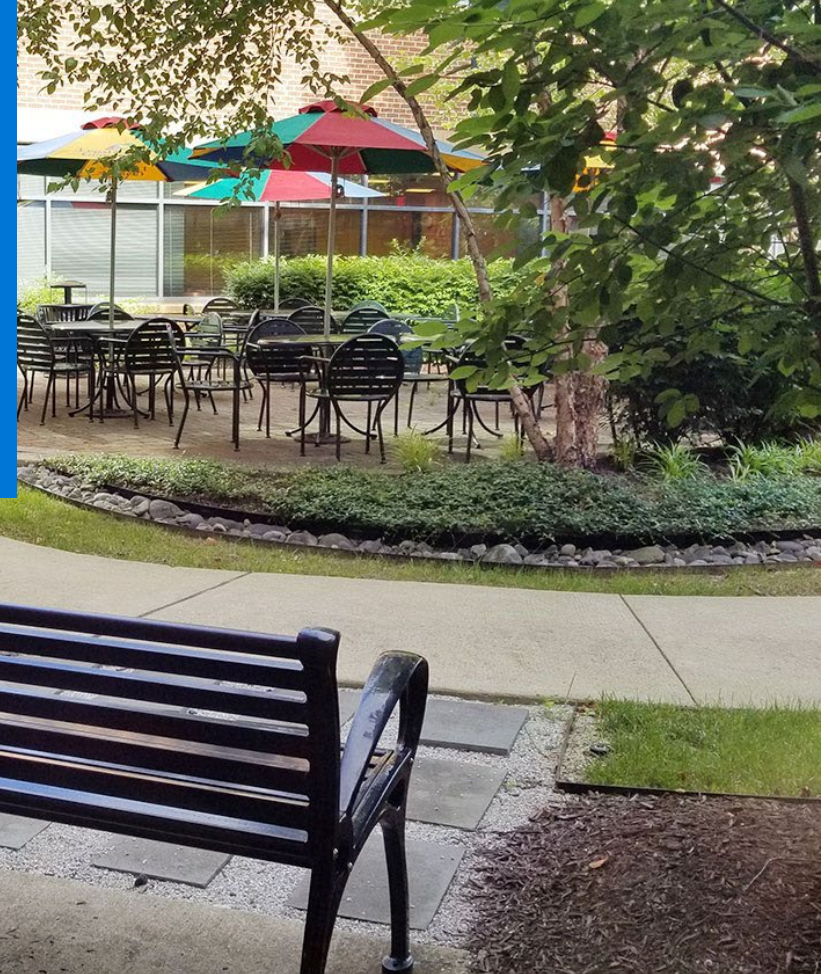


Legal & General America Digital Platform Enhancements

Jim Grauel

Key Accounts Vice President
Distribution



Behind the stats, are people

Our claims story: Being there when people need us most



Over \$1 billion

is the value of claims paid in a year

3,686 families and businesses

across the country were the beneficiaries of Legal & General America policies in 2020

