



EQUITABLE

Equitable Life eApp

User guide



Retail version

(This guide should not be used for COIL Institutional SeriesSM)

eApp user guide

What is Equitable Life eApp?

Equitable Life eApp is our new electronic application platform which launched in 2021. It offers speed and flexibility advantages which will benefit the field and home office alike.

These benefits include:

- The new streamlined common application.
- Reduced app entry time.
- Field prefilling – data captured earlier in the application if prefilled where the field appears elsewhere in the application.
- Lexis-Nexis client validation.
- Policy number assignment when the case is submitted.
- Send to Client – enables the client to complete and sign either the Medical Information Questionnaire and Personal history section or the full application. Access [FB21-190](#) for more information.
- Utilizes Smart App technology

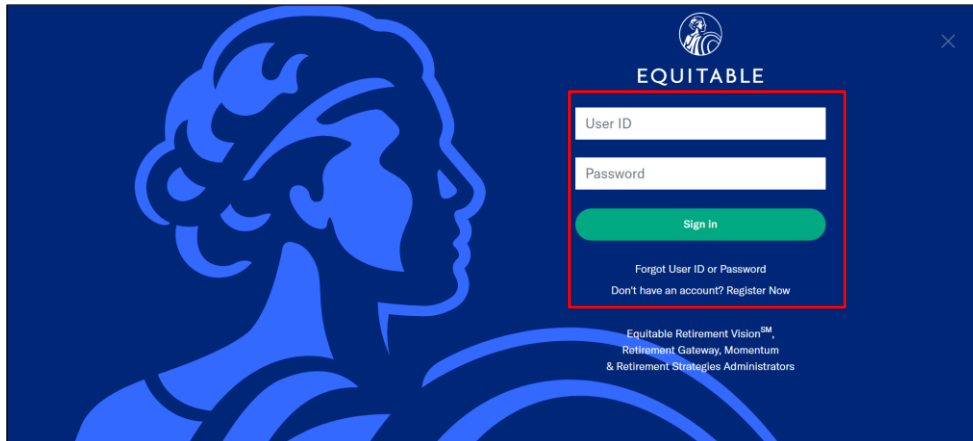
Table of contents

1	Accessing Equitable Life eApp
3	What's New
4	Dashboard
5	Starting a new case
7	Smart App
7	Action buttons
8	Left hand navigation
9	Shaded field
9	Red asterisk
9	Tool tips
9	Smart Address
10	Lexis-Nexis verification
10	Bank Account Validation (GIACT)
11	Start Interview
11	Declaration Statement
12	Proposed Insured History
12	Producer Validation
14	Validate and lock data
16	Signatures
29	Submit Application
29	Send to Client
37	Submitted Application
38	Timelines

Accessing Equitable Life eApp

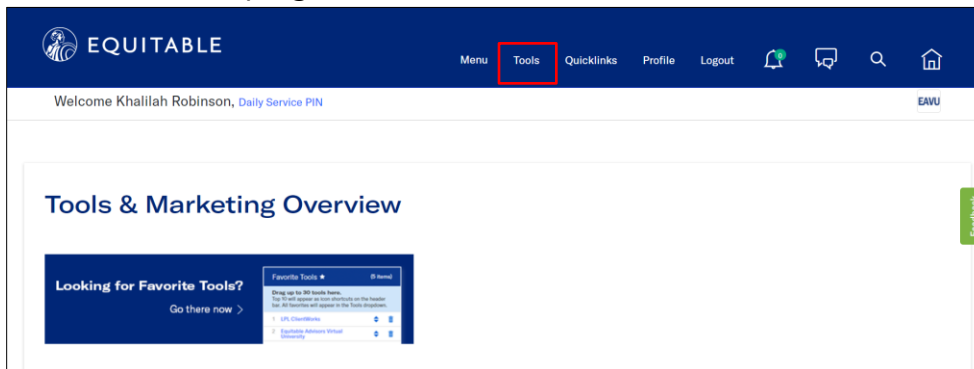
There are multiple ways to access Equitable Life eApp. You can access Equitable Life eApp using Salesforce.com, AEGIS Web, or through Equitable.com. The steps below walk-through logging into Equitable Life eApp using equitable.com.

