

Your Guide to Electronic Policy Delivery

# Step-by-step instructions to activating your life insurance policy



**Thank you for allowing us to provide you with valuable life insurance. We look forward to serving you.**

## About this guide

Before your policy can be issued, we will ask you to review and verify a few key details, and review and electronically sign your policy documents.

This is a simple online process that should be completed in one session. We understand you may have questions as you navigate through the various screens, so this guide goes through the process step-by-step and may be used for reference.

**If you encounter any issues that are not addressed here, please call your agent or our Customer Service department at 800-280-2011.**

## eDelivery Step-by-Step

**NOTE:**

Some steps presented in this guide may be omitted if the insured and policy owner (payer) are different.

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# The notification email

You will receive an email from AIG Life Insurance notifying you that your policy is ready for final reviews and signatures.

Click the **Get Started** link to begin the process. This will take you to the log-in screen.

## Your AIG Life Insurance policy is ready for your signature

**From:** AIG New Business <[AIGSS\\_NBRush-Escalation@aig.com](mailto:AIGSS_NBRush-Escalation@aig.com)>  
**To:** Terry Client



Dear Terry Client,

Thank you for allowing us to serve you! Your AIG Life Insurance policy has been approved.

You are about to begin electronic policy delivery.

What's next?

1. Pay the initial premium, and set-up recurring payments, if you haven't done so already.
2. Review and electronically sign policy documents.
3. Print/save your policy.

**GET STARTED**

The link will expire on 2021-11-14. If you have any questions, please contact our Customer Service department at 800-280-2011.


Sincerely

Alex Agent  
[AlexAgent@email.com](mailto:AlexAgent@email.com)

# Logging in

## At the Login page, enter:

- Your five-digit ZIP code
- Date of birth for the person who will be insured (Primary Insured)
- Last four digits of **your** Social Security number (SSN)



## Consumer Portal

### Login

Welcome! Your AIG Life insurance documents are available for review and electronic signature. To access your documentation, please log in by completing the information below.

Reminder: This is a multiple step process that should be completed in one session.

ZIP Code (5 digits)

Date of Birth of the Primary Insured (MM/DD/YYYY)

Last four of SSN

[Continue](#)

[Trouble logging in?](#)

### Login

Welcome! Your AIG Life insurance documents are available for review and electronic signature. To access your documentation, please log in by completing the information below.

Reminder: This is a multiple step process that should be completed in one session.

ZIP Code (5 digits)

Date of Birth of the Primary Insured (MM/DD/YYYY)

Last four of SSN

[Continue](#)

[Trouble logging in?](#)

#### Notes:

- You must enter the birth date for the Primary Insured (the person who will be insured). If you are paying for the policy but not the insured, please use the primary insured's date of birth.
- Enter the date of birth **exactly** as in the format example provided – **MM/DD/YYYY** including slashes as shown.
- If you are not a U.S. Citizen and do not have a Social Security number, you will not see the SSN field.

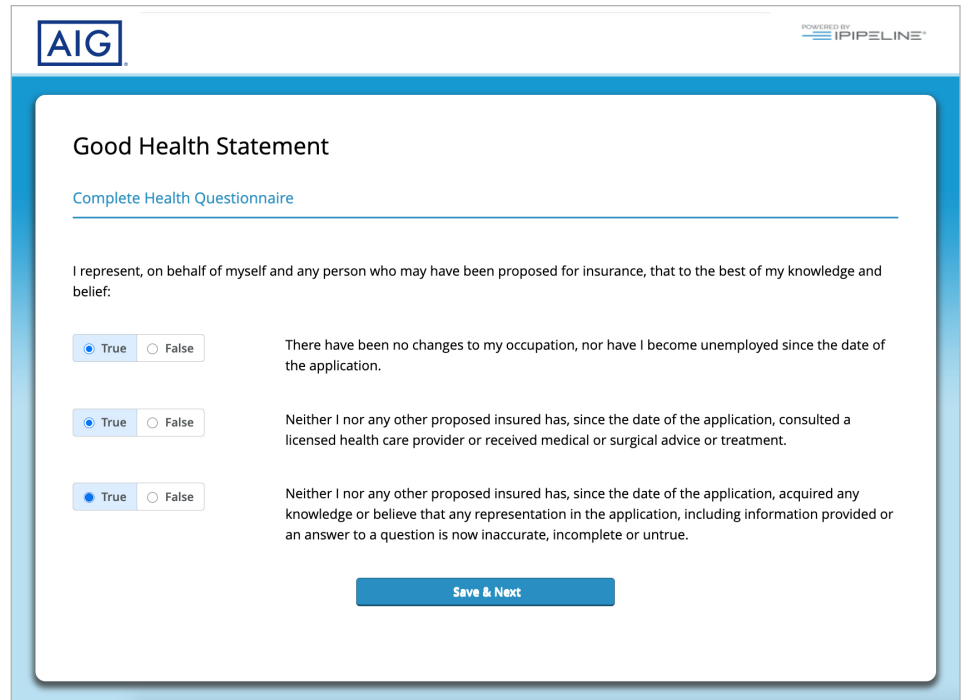
Click **Continue** to proceed to the next screen.

