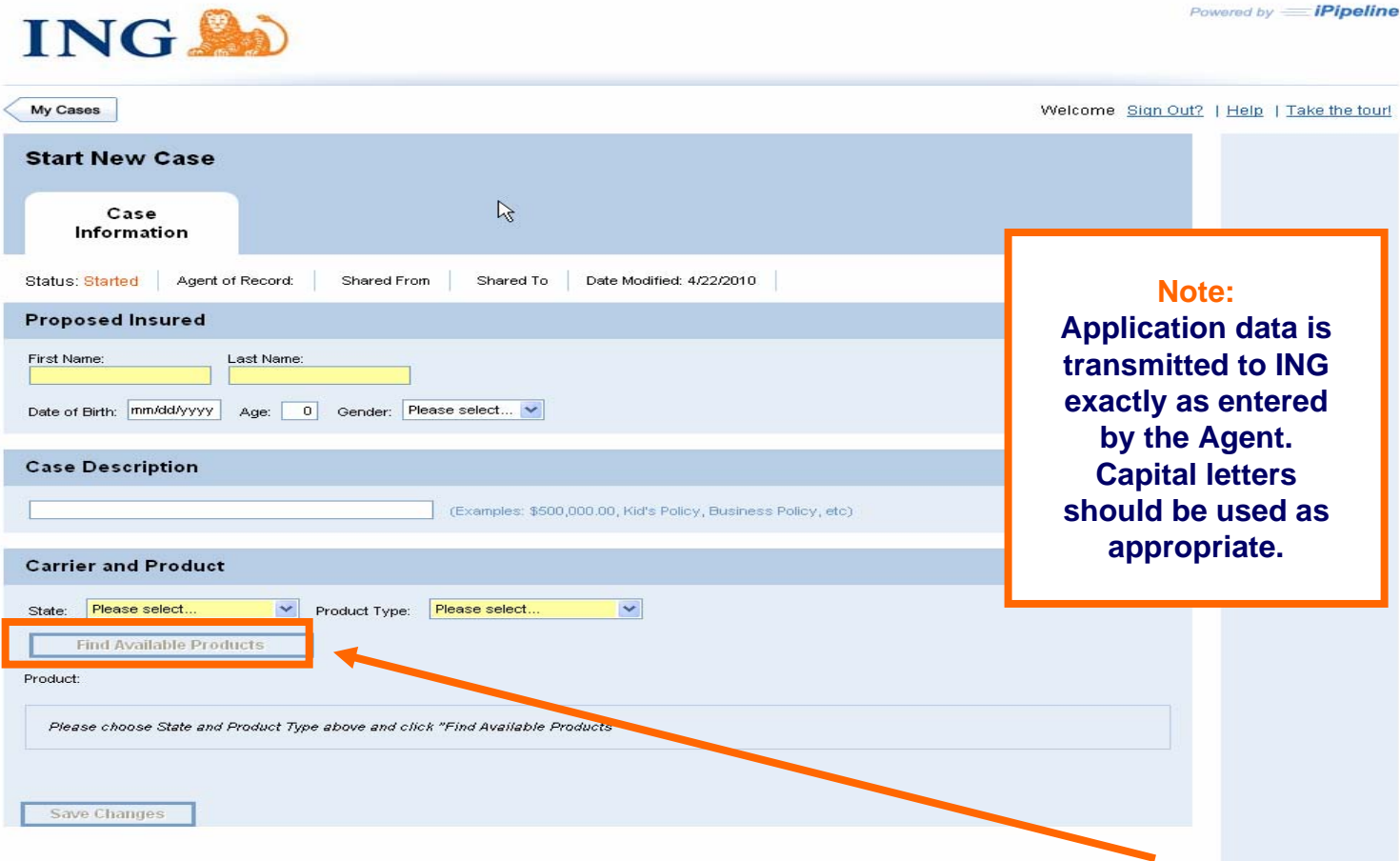


Note: Turn off all pop-up blockers or you will be unable to access the Term e-Submit site.

Case Information Screen: Proposed Insured, State and Product Sections

All yellow fields are required for the application to be “In Good Order”.

Application must be “In Good Order” to utilize the e-Signature and e-Submit functionality.



The screenshot shows the ING Case Information Screen. At the top, the ING logo is on the left and "Powered by iPipeline" is on the right. Below the logo is a "My Cases" button. The main header area says "Start New Case". Underneath, there's a "Case Information" tab. Below the tab, there's a status bar showing "Status: Started", "Agent of Record:", "Shared From:", "Shared To:", and "Date Modified: 4/22/2010". The "Proposed Insured" section has fields for "First Name:", "Last Name:", "Date of Birth:" (with a date picker), "Age:" (with a numeric input), and "Gender:" (with a dropdown). The "Case Description" section has a text input field with examples: "\$500,000.00, Kid's Policy, Business Policy, etc)". The "Carrier and Product" section has "State:" and "Product Type:" dropdowns. Below these is a button labeled "Find Available Products", which is highlighted with an orange box. An orange arrow points from this button towards the bottom right. Below the button is a text area with the message: "Please choose State and Product Type above and click 'Find Available Products'". At the bottom left is a "Save Changes" button. A note box on the right side of the screen contains the following text:

Note:
Application data is transmitted to ING exactly as entered by the Agent. Capital letters should be used as appropriate.

Capture the required client, state and product information and click “Find Available Products”.



Case Information Screen: Select your Product Section

Once you press the “Find Available Products” button, a list of available products is displayed. An “e-Sign” note is included in the iGO e-App column for products where e-Signature is available.





Carrier and Product

State: Product Type:

Find Available Products

Product:

Please choose State and Product Type above and click "Find Available Products"

<u>Carrier</u> ▲	<u>Product</u>	iGO e-App
<input type="checkbox"/> ING 	ROP	 e-Sign
<input type="checkbox"/> ING 	TermSmart	 e-Sign

Save Changes

Select the product you want, and click “**Save Changes**”.

Application Tab: Proposed Insured Screen


The page will refresh and bring you to the Term eSubmit application. You can access the e-App for your client at any time by clicking on the **“Application”** tab.

 = Not in Good Order

 = In Good Order

Must enter a valid SSN.
Consecutive numbers will not be accepted.

My Cases Welcome [Sign Out?](#)

Smith, Mike  TermSmart [Case Notes](#) Case Actions...

Case Information **Application**

Next

Proposed Insured

Please provide information about the Proposed Insured below

Personal Information

First Name Middle Initial Last Name

Name Suffix Date of Birth Age Nearest

Birth Country Birth State Gender ☒ Male ☐ Female

SSN or - Government Issued ID

Daytime Phone Evening Phone

Best Time to Call AM ☐ PM ☐

Email Address

Is Proposed Insured the Owner? ☐ Yes ☐ No

Does Proposed Insured have a Driver's License? ☐ Yes ☐ No

Important for e-Signature

Capture the proposed insured's required information and click **“Next”**.



Application Tab: Proposed Insured Continued Screen - Address

E-Application

☒ Proposed Insured

☐ Proposed Insured Continued

☐ Proposed Insured Continued

☐ Proposed Insured Continued

☐ Personal History

☐ Beneficiary Information

☐ Product/Rider Information

☐ Payment

☐ Replacement Information

☐ Replacement Verification

☐ Health Info Authorization

☐ Agent's Report

☐ Agent's Report Continued

☐ Agent's Report Continued

☐ Agent's Report Continued

☐ Agent's Report Continued

BackNext

Save

Proposed Insured Continued

Address

Residence

Address123 Test Avenue

CityMinneapolisStateMinnesotaZip12345-____

Please enter a valid zip code.

