



# 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**

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 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.

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.

I agree to apply my eSignature to all areas of the application and supplemental forms that are applicable to me.

Step 2 of 5:

- Mike Smith, Primary Proposed Insured
- Bob Jones, Owner
- Agent Test, Agent

Step 3 of 5:

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

Signed at City:  
Houston

Signed at State:  
TEXAS

Step 4 of 5:

**Click to Apply eSignatures**

Back

**eSignatures**

You are almost finished! Scroll down to Submit your Application

Terms of Use and eSignature Consent

Step 1 of 5:

Show Terms of Use and eSignature Consent

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- Bob Jones, Owner
- Agent Test, Agent

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

Signed at City:  
Houston

Signed at State:  
TEXAS

Step 4 of 5:

Click to Apply eSignatures

Step 5 of 5:

**Click to Submit My Application**



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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**

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Except as may be provided in any Limited Temporary Life Insurance Agreement ("LTLIA"), 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 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 Bureau (MIB); or any other person or organization that has any records or knowledge of me or 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 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 application. I further authorize the Company to conduct a credit or electronic search on me. Any information gathered during the evaluation of my application 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:

**Click to Apply eSignatures**      Decline eSignature

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

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

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**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 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.

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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 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 Bureau (MIB); or any other person or organization that has any records or knowledge of me or 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 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 application. I further authorize the Company to conduct a media or electronic search on me. Any information gathered during the evaluation of my application 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: Houston  
Signed at State: TEXAS

Click to Apply eSignatures | Decline eSignature | **Click to Submit My Application**

## Face-to-Face Success Screen

**eSignatures**

Terms of Use and eSignature Consent

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

**TERMS OF USE**  
**CONDITIONS OF USE**

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

**RIGHT ATTORNEY**

Print

The application contains multiple pages and forms. Please review each of them in their entirety.

If changes or updates to any information are needed, or if you have questions, please ask your agent.

Review Your Application

**Step 1 of 5:**

After reading all of the documents, each signing party should check the appropriate box below.

Hide Terms of Use and eSignature Consent

Back

**Thank you again for using our Electronic Application!**

This case has been successfully submitted!

When all eSignatures are completed and the Application is Submitted to AIG, a **Green Confirmation** message will appear

## ClickWrap eMail Success Screen

**AIG**

Apply eSignature

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I, the Primary Proposed Insured (and any Other or Other Proposed Insured signing below) acknowledge that I have read the statements contained in this application and any attachments to it 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 of applicable, related attachments including certain questionnaires, supplements and addendums; and (2) is the basis for my 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 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.

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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 Bureau (MIB); or any other person or organization that has any records or knowledge of me or 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 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 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 in this application. I further authorize the Company to conduct a search in one or more information sources to verify the veracity of my application and any attachments.

I certify that to the best of my knowledge And belief the answers on the application and in the statements are true and correct.

I certify that to the best of my knowledge and belief the answers on the application and in the statement 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: Houston Signed at State: 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.