1. Log into www.equitable.com.
2. Enter your **User ID** and **Password**.
3. Click **Sign In**.

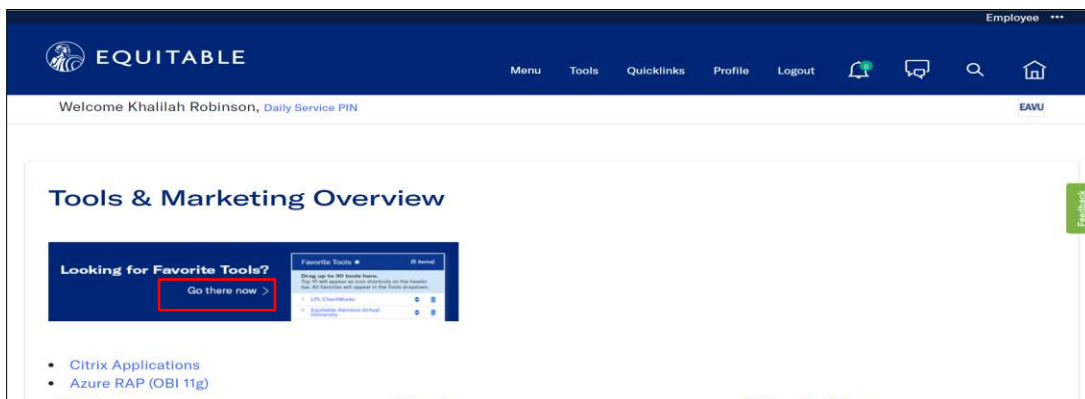


The following screen will appear:

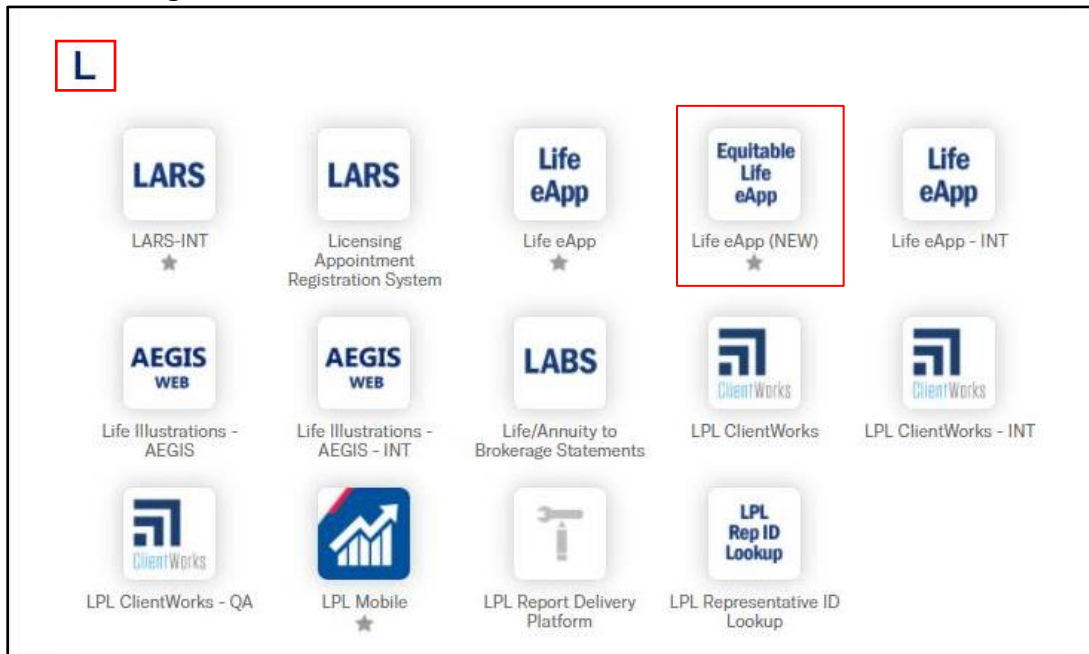
4. Select **"Tools"** (top right).