Is the Billing Address the same as the Residence Address?☒ Yes☐ No

Citizenship

Is the Proposed Insured a U.S. Citizen?☒ Yes☐ No

BackNext

Must enter a valid zip code.
Consecutive numbers will not be accepted.

Select screen name or click on "Back" button to return to previous screen.

Capture the proposed insured's required information and click "Next".



Application Tab: Proposed Insured Continued Screen - Employment

E-Application

☒ Proposed Insured

☒ Proposed Insured, Cont'd.

☒ Proposed Insured, Cont'd. (2)

☐ Proposed Insured, Cont'd. (3)

☐ Personal History

☐ Beneficiary Information

☐ Product/Rider Information

☐ Payment

☐ Financial Details

☐ Replacement Information

☐ Agent Replacement

Verification

☐ Health Info Authorization

☐ Agent's Report

☐ Agent's Report Cont'd.

☐ Agent's Report Cont'd. (2)

BackNext

Proposed Insured, Cont'd. (2)

Employment

Is the Proposed Insured employed?

☒ Yes☐ No

Employer

Name

Address

City

State

Zip

Occupation

(include duties)

Phone Number

(000) 000-0000

BackNext

Save

View Forms

If "Yes", complete the required Employer questions and click "Next".

Capture the proposed insured's required information and click "Next".



Application Tab: Proposed Insured Screen Continued - Income & Tobacco

E-Application

☒ Proposed Insured

☒ Proposed Insured, Cont'd.

☒ Proposed Insured, Cont'd. (2)

☒ Proposed Insured, Cont'd. (3)

☐ Personal History

☐ Beneficiary Information

☐ Product/Rider Information

☐ Payment

☐ Financial Details

☐ Replacement Information

☐ Agent Replacement

Verification

☐ Health Info Authorization

☐ Agent's Report

☐ Agent's Report Cont'd.

☐ Agent's Report Cont'd. (2)

Back

Next

Save

View Forms

Proposed Insured, Cont'd. (3)

Proposed Insured Annual Earned Income

Annual Interest and Other Income

Total Net Worth

Has the Proposed Insured ever used tobacco or nicotine products of any type or does the Proposed Insured currently use tobacco or nicotine products of any type?

☐ Yes

☐ No

If "Yes", you will be required to complete the additional Tobacco Use questions (see next slide).

If "No", click "Next" to proceed to "Personal History" screen.

Required

Capture the proposed insured's required information and click "Next".



Application Tab: Proposed Insured Screen Continued - Tobacco, cont.

E-Application

☒ Proposed Insured

☒ Proposed Insured Continued

☒ Proposed Insured Continued

☒ Proposed Insured Continued

☐ Personal History

☐ Beneficiary Information

☐ Product/Rider Information

☐ Payment

☐ Replacement Information

☐ Replacement Verification

☐ Health Info Authorization

☐ Agent's Report

☐ Agent's Report Continued

☐ Agent's Report Continued

☐ Agent's Report Continued

☐ Agent's Report Continued

BackNext

Proposed Insured Continued

Proposed Insured Annual Earned Income

\$100,000

Annual Interest and Other Income

\$0

Total Net Worth

Has the Proposed Insured ever used tobacco or nicotine products of any type or does the Proposed Insured currently use tobacco or nicotine products of any type?

☒ Yes☐ No

(Please check all that apply)

Indicate Type	Currently Use	Amount and Frequency	Month/Year Last Used MM/YYYY
<input checked="" type="checkbox"/> Cigarettes	<input checked="" type="radio"/> Yes <input type="radio"/> No		
<input checked="" type="checkbox"/> Cigars	<input type="radio"/> Yes <input type="radio"/> No		
<input checked="" type="checkbox"/> Pipe	<input type="radio"/> Yes <input type="radio"/> No		
<input checked="" type="checkbox"/> Chewing Tobacco	<input type="radio"/> Yes <input type="radio"/> No		
<input checked="" type="checkbox"/> Nicotine Gum	<input type="radio"/> Yes <input type="radio"/> No		
<input checked="" type="checkbox"/> Nicotine Patch	<input type="radio"/> Yes <input checked="" type="radio"/> No		

SaveView Forms

If "Yes, enter the additional required Tobacco Use questions triggered.

If "Currently Use" is "Yes", enter the required "Amount and Frequency" information and click "Next".

If "Currently Use" is "No", enter the required "Amount and Frequency" previously used and the "Month/Year Last Used".

Capture the proposed insured's required information and click "Next".



Application Tab: Personal History Screen

Personal History

Are you, or have you entered into a written agreement to become, a member of the armed forces, including the Reserves, or on alert? ☒ Yes ☐ No

Do you intend to travel or reside outside the United States or Canada in the next two years? ☒ Yes ☐ No

Have you in the last five years made or do you anticipate in the next two years making flights in an aircraft OTHER than as a passenger on a scheduled airline? ☒ Yes ☐ No

Do you participate in hang-gliding, soaring, sky-diving, ballooning, skin or scuba diving, mountain climbing, competitive skiing, or rodeos? ☒ Yes ☐ No

Please check all that apply to complete the appropriate questionnaire(s):

☒ Scuba Diving

☒ Avocation and Professional Sports

Do you race, test or stunt drive automobiles, motorcycles, motor boats, or jet powered vehicles, or do you use or race snowmobiles, dirt bikes or dune buggies? ☒ Yes ☐ No

Except traffic violations, have you been convicted in a criminal proceeding or are you the subject of a pending criminal proceeding? ☒ Yes ☐ No

Details

Have you in the last five years had any motor vehicle accidents, alcohol or drug related convictions, or other moving violations while operating a motor vehicle? ☒ Yes ☐ No

Details

Back

Next



If “Yes”, required **Military Questionnaire** triggers for completion.

If “Yes”, required **Foreign Travel Questionnaire** triggers for completion.

If “Yes”, required **Aviation Questionnaire** triggers for completion.

If “Yes”, list of activities is triggered and is required for completion.

Select all activities that apply.

Required questionnaires will trigger for each activity selected.

If either question is answered “Yes”, additional required field is triggered for completion – “Details”.

If “No”, click “Next” to proceed.

Capture the proposed insured’s required information and click “Next”.

Application Tab: Policy Owner (Payor) Screen

E-Application

☒ Proposed Insured

☒ Proposed Insured Continued

☒ Proposed Insured Continued

☒ Proposed Insured Continued

☒ Personal History

☒ Owner (Payor)

☐ Owner (Payor) Cont'd

☒ Beneficiary Information

☐ Product/Rider Information

☐ Payment

☐ Replacement Information

☐ Replacement Verification

☐ Health Info Authorization

☐ Agent's Report

☐ Agent's Report Continued

☐ Agent's Report Continued

Policy Owner (Payor) Information

Owner type

First Name Middle Initial Last Name

Relationship to Proposed Insured

Is Residence Address the same as the Proposed Insured Address? ☐ Yes ☒ No

Residence Address

Address

P.O. Box is not permitted.

City State Zip

Is Residence Address the same as Billing Address? ☐ Yes ☒ No

Billing Address

Address

City State Zip

Phone Number

SSN

or - Government Issued ID

Important for e-Signature

Back

Next

View Forms

If "No", required fields are triggered for completion - "Residence Address".

If "No", required fields are triggered for completion - "Billing Address".

Capture the policy owner's required information and click **"Next"**.

Application Tab: Policy Owner (Payor) Continued Screen

E-Application

☒ Proposed Insured

☒ Proposed Insured Continued

☒ Proposed Insured Continued

☒ Proposed Insured Continued

☒ Personal History

☒ Owner (Payor)

☒ Owner (Payor) Cont'd

☒ Beneficiary Information

☐ Product/Rider Information

☐ Payment

☐ Replacement Information

☐ Replacement Verification

☐ Health Info Authorization

☐ Agent's Report

☐ Agent's Report Continued

☐ Agent's Report Continued

BackNext

Policy Owner (Payor) Information Continued

Does Owner have a Driver's License?