# Good Health Statement

**Note:** This step is only presented to the person who will be insured in select situations.

Read each statement and click to verify if it is True or False.

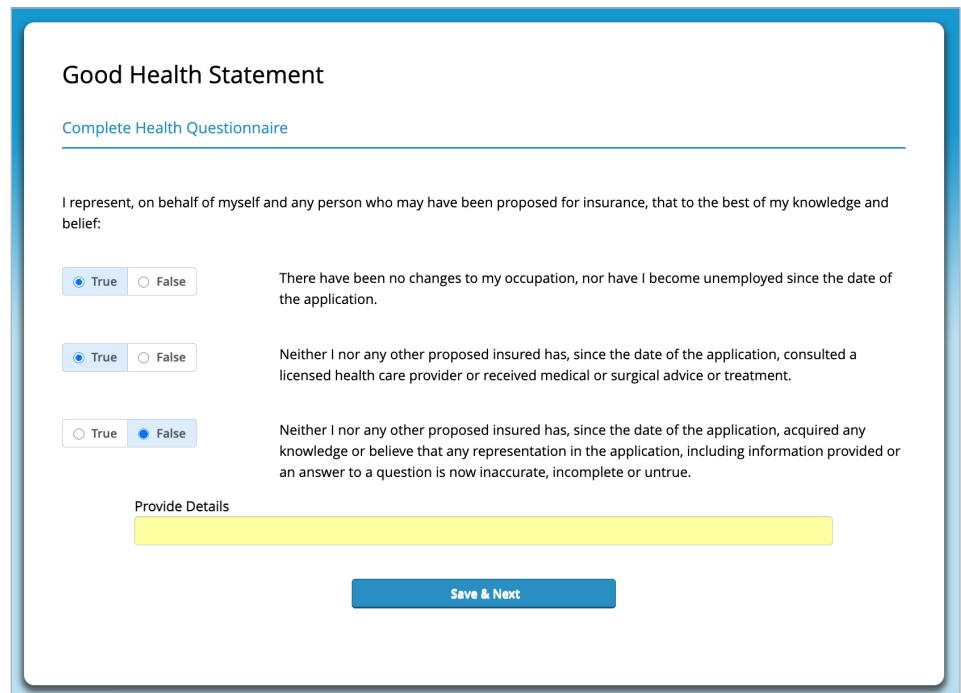
In this example at right, all statements are True.



The screenshot shows the 'Good Health Statement' form with the AIG logo and 'POWERED BY PIPELINE' in the top right. The form title is 'Good Health Statement' and the subtitle is 'Complete Health Questionnaire'. Below the title is a horizontal line. The main text reads: 'I represent, on behalf of myself and any person who may have been proposed for insurance, that to the best of my knowledge and belief:'. There are three statements, each with a radio button for 'True' (selected) and 'False' (unselected):  
1. 'There have been no changes to my occupation, nor have I become unemployed since the date of the application.'  
2. 'Neither I nor any other proposed insured has, since the date of the application, consulted a licensed health care provider or received medical or surgical advice or treatment.'  
3. 'Neither I nor any other proposed insured has, since the date of the application, acquired any knowledge or believe that any representation in the application, including information provided or an answer to a question is now inaccurate, incomplete or untrue.'  
At the bottom center is a blue button labeled 'Save & Next'.

If any statement is False, a text box will appear where you will be asked to provide details.

After all three statements are answered, click **Save & Next** to proceed.



This screenshot is identical to the one above, but the third statement's radio button for 'False' is selected. Below the third statement, a yellow text box is highlighted with the label 'Provide Details' above it. The 'Save & Next' button remains at the bottom center.

**Also Note:** You will not be able to return to this screen after proceeding.

# Payment set-up

**Important:** This step is only presented to the person who is paying for the policy.

## Payment Option

The premium payment frequency selected on the application will be pre-checked, and will also show the corresponding \$ amount.