1.5 million

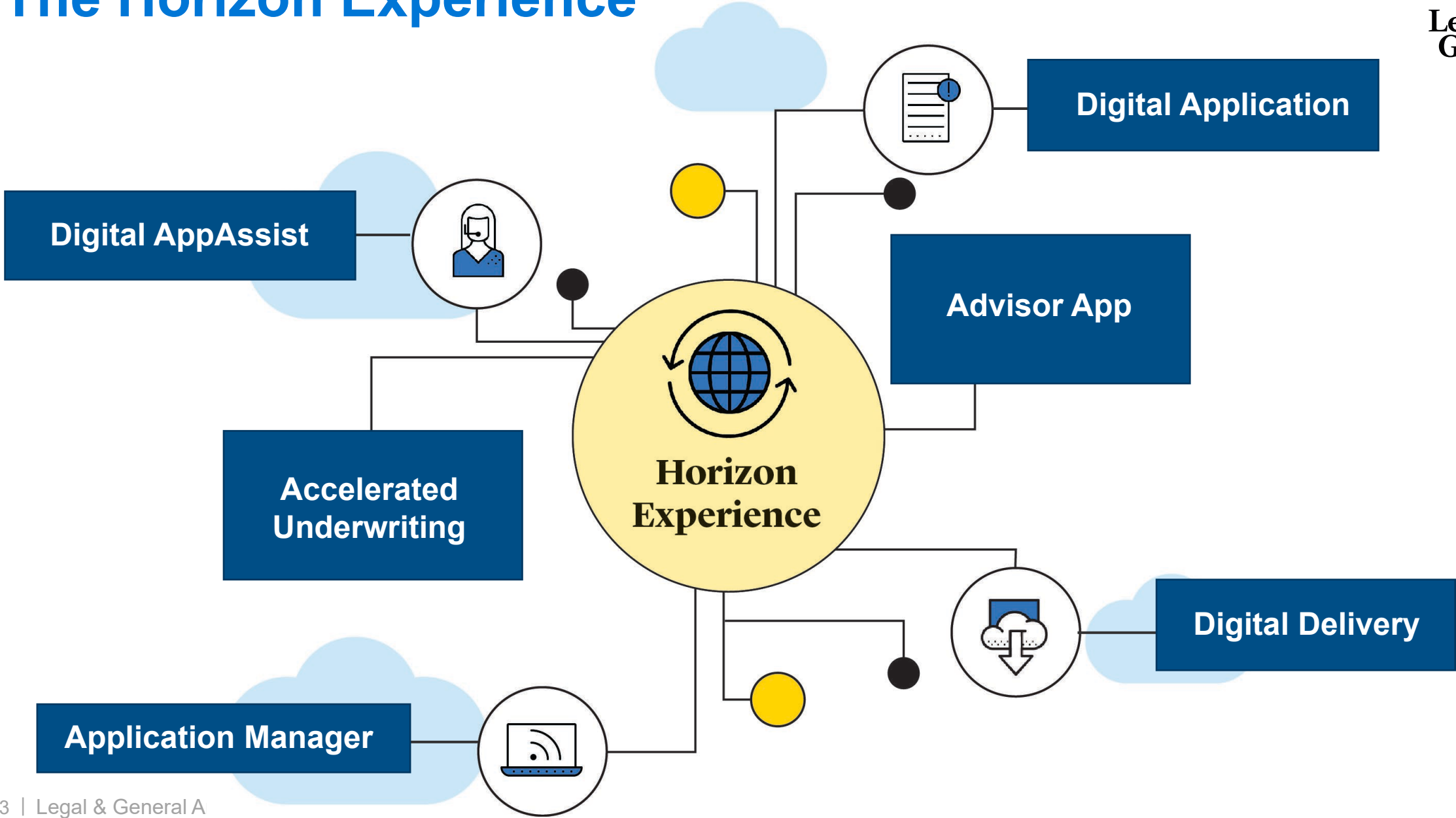
policy owners counting on us

99.9% of claims

were paid in 2020 within one business day



The Horizon Experience



Business Insurance for a Sample Scenario



Sample Scenario Details

Overview



- Type of Business: Sole Proprietor
- Need for Business: Loan Collateral
- PI as PO
- Primary Beneficiary: Other
- Contingent Beneficiary: All law full children equally
- Collaterally Assigned: Yes

Purpose of Insurance Screen



Is this insurance coverage for personal or business use?

☐ Personal ⓘ


☒ Business ⓘ


Business need - Keyperson, Buy-sell, Loan collateral and Stock redemption.


Next >

Business Information Screen



Your Policy

About You

Health History

What is the business name and contact information?

Name of Business

Legal And Genaral

Tax ID #

345435

Relationship to You

Business

Phone Number

345-435-3454

Street Address

6600 Outlook Dr.

Apt. Number

AA

City

Birmingham

State

Alabama

ZIP Code

35215


Website (optional)


Next


>


Type of Business




About You



Health History



Your Policy



What type of business is this?

→

 For sole proprietor businesses, the need for insurance must be either loan collateral or key person.

Next 

Business Need



About YouHealth HistoryYour Policy

What is the business need for this policy?

i

For sole proprietor businesses, the purpose of insurance must be either loan collateral or key person. If you need to make a change, please go back to update the type of business.

☐ Key person

Key Person Insurance is a life insurance policy a corporation buys on the life of its top executives.

☐ Buy-Sell

A buy-sell insurance policy covers the business in the event if a co-owner dies, is forced to leave the business, or simply chooses to leave the business.

☒ Loan Collateral

Your life insurance policy is being used as collateral for business loan. A collateral assignment is always required after the policy is activated.

☐ Stock Redemption

A stock redemption policy is a binding agreement that is implemented by the owners of a business to facilitate the orderly transition of a business interest in the event of the death, disability or retirement of a business owner.

Next>

Business Relationship



About You

Health History

Your Policy

Please provide your relationship to business.

The percent share is set to 100% as the type of business selected is sole proprietor.

First Name

Middle

Last Name

DARCY

BURGE

Date of Birth

Relationship to Business

Share

01/04/1980


Owner


100%


Next

Business Financial Section: Optional




About You


Health History


Your Policy

What is the business net income after taxes for the prior tax reporting year?


\$


☐ I don't have this information


Next >

Business Financial Section: Optional




About You


Health History


Your Policy


What is the date the business was established?


☐ I don't have this information


Next >

Business Financial Section: Optional




About You


Health History


Your Policy

In the last 5 years, has the business or its principals filed for bankruptcy or had any charge off of bad debts?

☐ Yes


☒ No


☐ I don't have this information


Next >

Business Financial Section: Optional




About You


Health History



Your Policy


How many years is the business loan?


Next >

Loan Collateral Specific Questions



About You

Health History

Your Policy


Please provide the purpose of the loan


Business


Next >


Loan Collateral Specific Questions




About You


Health History


Your Policy



What is the amount of the business loan?

\$

Next >

Loan Collateral Specific Questions




About You


Health History


Your Policy

Will the policy be collaterally assigned to the lender? (Help: A personal beneficiary is named and the insurance coverage is assigned to lender after policy is placed in force)

No

Yes

Primary Beneficiary



About You



Health History



Your Policy

Who would you like to be your primary beneficiary?

- ☐ Individual(s)
- ☐ Trust
- ☐ Estate of Insured
- ☐ Business
- ☐ All lawful children equally
- ☐ Other type

We are obligated to notify you that we cannot pay the insurance proceeds directly to a minor. Payment can be made only after a court appoints a financial guardian for that minor and the natural parent does not automatically fill the role. The court appointment process can be lengthy and may delay the payment of the proceeds. You can avoid the court appointed financial guardian by naming a guardian as the beneficiary. We suggest you consult an attorney if you have any questions.

Next



Contingent Beneficiary




About You


Health History


Your Policy

Who would you like to be your contingent beneficiary?

- ☐ Individual(s)
- ☐ Trust
- ☐ Estate of Insured
- ☐ Business
- ☐ All lawful children equally
- ☐ Other type

We are obligated to notify you that we cannot pay the insurance proceeds directly to a minor. Payment can be made only after a court appoints a financial guardian for that minor and the natural parent does not automatically fill the role. The court appointment process can be lengthy and may delay the payment of the proceeds. You can avoid the court appointed financial guardian by naming a guardian as the beneficiary. We suggest you consult an attorney if you have any questions.

Next



Get More Get Less (Customer)



Eligibility and Limitations for Client View of Offer

Get More eligibility



- Face amount not greater than \$2,000,000
- Insured is less than 71 years old
- Insured income more than \$25,000
- No table ratings
- No additional underwriting requirements for the increase in coverage (including business financial information)
- No business insurance
- No multiple applications
- Flat extras, Waiver of Premium, and Term Riders all eligible
- Owner = Payor

Eligibility and Limitations for Client View of Offer



The increasing of coverage/duration will be limited by underwriting rules:

- Limited to changes that do not result in additional evidence requirements
- Limited based on premium to income calculations
- Limited to changes that would not impact riders (i.e. a decrease in duration resulting in the need to remove a term rider)

Client Offer Screen with Customization Option



Congratulations, SCENARIO03! You are a few steps away from your coverage.