☒ Yes☐ No

Driver's License Number

License State

Date of Birth

MM/DD/YYYY

Age Nearest

BackNext

Save

View Forms

If "Yes", additional required fields are triggered for completion:
"Driver's License Number",
"License State", and "Date of Birth".

If "No", additional required field is triggered for completion:
"Date of Birth".

Capture the policy owner's required information and click **"Next"**.

Application Tab: Beneficiary Information Screen - Primary

Once you press the “Click here to add...” button, from 1 to 10 Primary Beneficiaries can be entered.

E-Application

- ☒ Proposed Insured
- ☒ Proposed Insured Continued
- ☒ Proposed Insured Continued
- ☒ Proposed Insured Continued
- ☒ Personal History
- ☒ Owner (Payor)
- ☒ Owner (Payor) Cont'd
- ☒ **Beneficiary Information**
- ☐ Product/Rider Information
- ☐ Payment
- ☐ Replacement Information
- ☐ Replacement Verification
- ☐ Health Info Authorization
- ☐ Agent's Report
- ☐ Agent's Report Continued
- ☐ Agent's Report Continued

BackNext

Beneficiary Information

Please enter Primary Beneficiary(ies), up to a maximum of 10, by clicking on grid. Total percentage of Primary Beneficiaries' shares must equal 100%. If no percentages are entered, beneficiaries' shares will be distributed equally.

Primary Beneficiary Name	Relationship	% Share
Click here to add...		

Please enter at least one Primary Beneficiary

Would you like to designate a Contingent Beneficiary(ies)?
☐ Yes ☐ No

Save

View Forms

If more than 1 Primary Beneficiary is entered, details for 2nd – 10th beneficiaries will appear on the “Overflow Amendment” page of the pdf file.

At least one Primary Beneficiary is required.

Total Percentage for all Primary Beneficiaries must equal 100%.

If amounts are not entered, shares will be evenly distributed.

Enter Primary Beneficiary's Information

Type

Relationship to Proposed Insured

Percentage %


Total percentage of Primary Beneficiaries' shares must equal 100%. If no percentages are entered, beneficiaries' shares will be distributed equally.

Save

Delete

Cancel

Capture the Primary Beneficiary's information and click “Save”.

ING 

For agent use only. Not for public distribution. cn61842052012

16

Application Tab: Beneficiary Information Screen - Contingent

From 1 to 10 Contingent Beneficiaries can be designated, if desired.

☐ Replacement Information

☐ Replacement Verification

☐ Health Info Authorization

☐ Agent's Report

☐ Agent's Report Continued

☐ Agent's Report Continued

Would you like to designate a Contingent Beneficiary(ies)?

☒ Yes ☐ No

Please enter Contingent Beneficiary(ies), up to a maximum of 10, by clicking on grid. Total percentage of Contingent Beneficiaries' shares must equal 100%. If no percentages are entered, beneficiaries' shares will be distributed equally.

Contingent Beneficiary Name	Relationship	% Share
Click here to add...		

Please enter at least one Contingent Beneficiary

Back

Next

Click "Yes" if you wish to enter Contingent Beneficiary designations.

If "No", click "Next".

All Contingent Beneficiary details entered will appear on the "Overflow Amendment" page of the pdf file.

Capture Contingent Beneficiary information and click "Save".

Application Tab: Product/Rider Information Screen

E-Application

- ☒ Proposed Insured
- ☒ Proposed Insured Continued
- ☒ Proposed Insured Continued
- ☒ Proposed Insured Continued
- ☒ Personal History
- ☒ Owner (Payor)
- ☒ Owner (Payor) Cont'd
- ☒ Beneficiary Information
- ☒ **Product/Rider Information**
- ☐ Payment
- ☐ Replacement Information
- ☐ Replacement Verification
- ☐ Health Info Authorization
- ☐ Agent's Report
- ☐ Agent's Report Continued
- ☐ Agent's Report Continued

BackNext

Save

View Forms

Product/Rider Information

Initial Term PeriodFace Amount

\$0

Health Class Quoted

Minimum Face Amount is \$100,000.00

Purpose of Insurance

☐ Waiver of Premium Rider

☐ Children's Insurance Rider

☐ Accidental Death Benefit Rider


☒ Accelerated Benefit Rider

Select the riders to add to the application.

Initial Term Periods and Riders may vary depending on Proposed Insured's issue age (age nearest) or state availability.

Riders selected will trigger additional screens for completion, which will be added to the navigation bar for completion.

Capture required Product/Rider information and click "Next".

ING 

For agent use only. Not for public distribution. cn61842052012

18

Application Tab: Payment Information Screen

All payment methods that are available for paper submission are also available for Term e-Submit cases.

Payment Information

If any questions will be answered YES or LEFT BLANK on the Conditional Receipt/Temporary Insurance Receipt, you are not authorized to collect premium at the time of application.

Initial Payment Method

Initial Payment Amount

Whole numbers allowed only.

Frequency of Subsequent Payments

Subsequent Payment Amount

Would you like to backdate your policy to save age?

☐ Yes ☐ No

Will this be a list bill?

☐ Yes ☐ No

Note:
Voided check/deposit slip
is not required if case
is e-submitted.

Payment Information

If any questions will be answered YES or LEFT BLANK on the Conditional Receipt/Temporary Insurance Receipt, you are not authorized to collect premium at the time of application.

Initial Payment Method

Initial Payment Amount

EFT will also be the payment method for all subsequent payments.

Do you want the initial premium drafted?

☒ Yes ☐ No

The initial premium draft will not occur until Underwriting Approval. All conditions of the Temporary Insurance Receipt must be met.

Premium Received From

Frequency of Subsequent Payments

Subsequent Payment Amount

Would you like to backdate your policy to save age?

☐ Yes ☐ No

Will this be a list bill?

☐ Yes ☐ No

If EFT is selected for initial premium, subsequent payments default to EFT.

Note:
Initial EFT draft will not occur until Underwriting Approval.

Application Tab: Payment Information Screen, continued

E-Application

☒ Proposed Insured

☒ Proposed Insured, Cont'd.

☒ Proposed Insured, Cont'd. (2)

☒ Proposed Insured, Cont'd. (3)

☒ Personal History

☒ Policy Owner

☒ Policy Owner Cont'd.

☒ Beneficiary Information

☒ Product/Rider Information

☒ **Payment**

☐ Financial Details

☐ Replacement Information

☐ Agent Replacement

Verification

☐ Health Info Authorization

☐ Agent's Report

BackNext

Payment Information

If any questions will be answered YES or LEFT BLANK on the Conditional Receipt/Temporary Insurance Receipt, you are not authorized to collect premium at the time of application.

Initial Payment MethodCredit CardInitial Payment Amount

Do you want the initial premium drafted?

☒ Yes☐ No

The initial premium draft will not occur until Underwriting Approval. All conditions of the Temporary Insurance Receipt must be met.

Premium Received From

Frequency of Subsequent Payments

Subsequent Payment

Would you like to backdate your policy to save a

☐ Yes☐ No

Will this be a list bill?

☐ Yes☒ No

Credit Card Payment Authorization

Is the Cardholder the same as the Policy Owner?

☒ Yes☐ No

Full Name (Enter as it appears on card)

Credit Card Type

Billing Zip Code

Account Number

Expiration Date MM/YYYY

Payment Amount

Please enter initial payment amount.

BackNext

Save

View Forms

Credit card payment method is not provided as an option if not allowed in the state the application was taken.