The frequency selection may be changed by clicking a box for the desired frequency.

**Note:** Amounts and dates shown for Next Premium Due On, Ongoing Premium and Initial Premium Due will change to match the new selection.

## Initial Payment

Click to select how the initial premium will be paid:

- Bank draft
- Credit card

## Pay Ongoing Premium Payments with:

Click to select how the ongoing premiums will be paid:

- Bank draft
- Direct bill (mailed or emailed)

## Bank Details to Use:

For payments drawn from a bank account, select whether we should use the account information from the application (if provided), or if you would like to add a new bank account for payment withdrawals.

Click **Continue** to proceed.

The screenshot displays a 'Payment' setup screen. At the top, a green message box states: 'To save you time, we pre-filled the information you provided on your application.' Below this, the 'Payment Option' section features four radio buttons: 'Annual \$902.88 a year', 'Semi-Annual \$451.44 twice year', 'Quarterly \$225.72 a quarter', and 'Monthly \$75.24 a month'. The 'Monthly' option is selected. The 'Initial Payment' section shows 'Initial Premium Due: \$75.24' and 'Select Initial Payment Method:' with radio buttons for 'Bank Account' (selected) and 'Credit Card'. The 'Pay Ongoing Premium Payments with:' section shows 'Ongoing Premium Payments will be automatically withdrawn from the Bank Account provided.' and radio buttons for 'Bank Account' (selected) and 'Direct Bill'. The 'Bank Details to Use:' section has radio buttons for 'Use Bank Account from Application' (selected) and 'New Bank Account'. A 'Continue >' button is at the bottom. On the right, a 'Your Policy Details' box lists: Policy Number: RC\_031321\_NB\_PD\_05, Insured: Sandiego, Carmen, Product: Select-a-Term - AGL, Face Amount: \$5,000,000.00, Effective Date: 03/28/2021, Next Premium Due On: 04/28/2021, Ongoing Premium: \$75.24, Payment Frequency: Monthly, and Ongoing Payment Method: Bank Account.

### Notes:

- If bank account information was provided on the application but that selection is not pre-checked, the information on the application may not have been entered correctly. In this case, New Bank Account will be pre-selected and the new account information will be entered on the next screen.
- If Bank Account payment method is selected for both Initial and Ongoing payments, the bank account option chosen in the “Bank Details to Use” section will be used for both.

# Payment set-up: Bank Account details

**Important:** The Bank Account details screen is only presented to the person who is paying for the policy, and only if the New Bank Account option is selected from the Payment screen.

Your name, date of birth, SSN and address will be pre-filled using information from the application.

Enter the bank information in the spaces provided.

An example check is provided to show you where to find the routing number and account number. Enter the numbers exactly as they appear on the checks or deposit slips.

When all the fields are completed, click the **Continue** button to proceed.

**Note:** After entering the account number in the last field, click anywhere outside the field to enable the Continue button.

To return to the previous Payment screen to change the payment method, click the **Back** button.

**Payment**

**Bank Account Details**

Enter Your Bank Account Details

One Bank Account will be used for both Initial Payment and Recurring Payments.

Account Holder Name

First Name: John, MI, Last Name: Smith, Suffix: Choose from list

Date of Birth: 05/15/1970, SSN or TIN: 12345654

Address Street: 1113 Shade Tree Ln, City: Allen, State: TX, Zip Code: 75013

Bank Name: Citibank, Account Type: Savings

Routing Number: 122105278, Account Number: 000000019

**EXAMPLE** CHECK: \*044072324\* (ROUTING NUMBER), \*000123456789\* (ACCOUNT NUMBER), \*123 (DOLLARS)

*You can make changes to your Bank Account or choose a different payment method at anytime through AIG's eService Customer Portal.*

[Back](#) [Continue](#)

# Payment set-up: Credit card details

**Important:** The credit card details screen is only presented to the person who is paying for the policy, and only if the Credit Card option was selected from the Payment screen

Enter the credit card information in the spaces provided.

- Enter the Card Holder Name using the name as it appears on your credit card.
- Do not enter spaces when entering the Credit Card Number.
- Use the dropdowns to select Month and Year for the card's expiration date.
- The CVC Number is the three- or four-digit code that is found on the back of your credit card.

When all the fields are completed, click the **Pay** button to proceed.