5. Click **"Go there now"**.



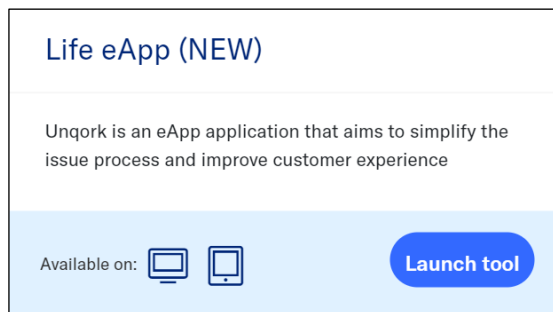
Scroll through the list and locate the letter **L**.



6. Hover over "**Equitable Life eApp (New)**".

7. Click "**Launch tool**".

Once *Launch tool* is selected the Equitable Life eApp program will open and the What's New screen will appear.



What's New

This screen will provide the most recent enhancements and helpful tips to the Equitable Life eApp system.

What's New – January 22, 2022

Release Update

- Multiple form updates have been implemented. Impacts are minimal:
 - Life Application – new form numbers and minor content changes
 - Term Conversion Application – addition of the CVPlus and Charitable Legacy rider option (as available by product)
 - Conflicts of Interest Disclosure – minor content changes
 - Client Relationship Summary (CRS) Form – minor content changes
 - Privacy Notice – footnote added at the bottom of page 1
 - Broker Transaction Authority (BTA) Form – minor content changes
- Support for the Streamlined Executive Underwriting Program has been added. A checkbox and group code field have been added to the Case Information screen:

The screenshot shows a section of the eApp interface. On the left, there is a checkbox labeled 'Group Approved Underwriting' which is currently checked. To its right is a text input field labeled '5 Digit Code'. A red error message is displayed to the right of the input field, stating: 'Please enter the 5 digit code or unselect the Group Approved Underwriting'.


More information will be provided in an upcoming field bulletin.

Tip of the Month

Cash With Application (CWA) is not available on Optimizer MAX cases. Funds can be submitted once Underwriting has approved and prior to policy mailing.

Send to Client Reminder

Our Send to Client feature enables client completion of either the MIQ/personal history section or the entire application. It is available for cases where the Owner and Insured are the same person. Please refer to Field Bulletin [FB 21-190](#) or the [Life eApp User Guide for additional details](#).

You can access this popup at any time by clicking [What's New](#)  in the screen header.

Questions? Please contact the eApp phone team at (855) 606-6452, option 3.

Dashboard

The dashboard is a list of all cases the financial professional has entered in Equitable Life eApp as well as the status of the case, product type, face amount and other important information.

What's New **LOG OUT**

Start New Case **Portfolio Manager** Search All **Search**

☐ Include archived cases (Inactive at least 120 days).

My Cases - 1 ****Case duplication limited to same insured****

First Name	Last Name	Face Amount	Status	Product	Date Modified	Case Details	View Forms	Open Case	Delete	Duplicate
Garris	Bentley	\$500,000	Started	BrightLife Grow, Series 159	07/19/2022 3:33:24 PM					

- A. **What's New** - allows the User to review recent enhancements that have been added to the Equitable Life eApp application.
- B. **Start New Case** - allows the User to start a new case.
- C. **Portfolio Manager** – allows the User to select a group of funds to be used on multiple cases.
- D. **Search** - allows the User to search the Dashboard for a case.
- E. **Include archived cases** - Cases inactive for 120 days are automatically archived. You can search for those cases by checking the box.
- F. **First name** – This is the first name of the Insured.
- G. **Last name** – This is the last name of the Insured.
- H. **Face amount** – This is the amount of insurance being applied for.
- I. **Status** – This is the status of the application.
- J. **Product** – The is the product type selected.
- K. **Date modified** – This the date the case was last opened/updated by the financial professional.
- L. **Case details** – This displays some important information about the case including the policy number.
- M. **View forms** – This allows the User to view all the forms associated with the case.
- N. **Open case** – This allows the User to open a case previously entered.

