

iGO e-Signature Changes

Questions?

Contact your AIG representative or call:

Partners Group 800-358-5753

Financial Network 281-384-0260 The iGO eApplication will receive changes to the eSignature Screens beginning June 14, 2019.

After June 14

- A NEW "Click to Apply eSignatures" button will appear. You must click this button to apply all signatures to all forms in the application packet.
- A NEW "Click to Submit My Application" button will appear. This is the final step. You must click this button to submit your application to AIG.
- WAIT for the screen to refresh. You are done when you see the green Success message.

What's In This Guide?

- New iGO Face-To-Face eSignature Screen, Page 2
- New iGO Agent Clickwrap eMail eSignature Screen, Page 3
- iGO Success Confirmation Screens, Page 5

Important! Do not miss the last step to Submit Your Application to AIG!

- Step 1 Review the Application and Agree to Terms of Use and eSignature Consent
- Step 2 Agree to apply eSignature to all areas of the Application and supplemental forms
- Step 3 Enter the signed at City and State
- Step 4 Click the button "Click to Apply eSignatures" (NEW)

Step 5 - Click the button "Click to Submit My Application" (NEW)

WAIT for the Screen to Refresh and observe the green Success! message

eSignatures	
Terms of Use and eSignature Consent	
Step 1 of 5:	
Show Terms of Use and eSignature Consent	
eSignature - Primary Insured, Owner, Payor and other Signing Parties	
Agreement, Authorization to Obtain and Disclose Information and Signatures	eSignatures
1. the Primary Propose insules (non any Vinter of Omer Proposed insules inplus event) acknowledge that i this applications and any attachments or they have been rad to run XM answers to the questions in this application my knowledge and belief. I understand that this application: (i) consist of Part X, Part B, and if applicable, questionament(), supplement()) and ddisfundation(); and (2) in the basis for any policy and any reflect() insued. Thus	You are almost finished! Scroll down to Submit your Application
will be considered to have been given to the Company by me unless it is trated in the application. I agree to not interments or nanvers given in the applications between the time of applications and delivery or day policy. It contained in this applications and relied on by the Company may be used to reduce or deay a claim or void the materially affects the acceptance of the risk. and (2) the policy is writks an constraible period.	
I have reviewed the application, disclosures and other items and affirm that all statements are the best of my knowledge and belief.	Terms of Use and eSignature Consent
I agree to apply my eSignature to all areas of the application and supplemental forms that are	Show Terms of Use and #Signature Consent
Step 2 of 5:	eSignature - Primary Insured, Owner, Payor and other Signing Parties
Mike Smith, Primary Proposed Insured Bob Iones, Owner	Agreement, Authorization to Obtain and Disclose Information and Signatures
W Agent Test, Agent	1, the Primary Proposed Insured (and any Overse or Other Proposed Insured ingring billow) acknowledge that I have each distance to the proposed Insured ingring billow) acknowledge that I have each distance are true and complete to the best of my insortisidge and bills. I understand that this applications (1) contains of Part A, Part B, and I applicable, neited markLensen including certain questionauxy(), upplication()), and addendurin()), and (2) in the basis for any policy and any rider()) insort. I understand that no differentiation are true and complete to the best of my including excitation of the property of the property and any other insorts of the property of the prop
Step 3 of 5: Please enter the city and state where you are signing the application	will be considered to have been given to the Company by me utiles it is instead in the application. If agree to notify the Company of any Changes in the statements or a movers given in the application and applications and delivery of any policy. I understand that any constand at this application and related on by the Company may be used to relate a relation or void the policy if (1) such minagreesentation materially affect the acceptance of the risk, and (2) the policy in writem in commutable period.
Signed at City:	I have reviewed the application, disclosures and other items and affirm that all statements and answers are complete and true to the best of my knowledge and belief.
Houtton Signed at State:	I agree to apply my eSignature to all areas of the application and supplemental forms that are applicable to me.
TEXAS Y	Maa Smith, Primary Proposed Injured
Click to Apply eSignatures	Bob Jones, Owner // Asent Test, Asent
	Step 3 of 5:
Back	Please enter the city and state where you are signing the application. Signed at City:
	Houston Signed at State:
	TDUAS
	Click to Apply eSignatures
	Step 5 of 5: Click to Submit My Application

iGO Agent ClickWrap eMail eSignature Screen

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Step 4 - Click the button "Click to Apply eSignatures" (NEW)