You're approved for up to \$500,000 of coverage for 10 years.
GREAT NEWS! You're eligible to customize your coverage.

Your payment amount is:

\$293.24*

Semi-Annually

[Change Frequency](#)

* This is a change from the original quote requested which was \$100.00 Semi-Annually.
Your increased premium is due to the following reason(s): Your tobacco use; and information provided by third party sources.

☐ I certify that circumstances have not changed since applying for this policy and that I am living and insurable as set forth in the application for this policy.

Accept your coverage by clicking the 'Accept Offer' button below.
OR
You can change your coverage by clicking 'Customize Coverage' below.

Your Offer

Thanks for waiting. It's taking longer than we anticipated. You can continue to wait, or click 'Save and Exit' and we'll notify you when your policy packet is ready.

Accept Offer

Customize Coverage

Save My Offer For Later

If you're not ready to accept your life insurance offer, you can click 'Save My Offer For Later' above and come back later. Your offer will be available until 8/25/2021.

If you need to make a change to your policy or add/update your contingent beneficiary, please click 'Save and Exit' and email us at daissue@lgamerica.com with the changes needed. Our team will review your policy within two business days.

Please contact your advisor if you have any questions.

Client Offer Screen – Your Offer Section



Your payment amount is:

\$66.63

Semi-Annually

[Change Frequency](#)

☐ I certify that circumstances have not changed since applying for this policy and that I am living and insurable as set forth in the application for this policy.

Accept your coverage by clicking the 'Accept Offer' button below.

OR

You can change your coverage by clicking 'Customize Coverage' below.

Your Offer

Please read and review your policy - Keep In mind your policy will not be active until your first payment is made and finalized on the next page. Once we receive your payment, your policy's effective date will be updated.

[Preview Your Policy Packet](#)

☐ By checking this box, I confirm that I've read my Policy Packet.

Accept Offer

Customize Coverage

Save My Offer For Later

If you're not ready to accept your life insurance offer, you can click 'Save My Offer For Later' above and come back later. Your offer will be available until 7/31/2021.

Client Offer Screen – Customize Coverage Section



Your payment amount is:

\$66.63

Semi-Annually

[Change Frequency](#)

☐ I certify that circumstances have not changed since applying for this policy and that I am living and insurable as set forth in the application for this policy.

Accept your coverage by clicking the 'Accept Offer' button below.

OR

You can change your coverage by clicking 'Customize Coverage' below.

Your Offer

Customize Coverage

Based on your customization, a revised offer will be generated. You will need to re-sign it in order to continue. Please note, offer can only be customized once.

	Original	Customize	Limit Range ⓘ
Coverage Amount	\$300K	<input type="text" value="—"/> \$300K <input type="text" value="+"/>	\$300K - \$450K
Coverage Length	10 Years	<input type="text" value="—"/> 10 Years <input type="text" value="+"/>	10 - 40 Years

☐ I confirm that I have customized this offer, a revised offer will be generated and GETMORE will resign the application. The application packet will be updated based only on the changes made for coverage amount and coverage length.

[Accept Customized Offer](#) [Keep Original Offer](#)

Client Offer Screen – Get More Options



Your payment amount is:

\$66.63

Semi-Annually

[Change Frequency](#)

☐ I certify that circumstances have not changed since applying for this policy and that I am living and insurable as set forth in the application for this policy.

Accept your coverage by clicking the 'Accept Offer' button below.

OR

You can change your coverage by clicking 'Customize Coverage' below.

Your Offer

Customize Coverage

Based on your customization , a revise offer will be generated. You will need to re-sign it in order to continue. Please note, offer can only be customized once.

	Original	Customize		Limit Range ⓘ
Coverage Amount	\$300K	—	\$300K +	\$300K - \$450K
Coverage Length	10 Years	—	10 Years +	10 - 40 Years

☐ I confirm that I have customized this offer, a revised offer will be generated and GETMORE will resign the application. The application packet will be updated based only on the changes made for coverage amount and coverage length.

Accept Customized Offer

Keep Original Offer

Save My Offer For Later

Client Offer Screen – Get Less Options



Customize Coverage

Based on your customization, a revised offer will be generated. You will need to re-sign it in order to continue. Please note, offer can only be customized once.

	Original	Customize		Limit Range ⓘ	
Coverage Amount	\$500K	–	\$500K	+\$	\$100K - \$500K
Coverage Length	10 Years	–	10 Years	+	10 Years

☐ I confirm that I have customized this offer, a revised offer will be generated and Tim will resign the application. The application packet will be updated based only on the changes made for coverage amount and coverage length.

Accept Customized OfferKeep Original Offer

Save My Offer For Later

If you're not ready to accept your life insurance offer, you can click 'Save My Offer For Later' above and come back later. Your offer will be available until 8/24/2021

If you need to make a change to your policy or add/update your contingent beneficiary, please click 'Save and Exit' and email us at daissue@lgamerica.com with the changes needed. Our team will review your policy within two business days.

Client Offer Screen with Old & New Premiums



Your original payment amount is:

\$3,984.88*

Semi-Annually

★ Your NEW payment amount is:

\$1,888.41*

Quarterly

[Change Frequency](#)

* This is a change from the original quote requested which was \$100.00 Semi-Annually.
Your increased premium is due to the following reason(s): EKG test report; lack of financial justification based on income; and information provided by third party sources..

Accept your coverage by clicking the 'Accept Offer' button below.
OR
You can change your coverage by clicking 'Customize Coverage' below.