Case Details

Policy Number: 122302024
 Insured Name: Kayla McClain
 Insured Email: khalilahrobinson@yahoo.com
 Insured Date of Birth: 10/05/1978
 Carrier: Equitable Financial Life Insurance Company
 State: North Carolina
 Product Type: Term
 Product Name: TERM 20
 Face Amount: \$500,000
 Payment Mode: Annual
 Replacement: no
 Send To Client Type: fullApp

Activity History

Activity Time	Activity
02/18/2022 3:07:31 PM	Case Started
02/18/2022 3:13:43 PM	Case has been locked
02/18/2022 3:14:56 PM	Invite Sent

Case started: 02/18/2022

Close

O. **Delete** – This allows the User to delete a case.

P. **Duplicate** – allows the User to copy the information entered from one case to be applied to a new case, eliminating the need to re-type some of the information. Case duplication is only available where the Insured is the same party. Please note that cases cannot be duplicated once they are sent out for signature.

Starting a new case

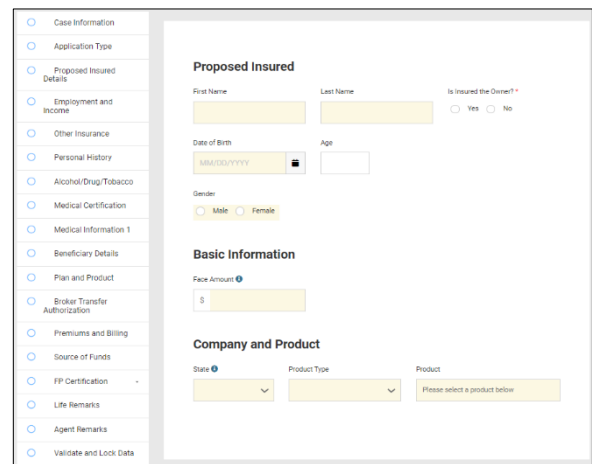
To begin a new case, follow the steps below:

1. Click "**Start New Case**" from the dashboard screen.



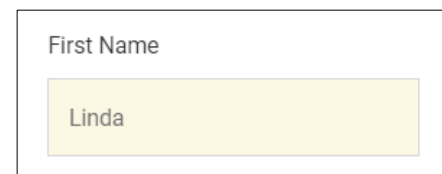
The following screen will appear:

Throughout the application process the User will notice different ways to answer questions. Some of these include freeform text, drop down menu, date selector, etc.

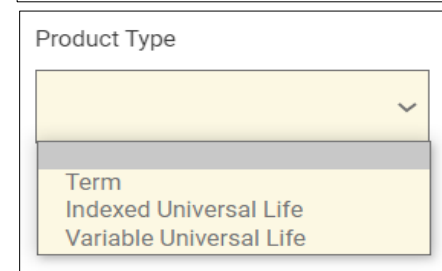


- Freeform Text – allows the user to enter text.

NOTE: Some fields will allow limited characters.

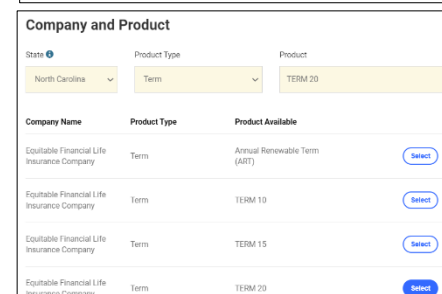


- Drop down menu – allows the user to select an option from the menu by clicking the drop-down arrow.