The screenshot shows the AIG Consumer Portal interface for entering credit card information. At the top, the AIG logo and 'Consumer Portal' text are visible, along with 'POWERED BY IPIPELINE'. The main heading is 'Pay the First Premium on Your AIG Policy' followed by 'Enter Your Credit Card Information'. A blue 'X' button is in the top right corner. Below the heading, there is a text prompt: '(Click the blue "X" button to Cancel)'. The form contains several input fields: 'Card Holder Name', 'Credit Card Number', a dropdown for the month (currently 'January') with a '1777.40' label below it, a dropdown for the year (currently '2021'), and a 'CVC Number' field. Below these is a 'Postal Code' field. At the bottom of the form, it displays 'USD \$ 1777.40' and a large green button labeled 'Pay \$1777.40'.

## CHANGED YOUR MIND ABOUT PAYING BY CREDIT CARD?

Click the Blue X icon to cancel the request.

You will then return to the Payment screen where you can select from Bank Account and Direct Bill for initial premium payment.



# Location Affirmation

Read the statement and click Yes if it is true, No if false.

If you click No, you will see a message that the signing cannot continue. You must return to the United States to complete the electronic policy delivery process.

**Location Affirmation**

Yes  No

**I affirm that I am in the United States.**  
By continuing, you agree that all related aspects of this sale/application are taking place within the United States where the Producer and the Company are licensed to do business. Any misrepresentation related to your location and relied upon by the Company may be used to reduce or deny a claim or void the policy if such misrepresentation materially affects the acceptance of the risk.

Reminder: This is a multiple step process that should be completed in one session.

AIG Customer Service 800-280-2011  
Hours: 8 am - 6 pm CST, Monday - Friday

**Location Affirmation**

Yes  No

**I affirm that I am in the United States.**  
By continuing, you agree that all related aspects of this sale/application are taking place within the United States where the Producer and the Company are licensed to do business. Any misrepresentation related to your location and relied upon by the Company may be used to reduce or deny a claim or void the policy if such misrepresentation materially affects the acceptance of the risk.

State:

City:

[Review and E-Sign Understanding of Terms](#)

Once you complete your eSignature, the initial payment in the amount of \$1,777.40 will soon be processed.

**Initial Premium**  
I authorize the insurance company that issued my policy American General Life Insurance Company (the "Company") or its representative to initiate a single electronic debit against the indicated bank account/the named depository institution or charge my debit/credit card for the payment of the initial premium in the amount indicated.

**Ongoing Premium**  
I authorize American General Life Insurance Company (the "Company") or its representative to automatically debit against the indicated bank account/the named depository institution for the amount indicated on an ongoing basis as premiums become due at the frequency indicated.

**Understanding of terms**  
I understand and agree that this transaction is subject to the acceptance by, and the terms and conditions of, the credit company/ named depository institution indicated. I also understand this Authorization is not a part of the policy/contract of insurance, and that if premiums are not paid within the applicable grace period, the coverage will lapse. I further understand and agree that the Company shall incur no liability if the bank/credit card company dishonors any amount charged under this Authorization. I also agree that this Authorization may be terminated at any time and for any reason by either myself or the Company upon notice to the other party. Upon termination of this Authorization, the Company will bill me directly for any premium amount due.

Select Link below to review and print/download a copy of this agreement

[Consent of Electronic Signature, Records and Delivery of Policy Contracts](#)

[AIG Terms of Use](#)

By selecting this check box, you are indicating that you have read and agree to the terms described and provided on this page

If you have any questions, please contact

By selecting this check box, you are indicating that you have read and agree to the terms described and provided on this page

If you click Yes, the page will expand for you to select your State and City.

- Select your state from the drop-down menu by clicking the small downward arrow
- Type in the name of your city
- After typing in your city, click anywhere outside the City field to proceed

The expanded page will also provide your policy details for final review, including the premium amount, frequency and payment method you selected. **Note:** Depending on your payment preferences, you may not see all of the premium information shown at left.

To proceed, you will be asked to review **Consent of Electronic Signature/Terms of Use** on a separate web page.

- Select and click the link as noted to go to the page.
- After you have reviewed the eSignature consent and Terms of Use language, return to the Location Affirmation page.
- If you agree to the terms provided and described on the page, click the empty check box below the link. This will activate the **I Agree** button.
- Click the **I Agree** button to proceed.

If you wish to change your premium payment details, contact your Agent.

**Note:** After clicking **I Agree**, you may experience a slight delay as the system builds your final document package for signatures.