Your Offer

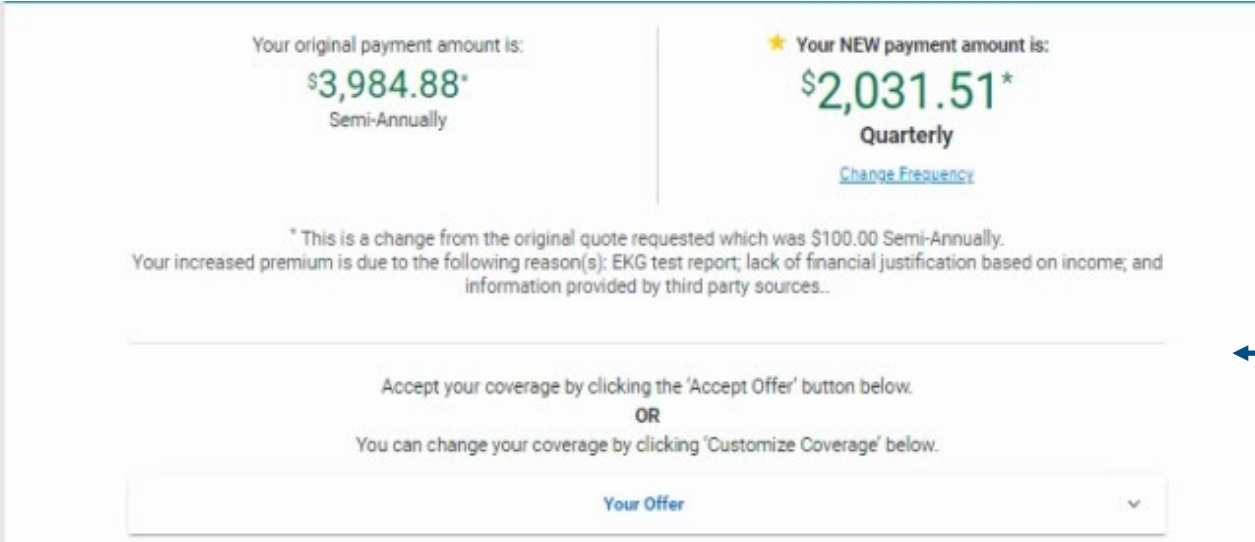
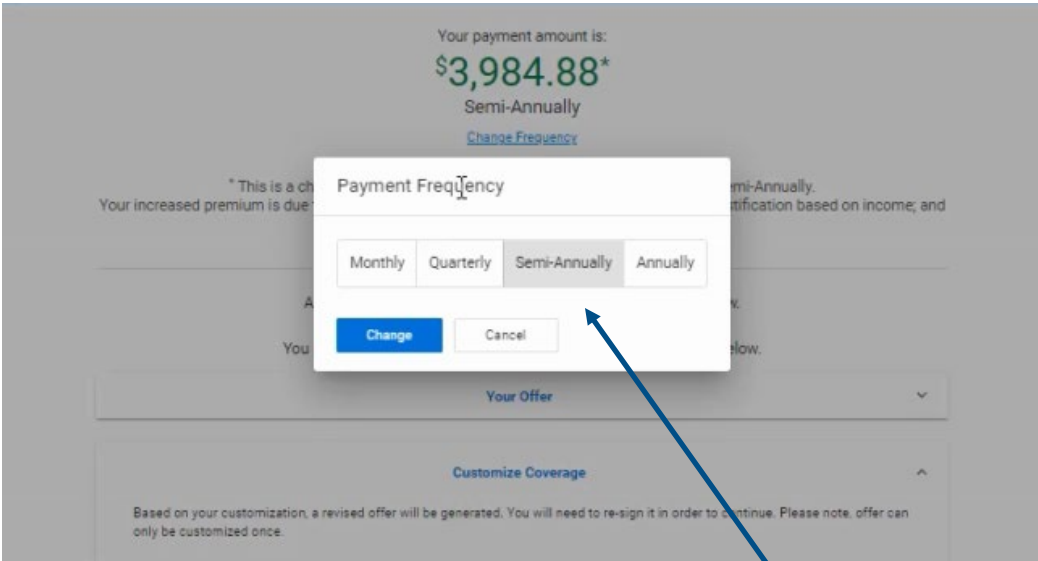
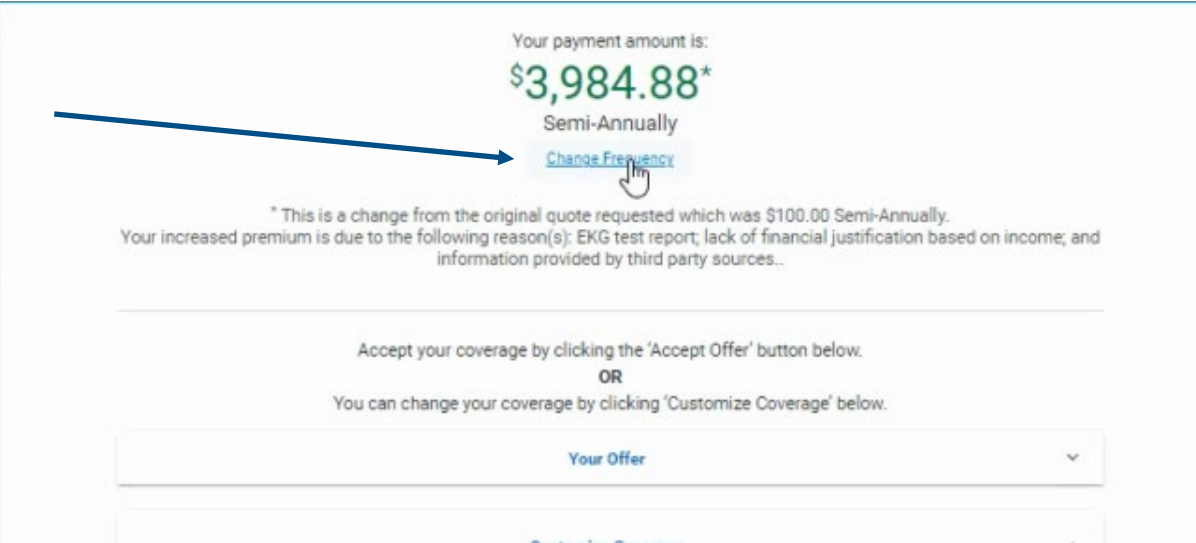
Customize Coverage

Based on your customization, a revised offer will be generated. You will need to re-sign it in order to continue. Please note, offer can only be customized once.