- Multiple choice – allows the user to select the appropriate answer from a list of options.

NOTE: In some cases, multiple options can be selected.



Company Name	Product Type	Product Available	
Equitable Financial Life Insurance Company	Term	Annual Renewable Term (ART)	Select
Equitable Financial Life Insurance Company	Term	TERM 10	Select
Equitable Financial Life Insurance Company	Term	TERM 15	Select
Equitable Financial Life Insurance Company	Term	TERM 20	Select

- Date selector – allows the user to select the appropriate date by clicking calendar icon.

A rectangular box with a light gray border. Inside, at the top, is the text "Date of Birth". Below this is a yellow rectangular field containing the date "07/27/1958". To the right of the date field is a small square icon with a calendar symbol.

2. *Complete* each section/field.

Once all sections on the screen are complete you are ready to move to the next screen. There are three options at the top and bottom of most screens.

A horizontal bar with a light gray background. On the left is a white rounded rectangle with the text "Save and Exit" in blue. In the center is a light blue rounded rectangle with the text "Previous" in blue. On the right is a blue rounded rectangle with the text "Next" in white.

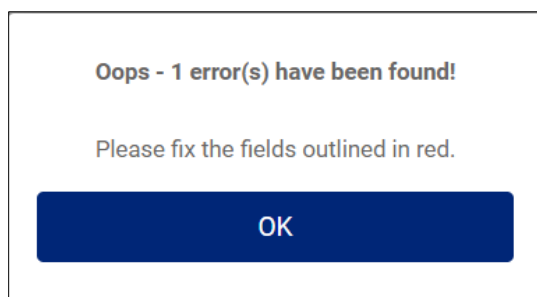
Save and Exit – allows the user to save the information added to the screen and close the case to be completed later.

Previous - allows the user to navigate back to the last screen.

Next – allows the user to continue completing the screens.

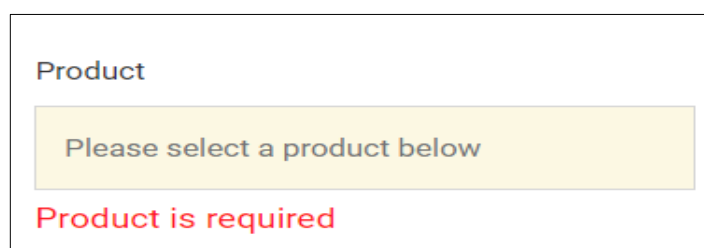
3. *Click* **Next**.
4. *Repeat* steps 2 and 3 on each screen.

You may notice the error message below on the Case Information screen. **IF** this error message is received, **THEN** a required field is unanswered or needs to be updated.

A white rectangular box with a thin gray border. Inside, at the top, is the text "Oops - 1 error(s) have been found!". Below this is the text "Please fix the fields outlined in red." in a smaller font. At the bottom is a dark blue rounded rectangle with the text "OK" in white.

The unanswered field can be easily identified by looking for the field outlined with red writing.

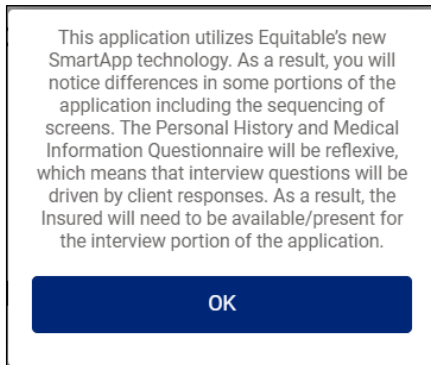
Once the field is updated, *click* **Next** again.

A white rectangular box with a thin gray border. Inside, at the top, is the text "Product". Below this is a yellow rectangular field containing the text "Please select a product below". Below the yellow field is the text "Product is required" in red.

Smart App

Equitable Life eApp utilizes Smart App technology. Smart app leverages technology to guide more effective conversation with clients to capture the information needed to deliver an optimal underwriting decision for the client's coverage.