# Signing the policy

After clicking I Agree button, you will be taken to the policy document where you will be guided through the electronic signature and review process.

Each document in your policy needs to be carefully reviewed for accuracy prior to signing.

After reviewing each document, click the yellow box where noted to apply an electronic signature.

**Note:** Depending on your policy, the documents you see may differ from these examples and may only require an acknowledgement instead of a signature.

After clicking, the system may take 10-15 seconds or more to process before automatically taking you to the next document in the package.

Continue clicking each signature until you have reached the end of the policy. Depending on your policy type, there will be several documents where a signature is required.

**Go to Next Signature**

1 of 1

**Policy Acceptance and Amendment of Application  
California Version**

American General Life Insurance Company, 2727-A Allen Parkway, Houston, Texas 77019  
 The United States Life Insurance Company in the City of New York, 175 Water Street, New York, NY 10038  
A member of American International Group, Inc. (AIG)

In this amendment, the "Company" refers to the insurance company whose name is checked above.  
 The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

**Proposed Insured**

Primary Proposed Insured: First Name MATTHEW MI      Last Name KWLDELCA  
 Other Proposed Insured: First Name                                  MI      Last Name                                   
 Policy Number: EDELSEP360

I hereby acknowledge receipt and acceptance of the policy described below. I also accept all matters set forth in the policy which was issued that differ from the policy for which application was made. I understand and agree that the original application is deemed to be altered as follows:

- Application amended with Primary Insured's duties as SE

I represent, on behalf of myself and any person who may have been proposed for insurance, that to the best of my knowledge and belief:

- There have been no changes to my occupation nor have I become unemployed since the date of the application; or
- Neither I nor any other proposed insured has, since the date of the application:
  - Consulted a licensed health care provider or received medical or surgical advice or treatment; or
  - Acquired any knowledge or belief that any representation in the application, including information provided or an answer to a question, is now inaccurate, incomplete, or untrue.

Exceptions: \_\_\_\_\_

**In the event any exception is noted herein, the policy will not be in force until the Company approves this Policy Acceptance and Amendment of Application.**

**Agreement:** I hereby represent that I have read (or have had read to me) and understand the statements made above. I agree that this Policy Acceptance and Amendment of Application will be made a part of the policy.

**Owner Signature**

**Click Here to Sign** Cancel

Owner signed on (date) 3/15/2021  
Show title of officer if signing for the business. \_\_\_\_\_

**Proposed Insured (PI) Signature** (if other than Owner)

\_\_\_\_\_  
*(If under age 16, signature of parent or guardian)*

PPI signed on (date) \_\_\_\_\_

**Other Proposed Insured (OPI) Signature** (if other than Owner)

\_\_\_\_\_  
*(If under age 16 and coverage exceeds \$500,000, signature of both parents required.)*

OPI signed on (date) \_\_\_\_\_

**In the event any exception is noted herein, the policy referenced above must not be delivered and will not be in force. The Company reserves the right to receive, review, and act upon this Short Health Statement and any other requirements.**

**Agent Instructions:** If exceptions or changes are noted above, do not deliver the policy and consult with the Home Office.

**Agreement:** All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

**Owner Signature**

**Click Here to Sign** Cancel

Owner signed on (date) 3/15/2021  
Owner signed at (city, state) \_\_\_\_\_

**Proposed Insured (PI) Signature**

\_\_\_\_\_

PI signed on (date) \_\_\_\_\_  
*(If under age 16, signature of parent or guardian)*

ICC15-108098 Rev0516

the Company or its representative to initiate electronic or other commercially accepted-type debits in the depository institution named ("Depository") for the payment of premiums and other indicated, and to continue to initiate such debits in the event of a conversion, renewal, or other change to its differ in amount from those specified in this form. I (we) hereby agree to indemnify and hold the im, or liability of any kind by reason of dishonor of any debit or otherwise related to this authorization. (ion will not affect the terms of the contract(s), other than the mode of payment, and that if premiums (race period, the contract(s) will terminate, subject to any applicable non-forfeiture provision. I's due shall be waived and that the debit appearing on my bank statement shall constitute my receipt id made until the Company receives actual payment in its Service Center. in information and/or reports from a consumer reporting agency or other company(ies) in order to he information and answers presented on this form. Any information gathered may be disclosed to any person or entity required to receive such information by law or as I may further consent.

I (we) agree that this Authorization may be terminated by me or the Company at any time and for any reason by providing thirty (30) days' written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the Depository named for any reason. This request must be dated and all required signatures must be written in ink, using full legal names. This request must be dated and signed by the Bank Account Owner(s) as his/her name appears on bank records for the account provided on this authorization.