If Credit Card is selected, additional required fields will be triggered for completion.

If 'Check with App' is selected, it is assumed that the payment will be submitted immediately under separate cover.

Capture required Payment Information and click "Next".

Application Tab: Financial Details Screen

E-Application

☒ Proposed Insured

☒ Proposed Insured, Cont'd.

☒ Proposed Insured, Cont'd. (2)

☒ Proposed Insured, Cont'd. (3)

☒ Personal History

☒ Policy Owner

☒ Policy Owner Cont'd.

☒ Beneficiary Information

☒ Product/Rider Information

☒ Payment

☒ **Financial Details**

☐ Temporary Insurance Receipt

☐ Replacement Information

☐ Agent Replacement Verification

☐ Health Info Authorization

BackNext

Financial Details

Is the applied-for policy in accordance with your insurance objectives and your anticipated financial needs?

☒ Yes☐ No

Do you believe you have the financial ability to continue making premium payments on this policy?

☒ Yes☐ No

Have you or your company ever declared bankruptcy?

☐ Yes☒ No

Purpose of Insurance - Personal

☐ Estate Liquidity

☐ Retirement Planning

☐ Family Protection

☐ Cash Accumulation

☐ Tax Planning

☐ Other

Annual Earned Income

\$100,000

Annual Interest and Other Income

\$0

Total Assets

Total Liabilities

Total Net Worth

\$250,000

Note: If case is over \$3 million, additional details will be required.

Save

View Forms

All Required Fields

Pre-fills from "Proposed Insured" Screen

Capture required Financial Details information and click "Next".



Application Tab: Temporary Insurance Receipt Screen

E-Application

☒ Proposed Insured

☒ Proposed Insured Continued

☒ Proposed Insured Continued

☒ Proposed Insured Continued

☒ Personal History

☒ Owner (Payor)

☒ Owner (Payor) Cont'd

☒ Beneficiary Information

☒ Product/Rider Information

☒ Payment

☒ EFT

☒ Temporary Insurance Receipt

☐ Replacement Information

☐ Replacement Verification

☐ Health Info Authorization

☐ Agent's Report

BackNext

Temporary Insurance Receipt

If any questions are answered YES or LEFT BLANK, you are not authorized to collect premium at the time of application.

You are not authorized to collect premium at the time of application.

Has the Proposed Insured:

in the past 10 years had unintentional weight loss, or any symptoms of a disease or an impairment for which the Proposed Insured(s) has not consulted a physician?

☒ Yes ☐ No

ever had, or now have, any type of heart disease, stroke, or other vascular disease?

☐ Yes ☒ No

ever had, or now have, any type of cancer, leukemia, malignant tumor, or disorder of the immune system?

☐ Yes ☒ No

attained age 70?

☐ Yes ☒ No

BackNext

Save

View Forms

If any of these questions are answered "Yes", you are not authorized to collect premium at the time of application.

If answered "No", the Temporary Insurance Receipt will be included in the completed application packet.

Application Tab: Replacement Information and Agent Verification Screens

BackNext

Replacement Information

Proposed Insured

Do you currently have life insurance in force or applied for?
☒ Yes ☐ No

Are you considering using funds from an existing policy or contract to pay premiums on the policy you are applying for?
☐ Yes ☒ No

Have you discontinued making premium payments, surrendered, forfeited, assigned to the insurer, or otherwise terminated an existing policy or contract or are you considering doing so?
☐ Yes ☒ No

SaveView Forms

If any of these questions are answered "Yes", additional required fields and Replacement forms will be triggered for completion.

BackNext

Agent Replacement Verification

To the best of your knowledge and belief, will any existing life or annuity coverage be replaced, lapsed, surrendered, borrowed against?
☐ Yes ☒ No

Is the applicant considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating their existing policy or contract?
☐ Yes ☒ No

Is the applicant considering using funds from their existing policies or contracts to pay premiums due on the new policy or contract?
☐ Yes ☒ No

SaveView Forms

If any of these questions are answered "Yes", required Replacement forms will be triggered for completion.

Application Tab: Health Info Authorization Screen

E-Application

☒ Proposed Insured

☒ Proposed Insured Continued

☒ Proposed Insured Continued

☒ Proposed Insured Continued

☒ Personal History

☒ Owner (Payor)

☒ Owner (Payor) Cont'd

☒ Beneficiary Information

☒ Product/Rider Information

☒ Payment

☒ EFT

☒ Temporary Insurance Receipt

☒ Replacement Information

☒ Replacement Verification

☒ Health Info Authorization

☐ Agent's Report

Back

Next

Save

View Forms

Health Info Authorization

This will authorize:
 (Physician, Clinic or Hospital Name)
to release medical information to (the Life Insurance Agent/Agency).
Authorized Life Insurance Carrier(s)
Description of Personal Representative's Authority or Relationship to Patient

Health Info Authorization screen is not required by ING.

If applicable, enter the health info authorization details, and click "Next" to proceed.
If not applicable, simply click "Next".

Back

Next

Note: This page concludes the client portion of the application. All remaining pages are specific to agent information and the submission of the case.

Application Tab: Agent Report Screen - Writing Agent's Information

E-Application

- ☒ Proposed Insured
- ☒ Proposed Insured Continued
- ☒ Proposed Insured Continued
- ☒ Proposed Insured Continued
- ☒ Personal History
- ☒ Owner (Payor)
- ☒ Owner (Payor) Cont'd
- ☒ Beneficiary Information
- ☒ Product/Rider Information
- ☒ Payment
- ☒ EFT
- ☒ Temporary Insurance Receipt
- ☒ Replacement Information
- ☒ Replacement Verification
- ☒ Health Info Authorization
- ☒ Agent's Report

Back Next

Agent's Report

Writing Agent's Information

Agent Type ☒ Individual ☐ Agency

First Name Middle Initial Last Name

Agent Address: City State

Agent ID # State License #

Agent Phone Number
(000) 000-0000

Agent Email Address

Agent SSN #
XXX-XX-XXXX

Please enter a valid email address.

Important for
e-Signature.

Back Next

Additional details
will be required
for completion,
according to the
Agent Type
selected.

Agent ID # is
required prior to
policy issue.

If Agent Licensing
is pending, enter
GA # or "pending"
in the Agent ID#
field.

Note: Agent SSN #
does not print on the
Agent Report.

Capture required Writing Agent information and click "Next".



Application Tab: Agent Report Continued Screen – Contact Information

Agent's Report Continued

Contact Name for Requirements

Contact Email Address

Contact Fax

(000) 000-0000

General Agent's Information

General Agent Type

☐

Individual

☐

Agency

General Agent's #

Are there additional agents associated with this contract?

☒

Yes

☐

No

% Split

Please enter information for at least one additional agent associated with this contract, up to a maximum of 5, by clicking on grid.

Agent Name	Agent ID #	% Split
Click here to add...		

Note: If additional agent information is entered, details will appear on the “**Overflow Amendment**” page of the pdf file.

“Click here to add...” up to 5 additional agents.

Back

Next

It is highly recommended that preferred method of contact information is entered, but not required.

If “Yes”, the required “% Split” will trigger for completion.

If No, default is 100%.

Application Tab: Agent Report Continued Screen, Intent to Replace

All questions on this screen are required.