	Original		Customize		Limit Range ⓘ
Coverage Amount	\$500K	-	\$450K	+	\$100K - \$500K
Coverage Length	10 Years	-	10 Years	+	10 Years

☐ I confirm that I have customized this offer, a revised offer will be generated and Tim will resign the application. The application packet will be updated based only on the changes made for coverage amount and coverage length.

Client Offer Screen – Change Billing Frequency



Client Offer Screen – Accept Customized Offer



Your original payment amount is:
\$3,984.88*
Semi-Annually

★ Your NEW payment amount is:
\$1,264.14*
Quarterly
[Change Frequency](#)

* This is a change from the original quote requested which was \$100.00 Semi-Annually.
Your increased premium is due to the following reason(s): EKG test report; lack of financial justification based on income; and information provided by third party sources..

Accept your coverage by clicking the 'Accept Offer' button below.

You I confirm that I've customized my offer and accept my new 10-year term life insurance policy for \$300,000 of coverage at premium of \$1264.14 quarterly.

[Accept Offer](#) [Cancel](#)

Based on your customization, a revised offer will be generated. You will need to re-sign it in order to continue. Please note, offer can only be customized once.

	Original	Customize	Limit Range ⓘ
Coverage Amount	\$500K	— \$300K +	\$100K - \$500K
Coverage Length	10 Years	— 10 Years +	10 Years

☒ I confirm that I have customized this offer, a revised offer will be generated and Tim will resign the application. The application packet will be updated based only on the changes made for coverage amount and coverage length.

Application Manager

I/O comms for Archived Application packet



New

Application Started

Application Signed

Further Evidence Required

Underwriter Review

Approved

Offer Made

Offer Accepted

Paid

Active

Workboard

Case Details

Evidence Reports

All Rules

Contact History

Application History

Tasks

Inbound/Outbound Comms

Manage Evidence

Decision

Underwriting Rationale

Search...
application

Delivery

Recipient

Category

Reset

Upload

Document	Date	Category	Recipient	Delivery
Application Package	07/25/21 11:31 pm	Application	Proposed Insured	Outbound
HIPAA	07/25/21 11:31 pm	Application	Proposed Insured	Outbound
ADB	07/25/21 11:31 pm	Application	Proposed Insured	Outbound
PrivacyPolicy	07/25/21 11:31 pm	Application	Proposed Insured	Outbound
Application Package	07/25/21 11:31 pm	Archive	Proposed Insured	
Part1	07/25/21 11:31 pm	Application	Proposed Insured	Outbound
Part2	07/25/21 11:31 pm	Application	Proposed Insured	Outbound
AgentReport01	07/25/21 11:31 pm	Application	Proposed Insured	Outbound
Application Package	07/25/21 10:44 pm	Archive	Proposed Insured	
Medical exam needed for your life insurance application	07/25/21 10:26 pm	Notifications	Proposed Insured	Outbound

Items per page: 10

1 - 10 of 11

< >

Client Offer Screen – Keep Original Offer



Your original payment amount is:

\$795.95*

Semi-Annually

★ Your NEW payment amount is:

\$575.97*

Quarterly

[Change Frequency](#)

* This is a change from the original quote requested which was \$100.00 Semi-Annually.
Your increased premium is due to the following reason(s): Your tobacco use; and information provided by third party sources.

☐ I certify that circumstances have not changed since applying for this policy and that I am living and insurable as set forth in the application for this policy.

Accept your coverage by clicking the 'Accept Offer' button below.
OR
You can change your coverage by clicking 'Customize Coverage' below.

Your Offer

Customize Coverage

Based on your customization, a revised offer will be generated. You will need to re-sign it in order to continue. Please note, offer can only be customized once.

	Original		Customize		Limit Range ⓘ
Coverage Amount	\$500K	–	\$600K	+	\$500K - \$650K
Coverage Length	35 Years	–	40 Years	+	35 - 40 Years

☐ I confirm that I have customized this offer, a revised offer will be generated and SCENARIO3 will resign the application. The application packet will be updated based only on the changes made for coverage amount and coverage length.

Accept Customized Offer

Keep Original Offer

Your original payment amount is:

\$795.95*

Semi-Annually

★ Your NEW payment amount is:

\$405.78*

Quarterly

[Change Frequency](#)

* This is a change from the original quote requested which was \$100.00 Semi-Annually.
Your increased premium is due to the following reason(s): Your tobacco use; and information provided by third party sources.

☐ I certify that circumstances have not changed since applying for this policy and that I am living and insurable as set forth in the application for this policy.

Accept your coverage by clicking the 'Accept Offer' button below.
OR
You can change your coverage by clicking 'Customize Coverage' below.

Your Offer

Please read and review your policy - Keep in mind your policy will not be active until your first payment is made and finalized on the next page. Once we receive your payment, your policy's effective date will be updated.
[Preview Your Policy Packet](#)
☐ By checking this box, I confirm that I've read my Policy Packet.

Accept Offer

Customize Coverage

Save My Offer For Later

Default Client Offer Screen with No Option to Customize



Your Offer

Your Payment

Finalize

Congratulations, DARCY! You are a few steps away from your coverage.

You're approved for \$100,000 of coverage for 10 years.

Due to information provided by third party sources:

Your premium will be \$159.11 semi-annually/first 3 years then \$57.11 semi-annually/for the remainder of the policy.

[Change Frequency](#)

☐ I certify that circumstances have not changed since applying for this policy and that I am living and insurable as set forth in the application for this policy.

Please read and review your policy - Keep in mind your policy will not be active until your first payment is made and finalized on the next page. Once we receive your payment, your policy's effective date will be updated.

[Preview Your Policy Packet](#)

☐ By checking this box, I confirm that I've read my Policy Packet.

Accept Offer

Save My Offer For Later

If you're not ready to accept your life insurance offer, you can click 'Save My Offer For Later' above and come back later. Your offer will be available until 8/1/2021.