**Signature of Bank Account Owner**

**Click Here to Sign** Cancel

\_\_\_\_\_

Date \_\_\_\_\_

**Joint Account Owner, if joint account**

\_\_\_\_\_

Date \_\_\_\_\_

Please attach voided check for checking account draft or deposit slip for savings account draft.

# Signing the policy: Cancelling the delivery process

You may decline to sign any of the documents by clicking the **Cancel** button next to a signature.

After you click Cancel a pop-up message will ask **“Are you sure?”** that you want to cancel the signing process. Click the OK button to confirm cancellation.

If you choose to cancel the signing process, you will be taken to a **Signing Suspended** screen.

## You have two options:

1. **If you want the signing process to remain open** so you can return and complete the signatures later, **simply close and exit the browser** without action. If you do this, you may return to the document and resume signing using the original access link.
2. **If you want to cancel the signing process (transaction)**, click both of the checkboxes provided on the screen (as shown below). This will generate a field where you can send a message to yourself, your financial professional and, if applicable, a separate payer or insured.

I represent, on behalf of myself and any person who may have been proposed for insurance, that to the best of my knowledge and belief:

1. There have been no changes to my occupation nor have I become unemployed since the date of the application; or
2. Neither I nor any other proposed insured has, since the date of the application:
  - a. Consulted a licensed financial professional or received medical or financial advice or treatment; or
  - b. Acquired any knowledge of the proposed insured's financial condition, including information provided or withheld by the proposed insured, that would affect the proposed insured's ability to pay the premium.

Exceptions: \_\_\_\_\_

alphantrust-uat-igo.ipipeline.com says  
Are you sure?

Cancel OK

**In the event any exception is noted herein, the policy will not be in force until the Company approves this Policy Acceptance and Amendment of Application.**

**Agreement:** I hereby represent that I have read (or have had read to me) and understand the statements made above. I agree that this Policy Acceptance and Amendment of Application will be made a part of the policy.

**Owner Signature**  
X **Click Here to Sign** Cancel

**Owner signed on (date)** 3/15/2021  
**Show title of officer if signing for the business.**

**Proposed Insured (PPI) Signature (if other than Owner)**  
X  
(If under age 16, signature of parent or guardian)  
**PPI signed on (date)** \_\_\_\_\_

**Other Proposed Insured (OPI) Signature (if other than Owner)**  
X  
(If under age 16 and coverage exceeds \$500,000, signature of both parents required.)  
**OPI signed on (date)** \_\_\_\_\_

AGLC108095-CA-2015

### Signing Suspended

You chose not to sign this document.

You may return to view and sign the document using the original access link.

You also have the option to cancel the transaction entirely so that it can't be signed at a later date. Otherwise, you may exit without action.

Include a message to the owner of this document transaction. optional

Cancel the entire transaction. optional

Continue

### Signing Suspended

You chose not to sign this document.

You may return to view and sign the document using the original access link.

You also have the option to cancel the transaction entirely so that it can't be signed at a later date. Otherwise, you may exit without action.

Include a message to the owner of this document transaction. optional

I would like my name changed to Peter Piper-Shultz before I sign

Cancel the entire transaction. optional

Cancel Transaction and Send Message

**Note:** If you cancel the signing process, a notification will be emailed to your financial professional. Your policy will not be activated and your payment selections will not be applied.

# Completion screen and next steps

**Congratulations!** After you have electronically signed your policy, you will be taken to a screen that verifies the process was successful.

You will immediately receive a “Thank You” confirmation email (see next page).


If you paid your Initial premium by credit card, the payment will be collected immediately.

If you paid an Initial premium using your bank account, the payment will be collected within 24-48 hours, Monday through Friday.

**Note:** If you are to be insured under the policy but are **not** paying for the policy, you will see a slightly different screen shown at lower right.

Process Complete

Thank you!



The process was successful.

Thank you for allowing us to serve you! You have completed the electronic policy delivery requirement for Your AIG Life Insurance policy VBT07270002.

We will send a confirmation email to [vanessa.Service@agl.com](mailto:vanessa.Service@agl.com) within 24 hours.

[View and Save My Documents](#)


We encourage you to register for eService. Manage your policy the easy way! From our secure customer portal, you'll be able to manage your own policy online anytime - day, night or on the weekend. eService is free to use and provides up-to-date policy information.