Agent's Report Continued

Will there be a rebate of any kind, such as a rebate of premium, to the Proposed Insured or Proposed Owner? ☐ Yes ☒ No

Have there been any discussions in which the Proposed Owner has been solicited to directly or indirectly sell, assign, settle or otherwise transfer the proposed policy (or the rights to its death benefit), or an ownership or beneficial interest in an entity that will own the proposed policy, to a life settlement company or other third party? ☐ Yes ☒ No

Will the proposed policy on the life of the Proposed Insured(s) replace a policy that has been sold, assigned, or settled to or with a settlement or viatical company or any other person or entity? ☐ Yes ☒ No

Will the premiums, now or in the future, be financed? ☐ Yes ☒ No

Identify the source of funds for initial and subsequent premiums, and describe any transactions of which you are aware that the Proposed Owner and/or Proposed Insured(s) engaged in, or will engage in, to generate such funds (e.g., the sale, assignment or mortgage of property). Please also describe the relationship of the source to the Proposed Owner and/or Proposed Insured(s).

If "Yes", the Agent is required to explain.

If "Yes", lender information will be required.
If "No", source of funds information is required.

Proposed Insured/Owner Information

How long have you known the Proposed Insured?

Are you related?

☒ Yes ☐ No

If "Yes", provide required details of relation.

Back

Next



Application Tab: Agent Report Continued Screen – Compliance Info

Agent's Report Continued

Compliance Information

Have you delivered the Consumer Privacy Notice to the Proposed Insured(s) or Proposed Owner?

☐ Yes ☐ No

Consumer Privacy Notice is included in the application packet electronically delivered to the client for e-signature.

Did you obtain the Proposed Insured's Medical Declarations, in person and record them in the presence of the Proposed Insured? (If "No", explain in Remarks why and arrange for an exam.)

☐ Yes ☐ No

Did you meet personally with the Proposed Owner and review their Government issued ID?

☐ Yes ☐ No

If "No", the Agent is required to explain.

If Premium was accepted, was the Conditional Receipt completed and delivered to the Proposed Insured or Proposed Owner?

☐ Yes ☐ No

All Sales materials used during the sales process were approved by the Company. The following are the approved sales materials used in my sales presentation:

The agent is required to provide notice of all sales materials used in the sales presentation.

Our Company requires that all replacement sales are made in accordance with the Company's corporate policy. Is this particular sale in accordance with the Company's corporate replacement policy?

☐ Yes ☐ No

Back

Next

Capture the required Compliance Information and click "Next".



Application Tab: Agent Report Continued Screen, Requirements

Agent's Report Continued

How much insurance does the Proposed Insured's spouse own payable to the Proposed Insured or other dependents?

Is this application for a juvenile? ☒ Yes ☐ No

Please indicate the amount of life insurance in force on each parent or sibling.

Father \$

Mother \$

Sibling \$

If "Yes", required to provide parent and sibling in-force insurance details.

Please check the Underwriting requirements ordered:

☐ Blood Profile/HOS

☐ Inspection Report

☐ MD Exam

☐ Treadmill EKG

☐ EKG

☒ Paramedical Exam

Paramed Company

Phone: (800) 727-2999

Link: <http://www.appsnational.com/>

☒ APPS

☐ ExamOne

☐ PortaMedic

☐ EMSI

If you select Paramedical exam, a list of ING's preferred vendors will appear.

If you select a vendor, contact information will appear.

Remarks

Use this area to request alternates/optionals, including the section of alternative commissions structures, where available.

Back

Next

Note: Paramedical Exams can be ordered electronically via Term e-Submit. Slide 34 provides instructions for the Paramedical Exam Order Screen.

Application Tab: Validate and Lock Application Screen

- ☒ Owner (Payor) Cont'd
- ☒ Beneficiary Information
- ☒ Product/Rider Information
- ☒ Payment
- ☒ EFT
- ☒ Temporary Insurance Receipt
- ☒ Replacement Information
- ☒ Replacement Verification
- ☒ Health Info Authorization
- ☒ Agent's Report
- ☒ Agent's Report Continued
- ☒ Agent's Report Continued
- ☒ Agent's Report Continued
- ☒ Agent's Report Continued
- ☒ Validate and Lock Data

Validate and Lock Data



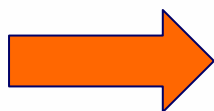
In Good Order - Congratulations, your application is complete!



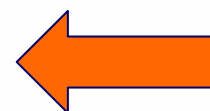
You now qualify for our electronic application submission processing.

Please click **View Form** at the top of this page to review your application then click the button below to lock the application and proceed to the signature process. If you need to edit the application before locking, you may do so by going back to any screens on the left navigation tree, then come back here to the Validate and Lock Data screen using the same navigation tree.

Once application is locked, no changes can be made without unlocking the application.



Lock Application and Proceed to Signature Process



Thank you for using our Electronic Application!

Note: If you need to edit the application after it is locked, you may do so by coming back to this **Validate and Lock Data** screen located on the left navigation tree.

All screens must have green checkmark to be "In Good Order".

Return to "Validate and Lock Data" screen if you need to unlock the application for edits.

Application Tab: Validate and Lock Data Screen, “Refreshed”

- Owner (Payor) Cont'd
- Beneficiary Information
- Product/Rider Information
- Payment
- EFT
- Temporary Insurance Receipt
- Replacement Information
- Replacement Verification
- Health Info Authorization
- Agent's Report
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- ☒ Validate and Lock Data

Validate and Lock Data



Your application is locked!

Your application has been digitally sealed to protect client data from alteration during the signature process.

Please be aware that unlocking the application will cancel all previously collected signatures and require you to restart the signature process.

If you need to edit the application, you may do so by clicking [Unlock Application and Cancel Signature Process](#) button. Once your edits are completed, come back to this screen ([Validate and Lock Data](#)) located on the left-hand navigation tree to Lock and return to the signature process.

Unlock Application and Cancel Signature Process

You must “Unlock” the application to make changes .
If you “Unlock” the application, you will cancel the e-Signature process.

Next

Checkmarks will change to padlocks when application is locked.

Note: Only the Agent has the ability to unlock and edit the application.

Proceed to Signature Options by clicking “Next”.



Application Tab: Agent Instructions Screen

☒ Personal History

☐ Owner (Payor)

☐ Owner (Payor) Cont'd

☐ Beneficiary Information

☐ Product/Rider Information

☐ Payment

☐ Replacement Information

☐ Replacement Verification

☐ HIV Consent

☐ Health Info Authorization

☐ Agent's Report

☐ Agent's Report Continued

☐ Agent's Report Continued

☐ Agent's Report Continued

☐ Agent's Report Continued

☒ Validate and Lock Data

☒ Agent Instructions

Agent Instructions

☒ I have provided the Proposed Insured with the following forms:

Consumer Privacy Notice

Valuable Information About Your Term Life Insurance Purchase

Click on checkbox above and then click "Next" to proceed.

BackNext

SaveView Forms

BackNext

Application Tab: Signature Method Screen

Signature Method

Please choose a signature method:

☐ **Wet Signature:** Print, review, wet sign and mail



Electronic Submission is not available for “Wet Signature” selection.

☐ **eSignature:** Review, electronically sign and electronically submit via the internet

To eSign the following criteria must be met:

- 1. Agent must collect the email address for each Signer*
- 2. All signers must have access to the internet and have their own email address*
- 3. All signers must agree to use the eSignature process*
- 4. All eSignatures must be obtained within 5 calendar days*

RECOMMENDED:
e-Signature is a secure and easier way to submit your ING business faster!

Back

Next

Select Signature Method and click “Next”.



Application Tab: e-Signature Instructions Screen

eSignature Instructions

The eSignature process requires each eSigner to review the application on-line and agree to a series of disclosure and disclaimer statements. Upon careful review of all information, each eSigner will be instructed to click a number of "I Agree" statements. This will serve as their electronic signature. A secure process has been put in place to ensure your client's personal information is confidential and secure. By completing the information on the following screens, each eSigner will receive a personalized email with instructions on how to gain access to their electronic application and the steps necessary to collect their electronic signature.