If you need to make a change to your policy or add/update your contingent beneficiary, please click 'Save and Exit' and email us at daissue@lgamerica.com with the changes needed. Our team will review your policy within two business days.

Please contact your advisor if you have any questions.

Client Offer Screen – Flat Extra



Due to your lab test report and tobacco use; and information provided by third party sources:

Your premium will be **\$1357.12** semi-annually/**first 2 years** then **\$520.72** semi-annually/for the remainder of the policy.

[Change Frequency](#)

☐ I certify that circumstances have not changed since applying for this policy and that I am living and insurable as set forth in the application for this policy.

Accept your coverage by clicking the 'Accept Offer' button below.

OR

You can change your coverage by clicking 'Customize Coverage' below.

Your Offer

Customize Coverage

Based on your customization, a revised offer will be generated. You will need to re-sign it in order to continue. Please note, offer can only be customized once.

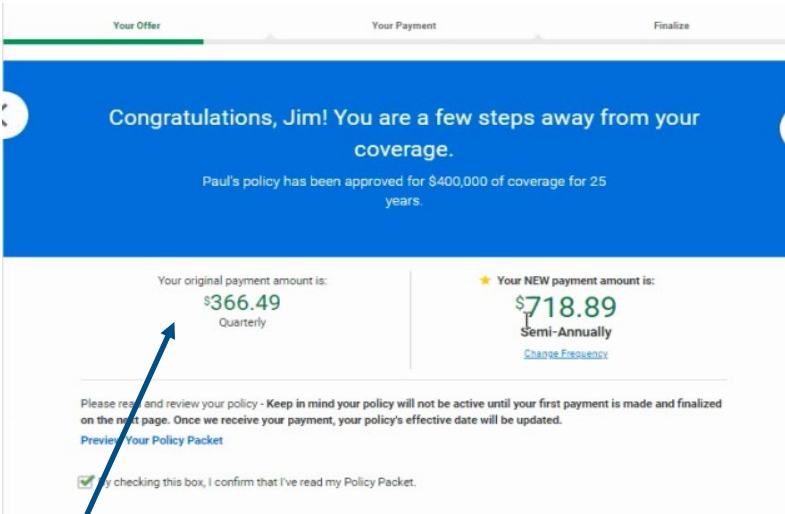
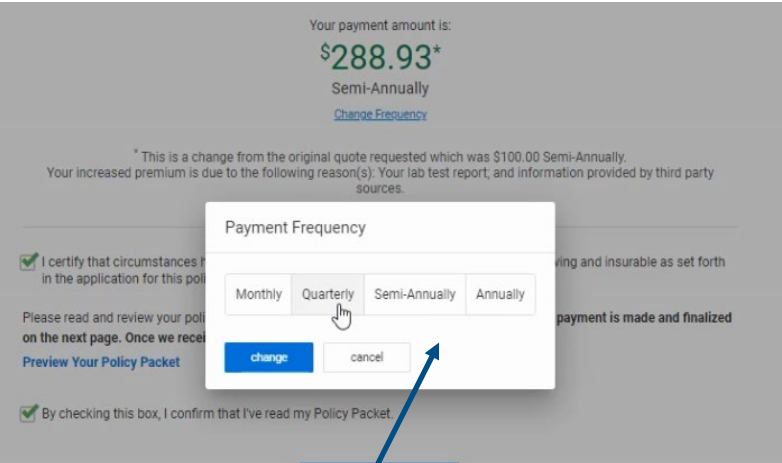
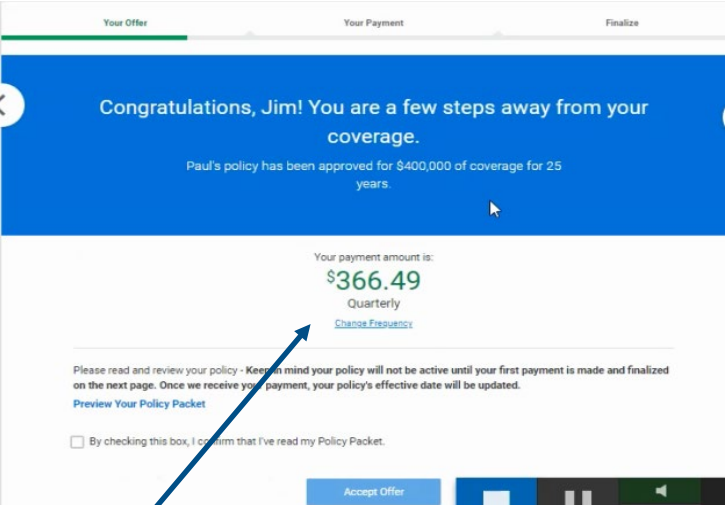
	Original	Customize	Limit Range ⓘ
Coverage Amount	\$328K	<div>— \$328K +</div>	\$100K - \$328K
Coverage Length	30 Years	<div>— 30 Years +</div>	15 - 30 Years

☐ I confirm that I have customized this offer and a revised application packet will be generated and that I will resign. The application packet will be updated based only on the changes for coverage amount and coverage length.

Accept Customized Offer

Keep Current Offer

Client Offer Screen – Change Billing Frequency



Payment Screen Once Offer is Accepted



Your Offer

Your Payment

Finalize

<

You're just one step away from your life insurance coverage!

You'll be covered once you pay, download and finalize your policy

Your payment amount is:

\$575.97

Quarterly

Name of Payor

-- Please select a payor --

Please select a method of payment:

Electronic Funds Transfer (EFT)

Your verified information will be used to make recurring premium payments with automatic bank drafts.

Credit Card

Authorize your credit card information for your initial payment.

☐

By clicking this checkbox, I agree that I have read and downloaded my Policy Packet, my health information is accurate and that my first premium has been paid.

Finalize Policy

Please contact your advisor if you have any questions.

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Allow Navigation from Pay Screen to Offer Screen



Congratulations, SCENARIO3! You are a few steps away from your coverage.

You're approved for up to \$600,000 of coverage for 40 years.
GREAT NEWS! You're eligible to customize your coverage.