The Pop-Up message below will be presented as a notice that the contract state selected will utilize the Smart App technology.



Click **OK** to continue with the application.

Action buttons (top of the screen)

At the top of the screen there are additional options for navigating in Equitable Life eApp.



1. **Previous** - allows the user to navigate back to the last screen (works the same as the bottom of the screen).
2. **Next** - allows the user to move to the next screen (works the same as the bottom of the screen).
3. **Save and Exit** - allows the user to save the information added to the screen and close the case to be completed later (works the same as the bottom of the screen).
4. **Return to Aegis** - allows the user to go to Aegis to run an illustration or return to Aegis.
5. **View PDF** - allows the user to review the application package.
6. **Log Out** - allows the user to log out of Equitable Life eApp.

It also lists the Insured's name, Agent's name, the product selected and a contact number for eApp questions.

Left hand navigation

The “left hand” navigation will allow the financial professional to easily identify which screens have been completed and are in good order and which screens may be missing information using the icons below.



This icon indicates the screen you are currently on.



This icon indicates that a field(s) is missing information on the screen.





This icon indicates the screen is complete.



This icon indicates the screen has not been visited.

NOTE: You may notice a drop-down arrow on some of the tabs (on the right-hand side). This arrow indicates that there are additional screens related to the supplement that needs to be completed.

✓	VUL Supplement	^
✓	Investment Allocations	
✓	Automatic Transfer & Asset Rebalance	
✓	Suitability	

You may also notice a  or  on these tabs. These red marks indicate that one of the drop-down tab screens is missing information.

!	VUL Supplement	^
✓	Investment Allocations	
!	Automatic Transfer & Asset Rebalance	
!	Suitability	

Shaded field

On each screen multiple fields are shaded yellow. These fields will need to be answered to satisfy the “in good order (IGO)” requirements on the application.

Proposed Insured

Prefix: [dropdown] First Name: Dallas Middle: [dropdown] Last Name: Jingle Suffix: [dropdown]

Primary Residential Address

Primary Address: 2702 Cochrane Dr Bld/Apt/Suite: [dropdown]

City: Charlotte

State: NC Zip Code: 28269


Red asterisk


There are a few red asterisks sprinkled throughout the application. The red asterisks are a reminder that the field will need to be answered to navigate to the next screen.

Is Insured the Owner? *

☒ Yes ☐ No


Tool tips

A Tool tip icon  has been added to some fields to clarify information needed and help minimize confusion during the application process.

Face Amount 

\$ 250,000

Hover over the  and additional information will display.


Face Amount 

\$ 250,000

Policy Face Amount being applied for

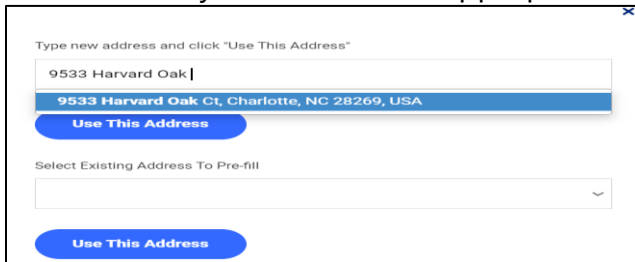
Smart Address

Primary Residential Address



Equitable Life eApp also uses the Smart Address feature. This feature allows you to enter a portion of the client’s address and based on the information you enter it will present a list of similar

addresses for you to select the appropriate one.



Lexis-Nexis verification

Equitable Life eApp allows Lexis-Nexis validation of the Insured's Social Security Number, Name, Address, and Date of Birth on the Proposed Insured Details page.

If Lexis-Nexis determines the information doesn't match, the following error is received.

Lexis-Nexis Validation
Potential issue with name, address, SSN/TIN, and/or phone. Please verify.
Please review and verify last name is correct.
Please review and verify SSN, name, and address are correct.
Please review and verify social security number and last name are correct.
Please review and verify date of birth is correct.