To begin this process, please click "Next."

Please use the last 4 digits of your Social Security Number (SSN) to login to the application for eSignature.

SSN/TIN:

8896

Back

Next

This is the PIN number used by the Agent to access the application AFTER all signing parties have applied his/her signature electronically.

Agent is the last to apply their e-Signature, after all other signing parties.

*Click "**Next**" to proceed.*



Application Tab: Paramedical Exam Order Screen

- Payment
- Temporary Insurance Receipt
- Replacement Information
- Replacement Information Continued
- Replacement Verification
- Health Info Authorization
- Agent's Report
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Validate and Lock Data
- Agent Instructions
- Signature Options
- Signature Instructions
- Paramedical Exam Order**

Back Next

Save

View Forms

Paramedical Exam Order

Would you like to electronically request a paramedical exam?

☒ Yes ☐ No

Please select your desired paramedical vendor:

Please indicate where your client would like to be seen:

Street Address

City

State

Zip Code

Phone

Please note that your request for the paramedical exam will NOT be electronically placed to the vendor until the proposed insured has e-signed the application.

Once the proposed insured and e-signed, the system will automatically place the order.

If "Yes", select desired paramedical vendor and location client would like to be seen.

Back

Next

Click **"Next"** to proceed.

Application Tab: Proposed Insured's eSignature Screen

Proposed Insured's eSignature

By completing the information below, your client will receive a personalized email message instructing them how to gain access to their electronic application and the necessary steps that must be completed to collect their electronic signature.

Proposed Insured

Test Case

Application will be eSigned by:

Test Case

Last 4 digits of eSigner's Social Security Number:

8895

Email Message to Client for eSignature

To:

Test Case

(Enter eSigner's name as it will appear on the application.)

E-mail Address:

test.case@emailaddress.com

(Enter eSigner's Email)

From:

Writing Agent

Agent's E-mail Address:

writing.agent@emailaddress.com

Subject:

Complete your ING Term Application

E-mail Message:

Thank you for applying for ING's term life insurance.

To complete the application we need your electronic signature (eSignature). Please review your application by clicking on the link below. You will be asked to acknowledge your acceptance of the application and disclosures and consents prior to eSigning.

Please note that Firefox browser is not currently supported for the electronic signature process. Please use Internet Explorer 6.0 or 7.0 or Safari for your electronic signature.

[Click here](#) to be directed to your on-line application.

If you have any questions, please contact me.

Generic Email Text – cannot be altered.

You may type a personalized e-mail message here to include with the above email before clicking "Send Message to Client."

Type personal message to Client here.

Send Message to Client

This is the PIN number used by the Client to login and apply their e-Signature to the application.

This page will produce for each person required to sign the application.

Each signing party will receive an email from the Agent with a link to the electronic application.

The Client will be asked to review the application and apply their e-Signature.

Click here to "Send Message to Client"

After sending email message to Client, click "Next".



Application Tab – Proposed Insured’s e-Signature Screen, Confirmed

The Proposed Insured’s e-Signature Screen will refresh with a confirmation message after the email to the Client has been sent.

If Client did not receive the email, or the link has expired,
click here to “Resend Message to Client”.

Resend Message to Client

Your e-mail was successfully sent to your client!

If you need to change any of this data or resend this e-mail, you may do so by returning to this screen, making any necessary changes and clicking the "Resend Message to Client" button.

Back

Next

Click “**Next**” to proceed.

Application Tab: e-Signature Process – Emails Sent Screen

eSignature Process - E-mail(s) Sent

You have successfully sent email(s) to the following individual(s), instructing them how to gain access to their electronic application and the necessary steps that must be completed to collect their electronic signature.

Name(s)	Email Address	MM/DD/YYYY
Test Case	test.case@emailaddress.com	05/02/2010

Confirmation of all emails sent to obtain e-Signatures.

You will be notified of the following via e-mail message:

1. eSigner fails to login within 5 days of your email being sent
2. eSigner makes three failed attempts to login using their assigned passwords (last 4 digits of Social Security Number)
3. eSigner successfully eSigns application
4. eSigner declines to eSign application

Email notifications
will be sent to
Agent through
each step of the
e-Signature
collection process.

Your electronic signature will be required after other eSignatures have been captured. After eSigning you will be able to transmit the completed application to ING for processing.

Thank you for using our Electronic Application!

This completes the agent portion of the eSignature process, with the exception of your eSignature after all other eSignatures are captured. You may logout by clicking on the Client tab at the top of this page, then click the Logout link in the upper right margin.

Click **“Sign Off”** in top right corner of screen.




Client e-Signature Process: Email to Client

Client will receive an email, from the agent directly, which contains a link to their on-line application packet.

Client must turn off all pop-up blockers to access the electronic application.

Date: Today

 John Smith Complete your ING Term Application Tue 11/04/2008 7:34... 7 KB

Thank you for applying for an ING term life insurance policy.

To complete the application we need your electronic signature. Please review your application and all other forms by clicking on the link below. You will be asked to acknowledge your acceptance of the application, disclosures and consents prior to signing.


Please [click here](#) to be directed to your on-line application.

If you have any questions, please contact me.

DO NOT REPLY TO THIS MESSAGE.

Last 4 Digits SSN/TIN

Sign In



Client clicks here to review their application and apply their e-Signature.

Client enters the last 4 digits of their SSN or Government issued ID to sign in and review the application package.

Client e-Signature: Terms of Use & e-Signature Disclosure Screen



Welcome - Terms of Use and Electronic Signature Disclosure

Welcome, Owner Test!

To begin the eSignature process, please read the **Terms of Use** and **Electronic Signature Disclosure** by clicking on each of the buttons below. You may print and retain a copy of these documents for future reference.

After reading both documents, please check the box indicating you have read them and then select either "I Agree" or "I Decline."

Terms of Use

☐ I have read the **Terms of Use**

Electronic Signature and Records

You are applying for an insurance policy using electronic processes which include the use of electronic records and electronic signatures. The records include the application, and required ancillary forms (as applicable) such as the product replacement forms and consumer disclosures (the "Records"). With your consent, we can deliver these Records to you electronically. Please print or download the Records and keep them for your files.

This notice contains important information that you are entitled to receive before you consent to electronic delivery. **Please read this notice carefully and print or download a copy for your files.**

I Decline

I Agree

Reminder:

Client must turn off all pop-up blockers.

The Client must open and read the "Terms of Use" before they can continue.

The Client then clicks the checkbox to continue.

The Client clicks "I Agree" to proceed with the e-Signature process.

If Client Declines, the Agent must collect wet signatures.



Client e-Signature: Review Application Screen



Application Review

Please review your application and all other forms in their entirety for accuracy, understanding and agreement. This application contains multiple pages and forms.

If you need to change or update any information or if you have questions, please contact your agent.

After reviewing your application and reading each of the pages that are to be eSigned, please check the box indicating you have read it and then select either "I Agree" or "I Decline."

Review Your Application

☐ I have reviewed the application and read each of the pages that are to be eSigned

Client must open and review the application before continuing.

Client then clicks the checkbox to continue.

I Decline

I Agree

The Client clicks "I Agree" to proceed with e-Signature.

If Client Declines, the Agent must collect wet signatures.



Client e-Signature: Apply e-Signature Screen

Client must
“check” all
four boxes.

Client enters
City in which
application is
being signed in
and clicks
“Apply
eSignature...”



Apply eSignature

☒ I, Owner Test, hereby agree that:

☒ A. I have read the statements and answers given in this application and affirm that they are true and complete to the best of my knowledge and belief. I understand that the Company may seek to rescind or cancel the insurance coverage if there is any material misrepresentation.