Your payment amount is:
\$575.97*
Quarterly

* This is a change from the original quote requested which was \$100.00 Semi-Annually.
Your increased premium is due to the following reason(s): Your tobacco use; and information provided by third party sources.

☒ I certify that circumstances have not changed since applying for this policy and that I am living and insurable as set forth in the application for this policy.

Accept your coverage by clicking the 'Accept Offer' button below.
OR
You can change your coverage by clicking 'Customize Coverage' below.

Your Offer

Please read and review your policy - Keep In mind your policy will not be active until your first payment is made and finalized on the next page. Once we receive your payment, your policy's effective date will be updated.
[Preview Your Policy Packet](#)

☐ By checking this box, I confirm that I've read my Policy Packet.

Accept Offer

Customize Coverage

Save My Offer For Later

If you need to make a change to your policy or add/update your contingent beneficiary, please click 'Save My Offer For Later?' and email us at daissue@lgamerica.com with the changes needed. Our team will review your policy within two business days.

Please contact your advisor if you have any questions.

Pay and Issue Screen after Customization



Your Offer

Your Payment

Finalize

You're just one step away from your life insurance coverage!

You'll be covered once you pay, download and finalize your policy

Your payment amount is:

\$575.97

Quarterly

Your payment has been processed successfully.

Download and save your Policy now : [Policy Packet \(PDF\)](#)

☒ By clicking this checkbox, I agree that I have read and downloaded my Policy Packet, my health information is accurate and that my first premium has been paid.

Finalize Policy

Please contact your advisor if you have any questions.

Policy Packet on Issue Screen after Customization



POLICY SCHEDULE					
INSURED:	SCENARIO03 TESTGMGL		POLICY NUMBER:	5000149111	
ISSUE AGE AND SEX:	26 Male		ISSUE DATE:	07/27/2021	
END OF POLICY CONVERSION PERIOD:	07/26/2061		POLICY DATE:	07/27/2021	
OWNER:	SCENARIO03 TESTGMGL		EXPIRATION DATE:	07/27/2090	
RATING CLASS:	PREFERRED TOBACCO				
TERM PERIODS:	INITIAL TERM PERIOD OF 40 YEARS, FOLLOWED BY ONE YEAR PERIODS				
FORM NUMBER	TYPE OF COVERAGE	EXPIRATION DATE	FACE AMOUNT	INITIAL ANNUAL PREMIUM	LEVEL PERIOD
ICC18-OPTC	RENEWABLE AND CONVERTIBLE TERM	07/27/2090	\$600,000	\$2,155.28	40 YEARS
ICC10 ADB	ACCELERATED DEATH BENEFIT			\$0.00	
POLICY FEE TOTAL:			\$600,000	\$60.00	\$2,215.28
PAYMENT MODE:	QUARTERLY				
PREMIUM DUE DATE:	07/27, 10/27, 01/27, 04/27 of each year				
*PREMIUM MODES AVAILABLE:	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	
	\$2,215.28	\$1,129.79	\$575.97	\$188.30	
For all years and subject to rounding, modal premiums are determined by multiplying the annual premium by the following factors					
	semi-annual 0.510	quarterly 0.260	monthly 0.085		

Application Packet (Section B & F)

Embedded in Policy Packet on issue screen



Section B: Insurance Applied For

1. Amount of Insurance \$ 500,000

2. Plan of Insurance OPTerm 35

3. Death Benefit Option (if available with Plan)
☐ Level Death Benefit ☐ Increasing Death Benefit

4. Additional Benefits (if available) complete supplemental applications as necessary
☐ Waiver of Premium ☐ Child Insurance Rider ☐ Accidental Death
☐ Term Insurance Rider: \$ _____ amount _____ term. _____ # in years
☐ Term Insurance Rider: \$ _____ amount _____ term. _____ # in years
☐ Other: (description and amount): _____

5. Why is this insurance being purchased (check one)?
☒ Personal Insurance ☐ Business Insurance (check all that apply)
☐ Keyperson ☐ Buy-Sell ☐ Loan Collateral ☐ Stock Redemption

Section C: Beneficiary *Share percentage totals must equal 100%. If necessary, use Remarks Section K.*

Page 2 - ICC17-LIA (9-17)

Section F: Premium and Payor

1. Payment Method: ☐ Electronic Funds Transfer (EFT) ☒ Direct Bill

2. Frequency of Premium Payment ☐ Annual ☒ Semi-Annual ☐ Quarterly ☐ Monthly (EFT only)

3. Planned periodic premium for universal life product: (Provide details in Remarks Section K.)
a. ☐ 1st Year Only \$ _____ 2nd Year and Thereafter \$ _____ or
b. Premium For All Years \$ _____

4. a. Date to Save Age? ☐ Yes ☐ No b. Specific Policy Date ☐ Yes ☐ No Date ____ / ____ / ____

5. Who will pay the premium? (the individual or legal entity making premium payments and receiving premium notifications, notice of pending lapses, and termination for nonpayment)
☒ Proposed Insured ☐ Owner ☐ Other - If Other, complete the information below.

Or Business Name _____

Address _____ City _____

State _____ Zip _____ Email Address _____

Telephone (____) ____ - ____

Relationship to Proposed Insured _____

Application Packet

Embedded in Policy Packet on issue screen resigned after customization screen



Authorization to Obtain and Disclose Information and Information Practices

I/We acknowledge we received a copy of and completed an Authorization to Obtain and Disclose Information along with the Company's Information and Underwriting Practices, including the MIB, Inc Notice and Fair Credit Reporting Notice.

☐ I/We would like to be interviewed if an investigative consumer report will be made (please refer to the Company's Information and Underwriting Practices, for more information on an investigative consumer report).