Access eService with this link: [eService](#)

AIG Customer Service 800-280-2011  
Hours: 8 am - 6 pm CST, Monday - Friday

Process Complete

Thank you!



The process was successful.

Thank you for allowing us to serve you! You have completed the electronic policy delivery requirement for Your AIG Life Insurance policy VBT07270002.

We will send a confirmation email to [vanessa.Service@agl.com](mailto:vanessa.Service@agl.com) within 24 hours.

[View and Save My Documents](#)

The complete policy packet will be available once all Parties have completed their electronic policy delivery requirement

AIG Customer Service 800-280-2011  
Hours: 8 am - 6 pm CST, Monday - Friday

# Confirmation email

You will immediately receive a confirmation email that your delivery process is complete. It will also include a link to your completed documents.

## Your AIG Life Insurance policy – Thank you confirmation

**From:** AIG Life Insurance <[AIGSS\\_NBRush-Escalation@aig.com](mailto:AIGSS_NBRush-Escalation@aig.com)>

**To:** Terry Client



Dear Terry Client,

Thank you for allowing us to serve you! You have completed the electronic policy delivery requirements for Your AIG Life Insurance policy.

If not previously paid, based on the information provided, your payment will be processed.

The complete policy packet will be available once all Parties have completed their electronic policy delivery requirement.

[View and Save My Documents](#)

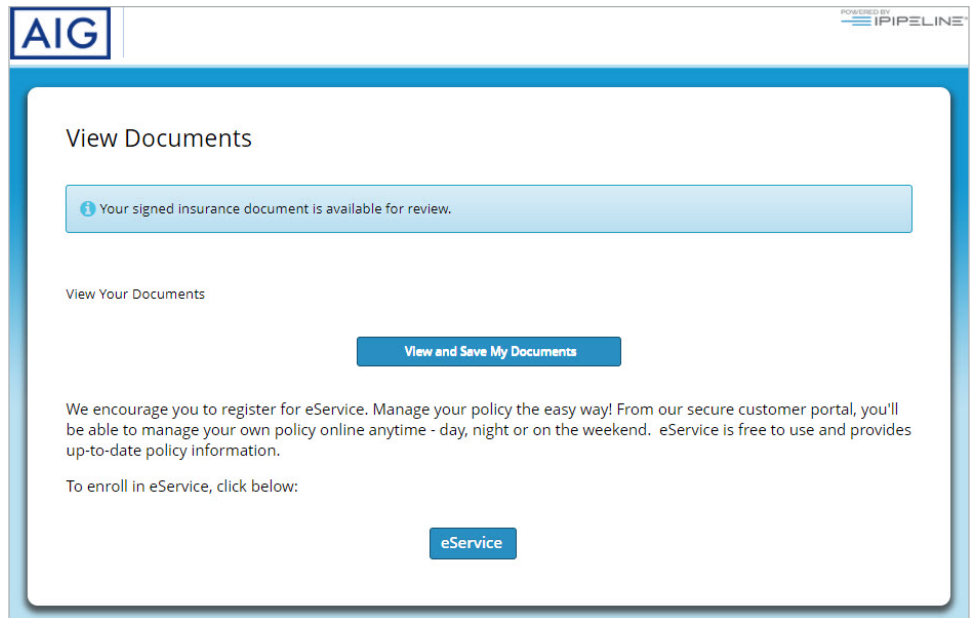
Thank you for choosing AIG for your Life Insurance needs.

Sincerely,  
AIG

# Viewing or printing your policy documents

When you click the “View Completed Documents” link in your Thank you Confirmation email, you will be taken to the original login page. After logging in, you will go to a screen where you may Print or Save your policy documents.

**Note:** If a policy has a separate insured and payer, the Print or Save link will not be effective until **both parties** have finished the signing process.



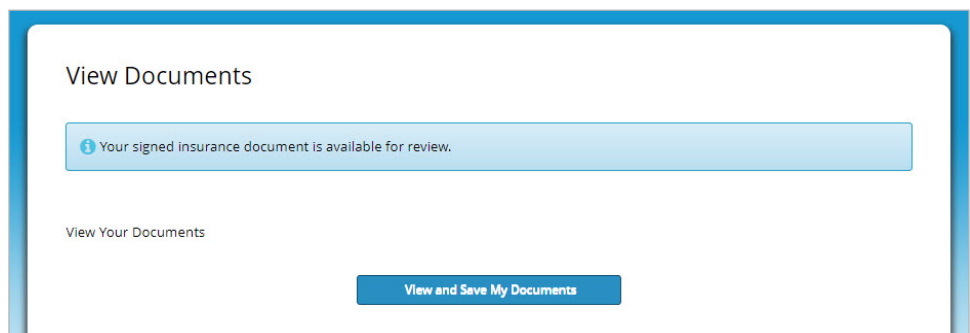
## Sign up for eService

Now that your policy is ready to be issued, you can enroll in our eService online portal to manage your policy online, 24 hours a day. To get started, click the eService button on the completion screen or in the confirmation email.