Step 5 - Click the button "Click to Submit My Application" (NEW)

WAIT for the Screen to Refresh and observe the green **Success!** message

AIG Apply eSignature Agreement, Authorization to Obtain and Disclose Information and Signatures I, the Primary Proposed Insured (and any Owner or Other Proposed Insured signing below) acknowledge that I have read the statements contained in this application and any attachments or they have been read to me. My answers to the questions in this application are true and complete to the best of my knowledge and belief. I understand that this application: (1) consists of Part A, Part B, and if applicable, related attachments including certain questionnaire(s), supplement(s) and addendum(s); and (2) is the basis for any policy and any rider(s) issued. 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 any 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 ("LTLLA"), I understand and agree that, even if I paid a premium, no insurance will be in effect under this application or under any new policy or any rider(s) that may be issued by the Company unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; (2) the full first modal 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 items (1) and (2) in this paragraph have 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 a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded. If I have received and accepted the LTLIA, 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 LTLIA are met. I understand and agree that such temporary insurance is not available as to any riders or any accident and/or health insuran 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 Notices to the Proposed Insured(s). rize any medical professional; any hospital, clinic or other health care facility; any pharmacy benefit manager or prescription database; any insurance or reinsurance con 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 or my physical or mental bealth or insurability, or that of any minor child for whom application for insurance is being made, to disclose and give to the Company, in legal representatives, in affiliated service to and its affiliated insurers all information they have pertaining 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 understand that the information obtained will be used by the Company to determine: (1) eligibility for insurance; (2) eligibility for benefits under an existing policy; and (3) verification of answers and statements on this andication. I forther authorize the Company to conduct a media or electr neir search on ma Arr information pathered during the evaluat a of mir a ation may be disclosed to ✓ I. Agent Test .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 ...am also signing any required Replacement form(s); and ... am the writing agent for the application; and ...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 Signed at State TEXAS Decline eSignature

Click to Apply eSignatures

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- Step 1 Review the Application and Agree to Terms of Use and eSignature Consent
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Step 5 - Click the button "Click to Submit My Application" (NEW)

WAIT for the Screen to Refresh and observe the green Success! message

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 Owner or Other Proposed Insured signing below) acknowledge that I have read the statements contained in this application and any attachments or they have been read to me. My answers to the questions in this application are true and complete to the best of my knowledge and belief. I understand that this application: (1) consists of Part A, Part B, and if applicable, related attachments including certain questionnair(s), supplement(s) and addendum(s), and (2) is the basis for any policy and any interful superior. I understand that on 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 any policy. I understand that any mirrepresentation contained in this application and relied or by the Company may be used to reduce or deny a claim or twoid the policy if (1) such mirrepresentation contained or the nucle, and (2) the policy is writh in scontained policy.

Except as may be provided in any Limited Temporary Life Insurance Agreement ('LTLLA'), I understand and agree that, even if I paid a premium, no insurance will be in effect under this application or under any new policy or any rider(s) that may be issued by the Company unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; (2) the full first modal 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 items (1) and (2) in this paragraph have 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 a refund of any, reparison paid, regardless of whether loss occurs before premiums are refunded.

If I have received and accepted the LTLIA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy, if applicable) and only if the conditions set forth in the LTLIA are met. I understand and agree that such temporary insurance is not available as to any riders or any accident and of relatin 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 Notices to the Proposed Insured(s).

I authorize any medical professional; any hospital, clinic or other health care facility; any pharmacy benefit manager or prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; the Medical Information Boreau (AIB); or any other person or organization that has any records or knowledge of me or my physical or mental health or insurance); or that of any minor child for whom applications for insurance is being made, to disclose and give to the Comparementation; misci companies, and its affiliated insurers all information they have pertaining 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. To ther information may include, but is not limited to; items such as: personal finances including; credit as permitted; habits, haardou as roomations; treatments of Moor Vehice; coord read; or foreign ravel, etc.