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

e-signed by SCENARIO3 TESTGMGL	Signed at Verona/WI	on 7/27/2021
Proposed Insured	City/State	Date(mm/dd/yy)
	Signed at	on
Signature of Owner (if other than Proposed Insured). If Owner is a firm, trust, or corporation, include signer's title with signature.	City/State	Date(mm/dd/yy)
Print Owner/Officer Name (if applicable)	Owner Title	
e-signed by BANNER LIFE INSURANCE COMPA	Signed at	on 7/27/2021
Signature of Agent/Broker/Producer	City/State	Date(mm/dd/yy)

ICC17-LIA (9-17)

Page 9



Thank You Screen – After Successful Payment



Your Offer

Your Payment

Finalize

You're all set SCENARIO3!

You will receive a confirmation email shortly.

You have a free look period that gives you the opportunity to review and return your policy, if not satisfied.

Please take a moment to provide your feedback.

Submit your feedback

Need Help?

Customization of Product Based on Rider and Product



- Like the advisor journey, the client also has the option to customize the product based on any term rider of 10-Year/15-Year/20-Year included in the application.
- For the product available to customize, the coverage length is always greater than the term rider length.
- When the application includes more than one term rider, the products available to customize are always greater than the maximum length of the term rider
 - 10-Year Term Rider: only OPTERM15 and above available to customize
 - 15-Year Term Rider: only OPTERM20 and above available to customize
 - 20-Year Term Rider: only OPTERM25 and above available to customize

Agent Offer Screen

Once offer is accepted and payment not completed



Avanti Barrett has accepted their application

Avanti has accepted their 10-year term policy for \$175,000 of coverage.

Avanti can now make a payment to activate their policy.

Avanti's payment amount is:

\$58.12

Semi-Annually

If you need to make a change to the policy or add/update the contingent beneficiary, please click 'Save and Exit' and email us at daissue@lgamerica.com with the changes needed. Our team will review the policy within two business days.

Agent Offer Screen

Once payment is completed or Active



Julie Barney has accepted their application

Julie has accepted their 35-year term policy for \$700,000 of coverage.

Julie's payment amount is:

\$1,102.09*

Semi-Annually

* This is a change from the original quote requested which was \$100.00 Semi-Annually.
Your client's increased premium is due to the following reason(s): tobacco use..

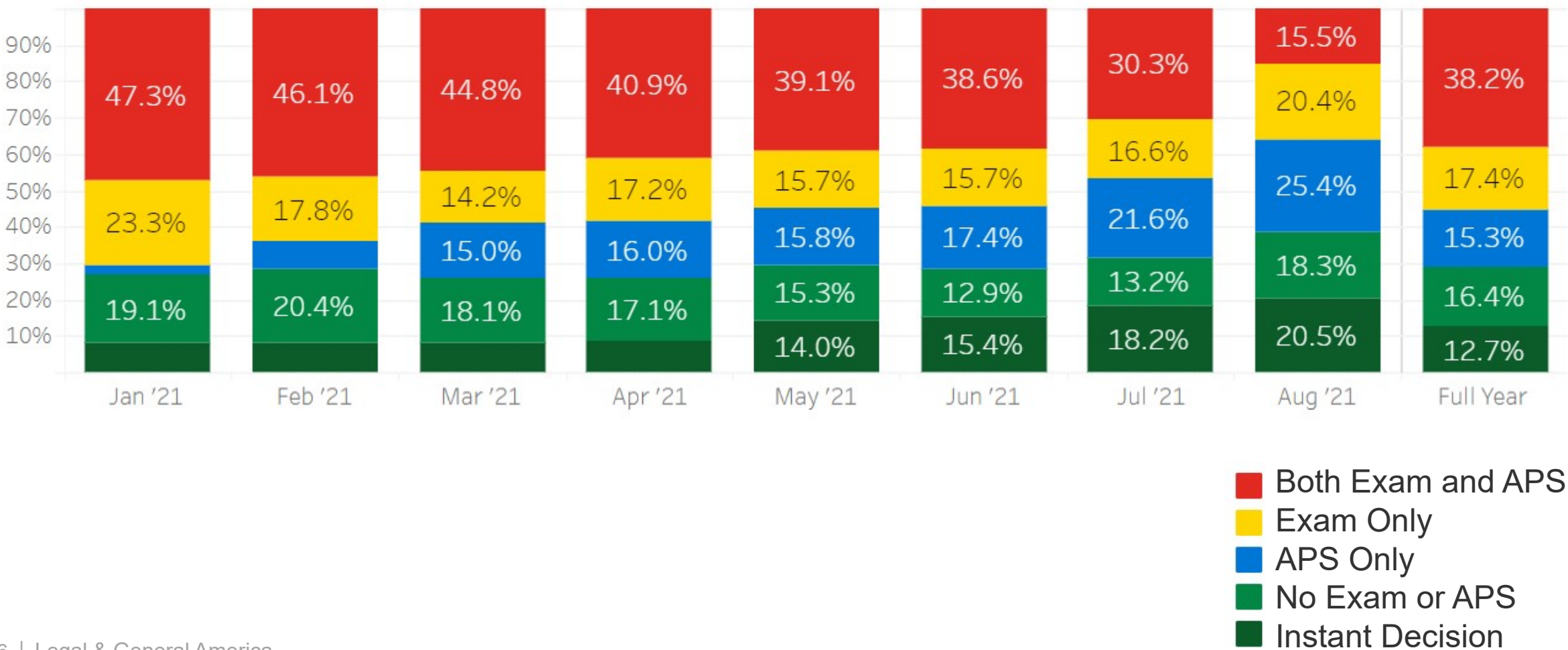
If you need to make a change to the policy or add/update the contingent beneficiary, please click 'Save and Exit' and email us at daissue@lgamerica.com with the changes needed. Our team will review the policy within two business days.

LGA by the Numbers

Application stats



Evidence Combinations by Submit Month



LGA by the Numbers

Application stats



All Applications Counts by Submit Month



LGA by the Numbers

Horizon stats



- Horizon Share of Term Apps (Brokerage) – 58%
- Time it takes to get an approval
 - Instant decision/approval – 24%
 - Within 10 days – 39.5%
 - Submit to approval – Median 21 calendar days
- Placement rate – 63%
- Time to complete app – little as 11 minutes

Questions?