☒ B. This application consists of Part I, appendices and supplemental questionnaires, and will be the basis for any coverage issued on this application. Any coverage issues on this application will take effect only upon satisfaction of all the Company's requirements, except as otherwise provided in the Conditional Receipt, if issued, with the same date as this application. Except where permitted expressly by statute or regulation, no agent or medical examiner has the authority to waive the answer to any question in the application, to pass on insurability, to make or alter an contract or waive any of the Company's rights or requirements. No change in the amount, classification, age at any issue, plan of insurance or benefits on this application shall be effective unless agreed to in writing by the Proposed Insured and Owner.

☒ C. I certify, under penalty of perjury, that my Social Security/Tax Identification Number(s) is(are) shown and is (are) correct and that I am not subject to back-up withholding.

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

Signed at State

Signed at City

Client's final opportunity to Decline or Apply e-Signature and submit to Agent.



Client Application Review and e-Signature Complete Screen



Application Review And eSignature Are Complete

Thank you!

Your application review and eSignature process are now complete and your eSignature has been applied to the document (s) that you reviewed. An email has been sent to your agent advising him/her that you have completed the eSignature process.

After closing this screen, you will not be able to access this site again to view your application. Please take a moment to print and/or save a copy of the eSigned application for your records by clicking on the button below.

View eSigned application

If you have any questions or need another copy of the eSigned application, please contact your agent.

**Client can click here
to View/Download
the e-Signed
application.**

Thank you again for using our Electronic Application!

Close iGO Forms

Client clicks "Close iGO Forms" to log out of Term e-Submit.



Agent e-Signature Process: Email to Agent

Agent will receive an email when all other signatures are collection, which contains a link to the on-line application packet.

Agent must turn off all pop-up blockers to access the electronic application.

 **Date: Today**

 **ING - eSignature ... Test Three has completed e-Signature. Please use the link to Sign an...** Tue 11/04/2008 8:11... 7 KB

Test Case has completed e-Signature. Please use the link to Sign and Submit.

ING - eSignature Notification [support@ipipeline.com]

To: Mayer, H. (Heather)

All eSignatures, except for yours, have now been completed on the ING Life Insurance Application for Test Case. You now need to review, eSign, and electronically submit the application to ING.

Please note that Safari and Firefox browsers are not currently supported for the electronic signature process. Please use Internet Explorer 6.0 or 7.0 or Safari for your electronic signature.

Please [click here](#) to be directed to your on-line application and enter the 4 digit SSN or PIN code you created to login.

Agent clicks here to access the application.

Please do not reply to this email.

Last 4 Digits SSN/TIN

Sign In



Agent enters the last 4 digits of their SSN to sign in, apply e-Signature and submit to ING.



Agent e-Signature: Terms of Use & e-Signature Disclosure Screen



Welcome - Terms of Use and Electronic Signature Disclosure

Welcome, Writing Agent!

To begin the eSignature process, please read the **Terms of Use** and **Electronic Signature Disclosure** by clicking on each of the buttons below. You may print and retain a copy of these documents for future reference.

After reading both documents, please check the box indicating you have read them and then select either "I Agree" or "I Decline."

Terms of Use

☐ I have read the **Terms of Use**

Electronic Signature and Records

You are applying for an insurance policy using electronic processes which include the use of electronic records and electronic signatures. The records include the application, and required ancillary forms (as applicable) such as the product replacement forms and consumer disclosures (the "Records"). With your consent, we can deliver these Records to you electronically. Please print or download the Records and keep them for your files.

This notice contains important information that you are entitled to receive before you consent to electronic delivery. **Please read this notice carefully and print or download a copy for your files.**

I Decline

I Agree

Reminder:

Agent must turn off all pop-up blockers.

The Agent must open and read the "Terms of Use" before they can continue.

The Agent then clicks the checkbox to continue.

The Agent clicks "I Agree" to proceed with the e-Signature process.



Agent e-Signature: Application Review Screen



Application Review

All the necessary eSignatures have been successfully applied.

After reviewing your application and reading each of the pages that are to be eSigned, please check the box indicating you have read it and then select either "I Agree" or "I Decline."

Review Application

☐ I have reviewed the application and read each of the pages that are to be eSigned

Agent must open and review the application before continuing.

Agent then clicks the checkbox to continue.

I Decline

I Agree

The Agent clicks "I Agree" to proceed with the e-Signature process.



Client e-Signature: Apply e-Signature Screen

Client must
“check” all
four boxes.

Client enters
City in which
application is
being signed in
and clicks
“Apply
esignature...”



Apply eSignature

☒ I, Owner Test, hereby agree that:

☒ A. I have read the statements and answers given in this application and affirm that they are true and complete to the best of my knowledge and belief. I understand that the Company may seek to rescind or cancel the insurance coverage if there is any material misrepresentation.

☒ B. This application consists of Part I, appendices and supplemental questionnaires, and will be the basis for any coverage issued on this application. Any coverage issues on this application will take effect only upon satisfaction of all the Company's requirements, except as otherwise provided in the Conditional Receipt, if issued, with the same date as this application. Except where permitted expressly by statute or regulation, no agent or medical examiner has the authority to waive the answer to any question in the application, to pass on insurability, to make or alter an contract or waive any of the Company's rights or requirements. No change in the amount, classification, age at any issue, plan of insurance or benefits on this application shall be effective unless agreed to in writing by the Proposed Insured and Owner.

☒ C. I certify, under penalty of perjury, that my Social Security/Tax Identification Number(s) is(are) shown and is (are) correct and that I am not subject to back-up withholding.

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

Signed at State

Signed at City

Client's final opportunity to Decline or Apply e-Signature and submit to Agent.



Agent e-Signature: Apply e-Signature Screen

Agent must
“check” both
boxes.



Apply eSignature

- ☒ I, Writing Agent, hereby agree that:
- ☒ By signing below, I acknowledge my receipt and acceptance of the terms of the current ING Life Companies General Agent or Producer Agreement ("Agreement"), whichever is applicable, including but not limited to any compensation schedules. I agree to be bound by the terms and conditions of that Agreement, unless I am an employee/registered representative of a Broker/Dealer and do not hold an Agreement such that this language is inapplicable.

I understand that I may receive an additional copy of my Agreement and/or current compensation schedule, from the Company, by contacting Distributor Services at 877-882-5050.

Decline eSignature Process

Apply eSignature

Agent clicks
“Apply
esignature...”
to proceed
with electronic
submission to
ING.

Agent must “Apply e-Signature” in order to submit case to ING electronically.



Agent Application Review and e-Signature Complete Screen



Application Review And eSignature Are Complete

Thank you!

Your application review and eSignature process are now complete and your eSignature has been applied to the application.

After closing this screen, you will not be able to access this site again to view your application. Please take a moment to print and/or save a copy of the eSigned application for your records by clicking on the button below.

View eSigned application

The last step is to click the button below to submit your application to ING.

Submit to ING

Thank you again for using our Electronic Application!

AD10800203

Life

TERM APPLICATION

ReliaStar Life Insurance Company, Minneapolis, MN

A. PRODUCT INFORMATION

1. Initial Term Period: ☐ 10 Year ☐ 15 Year ☐ 20 Year ☒ 30 Year ☐ Other _____

Agent can click here to View/Download the e-Signed application.

Downloading the file for future reference is highly recommended.