I understand that the information obtained will be used by the Company to determine: (1) eligibility for insurance; (2) eligibility for benefits under an existing policy; and (3) verification of answers and attacments on this analyzed to reader a media or alactomic sareh on ma. Any information asthead during the availability of we andication of answers and disclosed to

...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 ...am also signing any required Replacement form(s); and

...am the writing agent for the application; and

...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.

Click to Submit My Ap	oplication
Click to Apoly a Classifier at set	Decline eSignature
Houston	TEXAS
Signed at City	Signed at State

Face-to-Face Success Screen

eSignatures	
ferms of Use and eSignature Consent	
o begin the eSignature process, please read the Terms of Use and eSignature Consi rint and retain a copy of these documents for future reference.	ent by using the scroll window below. You may
TERMIS OF USE CONDITIONS OF USE By using this Web site in relation, to an application for insurance with Ameri Company, bereinafter referred to as "the Company", you agree with the following [//erms] / without hamitanon or qualification. Private bad these Conditions careful fir you do not agree with these Terms, you are not granted permission to use this We is immediately. The Company may revise these I terms at any time by updating the any such revisions ported at the time of your use of this site. TRC+T ATMETE the application contains multiple pages and forms. Please review each of them in the 'changes or updates to any information are needed, or if you have questions, please Review Your Application tep 1 of 5: ther reading all of the documents, each signing party should check the appropriate	oan General Life Insurance erms and Conducton Of Use b inte and munit exit thin Web is posting. You are bound by eir entirety. he ask your agent.
Hide Terms of Use and eSignature Consent.	
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Thank you again for using our Electronic Ap	plication
This case has been successfully submitted!	
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	Agreement, Authorization to Obtain and Disclose Information and I. der Phaney Propred Instead (and age) Owner of Ohn Propred Instead spins been and to an NJ marenet the agreements in this applications are true and one will be considered to the two propriot to the Compacy by an subset at its state in the second over a fugitation and addreys of any prior, its states in the second over the prior is the second over the second over the second will be considered to have two given to the Compacy by an subset at its state is the second over the second over the second over the second over the second over the the second over the second over the second over the second over the second over the second over the second over the second over the second over the second over the second over the second second over the second over the second over the second over the second over the second over the second over the second over the second over the second over the second over the second over the second over the second over the second over the second over the second and provide and unrevealed the priority of second over the second ove

When all eSignatures are completd and the Application s Submitted to AIG, a Green Confirmation message will ppear

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able only on the life of the Primary Proposed Insured under the life policy (and the Ot he LTLLA are met. I understand and agree that such temporary insurance is not availab

dify contracts, or waive any of the Company's rights o

harmacy benefit manager or prescription database; any incurance or create (JMB); or any other promose or organization that has any records bring made, to dockee and give to the Company; in legal represent ments; surgerise; hospital confinements for physical and or mentils or for insurances or bring made. Other infomation may models, but in the Department of Monte Vahicles; court records; or foreign two-th res, its addi clude, but is not lie reign travel, etc.

(hildy for insurance; (2) eligibility for benefits under an existing policy; nic same to see ma. Any information pathward during the authority of m

tify that to the best of my knowledge and belief the answers on the application and in the statement are true and correct; and signing the Replacement Notice, if any, and destrand that consists on crisistatements in this application could cause an otherwise valid claim to be deried under any contract issued for this appli

the city and state where you are signing the application

Signed at City	Signed at State	
Houston	TEXAS	*
Click to Apply eSignatures	Decline eSignature	
Thank you. The Electronic Application Process is Concluded.		

Policies issued by American General Life Insurance Company (AGL) Houston, TX. Issuing company AGL is responsible for financial obligations of insurance products and is a member of American International Group, Inc. (AIG). Guarantees are backed by the claims-paying ability of the issuing insurance company. AGL does not solicit business in the state of New York. Products may not be available in all states and product features may vary by state.

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