For information how to enroll in eService, see our [Enrolling in eService](#) guide.

For additional Customer Service information including how to file claims, change beneficiaries and other policy matters, see our [Customer Service](#) page.

**Note:** If you are to be insured under the policy but are **not** paying for the policy, this screen will appear slightly different (as shown at right), and you will NOT see a link for eService. You may still print or save your policy documents after the payer has completed the signing process.



## GENERAL QUESTIONS

### **Q: Can I use my smart phone or tablet to complete the electronic delivery process?**

A: Yes. The eDelivery can be completed using the touchscreen capability for a laptop, mobile device or tablet. If you use a mobile device or tablet, it will be detected and the screen display will be adjusted to optimize readability.

### **Q: I was logged out of my session due to inactivity and now I am being asked for a PIN to log back in. What can I do if I don't have a PIN?**

A: You will be logged out of the system for security purposes after about 20 minutes of inactivity. You may log back in and resume the process without a PIN by clicking the Get Started link in your email notification. That will take you to your log-in page. After logging back in, you will be returned to your last active screen.

### **Q: How do I get back into the system if I don't finish in one session?**

A: You should be able to complete the electronic delivery process in one session. However, if you need to stop the process before finishing, you can resume your sessions by clicking the Get Started link in your notification email. After logging back in, you will be returned to your last active screen.

### **Q: What should I do if I lose or accidentally delete my notification email?**

A: Please contact your financial professional to send you a new link. Please note: The link in the earlier email will be disabled after a new email is sent, so be sure to use the link in the most recent email.

### **Q: My login failed and I'm now locked out. How can I get back in?**

A: Contact your financial professional so a new link can be emailed to you. Please use the new link to logon; the older link will be disabled. When logging in, please be sure to enter:

- **Your** five-digit ZIP code
- Date of birth for the person who will be insured (Primary Insured) in this exact format (including slashes): MM/DD/YYYY
- The last four digits of your Social Security number (SSN)

### **Q: What should I do if I want to stop or cancel the delivery process?**

A: **You may stop the delivery process** at any stage by exiting the system and closing your browser. If you choose to resume later, simply click the Get Start link in your notification email. After logging back in, you will be returned to your last active screen.

**You may cancel the delivery process** during the final signing stage, by clicking the Cancel button which is located next to each signature link (as shown on page 11). If you cancel the signing process, a notification will be emailed to your financial professional. Your policy will not be activated, and your payment selections will not be applied.

### **Q: Why did I receive a thank you confirmation and email if additional parties still need to sign and complete delivery requirements?**

A: Whenever there are two parties (the person to be insured, and the person who will be paying the premiums), both parties will receive an email notification when they have completed their part of the process. An additional email will be sent to all parties after all parties have completed signing.

## PAYMENT QUESTIONS

**Q: What are my options for paying my initial premium?**

A: You may pay your initial premium by either credit card or electronic draft from your bank account.

**Q: If I choose to pay my initial premium by bank draft, when will the payment show up on my bank account?**

A: The normal processing time for a payment to be drafted from your bank account is within 1 to 2 days, Monday through Friday, following completion of the eDelivery process.

**Q: Will my credit card payment or bank draft go through if I don't complete the eDelivery process?**

A: No. The payment will only register once you have completed the eDelivery process, including all signatures.

**Q: Can I adjust the frequency for my premium payments?**

A: Yes, frequencies include Annual, Semi Annual, Quarterly and Monthly

**Q: What are my options for paying my ongoing premiums?**

A: Depending of the premium frequency you select, you may pay your ongoing premiums either of two methods

- Bank draft: Available for monthly, quarterly, semi-annual (twice a year) and annual premiums.
- Direct bill (mailed or email): Available for quarterly, semi-annual and annual premiums.

**Q: How can I make changes to my bank account or payment options after completing the eDelivery process?**

A: You may change your bank account or payment options at any time online through our eService customer service portal at [aig.com/eService](https://aig.com/eService).



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