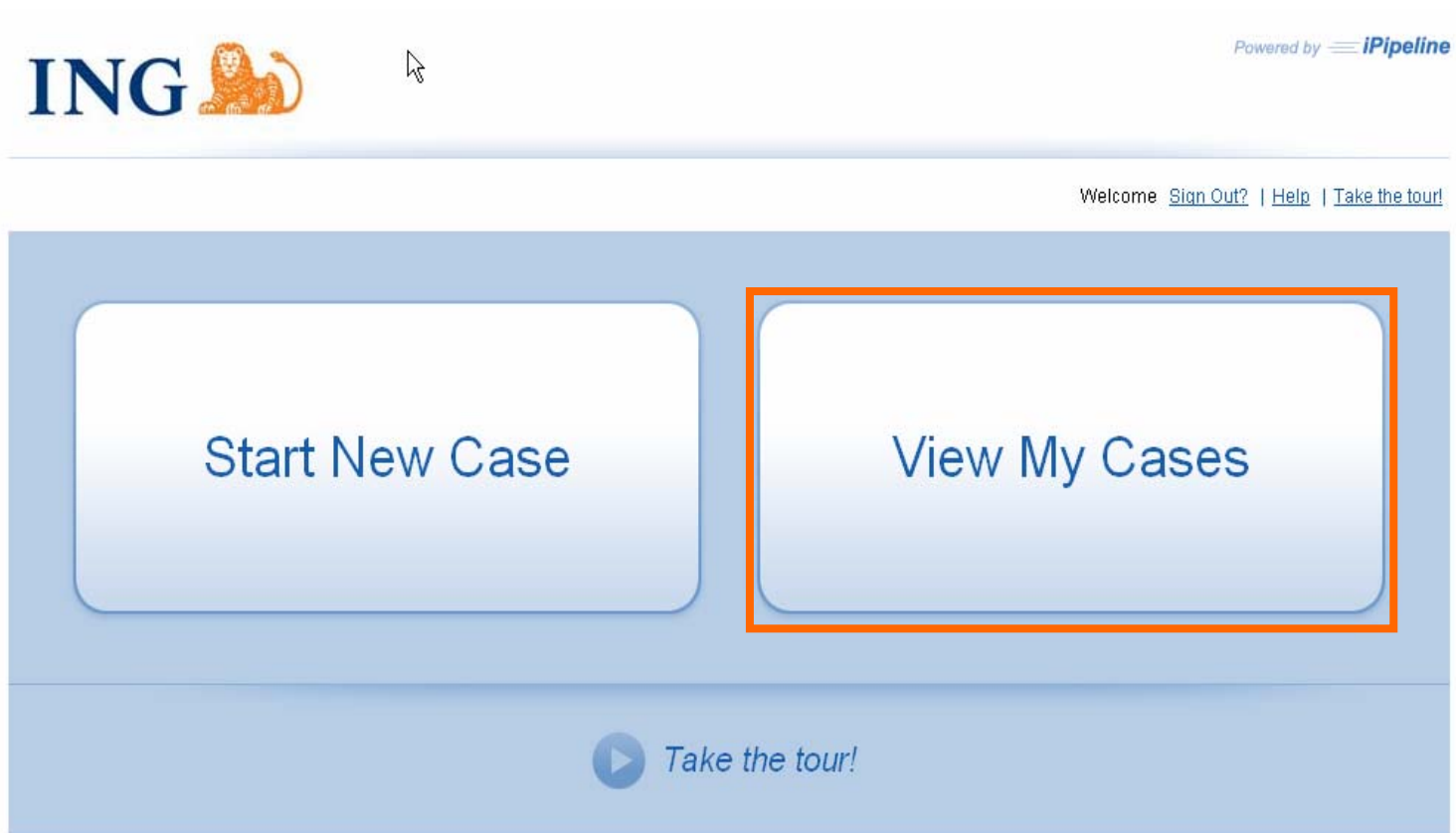
CRITICAL STEP:
Agent **MUST** click "Submit to ING".

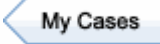
After submitting the case to ING, the Policy Number is "stamped" onto the application.



View Existing Cases: Quick Access Screen

The “View My Cases” button will provide you with a dashboard view of your existing cases.



 You can also access your **“My Cases” dashboard** by clicking the **“My Cases”** button from any screen of the application.

"My Cases" Screen: Dashboard View of Existing Cases

This screen provides a summary of valuable information for all your cases, including client name, case description, product, case status and date last modified.

The screenshot shows the 'My Cases' dashboard. At the top left is the ING logo. To the right, it says 'Powered by iPipeline'. Below the logo, there's a navigation bar with 'Welcome | My Preferences | Sign Out | Help | Take the Tour'. The main section is titled 'My Cases' and includes buttons for 'Start New Case' and 'e-Signature'. Below this is a search bar with 'First, Middle or Last Name', a 'Search' button, and a 'Clear Search' link. To the right of the search bar is a dropdown menu for 'Case Actions...'. The main content is a table with columns: Name, Carrier, Product, Status, and Date Modified. The table lists six cases, all with a status of 'Started' and a date of '04/01/2010'. Annotations with orange boxes and arrows point to specific features: 'View status of cases.' points to the 'Status' column; 'View date the case was last modified.' points to the 'Date Modified' column; 'Sort cases by category by clicking on any of the column headers.' points to the 'Name' column header; and 'Possible Statuses:' points to a list of status options.

View status of cases.

View date the case was last modified.

Sort cases by category by clicking on any of the column headers.

Possible Statuses:

- Started
- Pending
- Expired
- Complete
- Pending Agent Signature

<input type="checkbox"/>	Name	Carrier	Product	Status	Date Modified
<input type="checkbox"/>	Smith, Mike \$2 Million Term Policy	ING	TermSmart	Started	04/01/2010
<input type="checkbox"/>	Ross, Josh	ING	TermSmart	Started	04/01/2010
<input type="checkbox"/>	Moore, Angie \$1 Million Term Policy	ING	TermSmart	Started	04/01/2010
<input type="checkbox"/>	Miller, Steve	ING	TermSmart	Started	04/01/2010
<input type="checkbox"/>	Moss, Ashley	ING	ROP	Started	04/01/2010
<input type="checkbox"/>	Dominica, Linda heart condition	ING	TermSmart	Started	04/01/2010

“My Cases” Screen Continued: e-Signature Status and Resend Emails

The “e-Signature” button provides a more detailed view of the status of your cases’ signatures and allows you to resend the email to any signing party.



Powered by iPipeline

[My Preferences](#) | [Sign Out](#) | [Help](#) | [Take the Tour](#)

My Cases [Start New Case](#) [e-Signature](#)

First, Middle or Last Name [Clear Search](#)

Check box(es) below to: Case Actions...

<input type="checkbox"/>	Name	Carrier	Product	Status	Date Modified
<input type="checkbox"/>	Smith, Mike \$2 Million Term Policy		TermSmart	Started	04/01/2010
<input type="checkbox"/>	Ross, Josh		TermSmart	Started	04/01/2010
<input type="checkbox"/>	Moore, Angie \$1 Million Term Policy		TermSmart	Started	04/01/2010
<input type="checkbox"/>	Miller, Steve		TermSmart	Started	04/01/2010
<input type="checkbox"/>	Moss, Ashley		ROP	Started	04/01/2010
<input type="checkbox"/>	Dominica, Linda heart condition				

Click “e-Signature” button for a detailed view of the case status.

“Resend” button allows you to resend an email to any signing party.
(email not received, email expired, etc.)

e-Signature Cases - Pending

Filter By: Status Status: Pending

	Status	Last Name	First Name	Carrier	Product Type	Product
<input type="checkbox"/>	Pending	Smith	Mike	ING U.S. Financial Services	Term Life	TermSmart

	Name	Email Address	Role	Status	Expiration Date
<input type="checkbox"/>	Mike Smith	msmith123@yahoo.com		Pending Awaiting Signature	Mar 21 2010 4:22PM GMT

Detailed “e-Signature screen provides name, email address, status and expiration date for each email sent.