This message is a reminder to verify and/or update the information. This will not prevent the User from moving forward.

NOTE: Updating the information will not trigger a second validation.

Bank Account Validation (GIACT)

This service provider is used to verify customer data and banking information entered on the Systematic Payment screen. If the banking information does not match, a message detailing the nature of the error will appear.

Invalid account number - please verify and correct if needed.

This message will not prevent the user from moving forward, however is a reminder to review the routing and account numbers entered so that the appropriate draft will happen.

Start Interview

After completing the General Information screens, you will be prompted to start the Interview which will allow the Agent or Client to complete the personal history and medical history if applicable.

NOTE: If Send to Client is selected, the personal history and medical history (if applicable) will be completed by client.

Prepare Customized Personal History Questions

You are now ready to proceed to the client interview.

1. Confirm all information on prior tabs are accurate, as this information is used to create the customized personal history.

2. Click "Start Interview" below to initiate the client interview process.

3. If you need to edit the prior screens after the interview has started, click "Edit Prior Screens".

4. Once changes have been completed return to this tab and reselect "Start Interview". Note: Previously captured information will be retained.

Start Interview

Edit Prior Screens

To start the interview:

- 1. Select **Start Interview**.

NOTE: Once Start Interview is selected, updates cannot be made to the previous screens, unless you select edit Prior screens.

- 2. Click **Next** to continue processing.

Declaration Statement

The next screen is the PI Declaration screen.

This statement must be read verbatim to the client.

Instructions: Agent to read verbatim to client

Declaration Statement

Proposed Insured: Kate Goals

Please check the box to confirm acknowledgment

☒ I, the Proposed Insured , am aware that any person who knowingly presents a false statement in an application for life insurance may be guilty of a criminal offense and subject to penalties under state law, and may result in your beneficiaries not receiving the life insurance benefit. *

- 1. Click the **check box** to confirm acknowledgement.

2. Click **Next** to continue to the Proposed Insured History screen.

Proposed Insured History

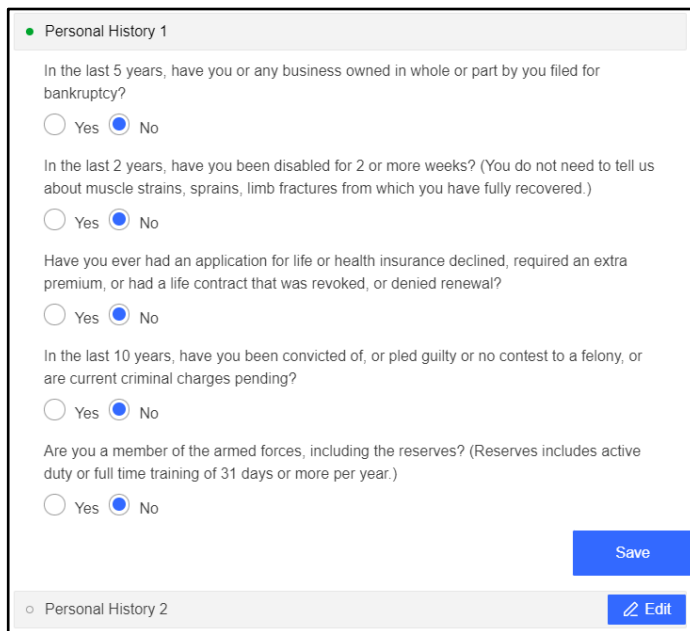
The Proposed Insured History screen will appear after the Declaration Statement screen is complete. The questions on this screen are reflective style questions.

1. Click the **Edit** button to start answering the questions.



A horizontal bar representing the 'Personal History 1' section. On the left, there is a green dot followed by the text 'Personal History 1'. On the right, there is a blue button with a white pencil icon and the text 'Edit'.

2. Click **Save** after answering the questions and continue with **Personal History 2**.



A screenshot of the 'Personal History 1' form. The form has a title bar with a green dot and 'Personal History 1'. Below the title bar are five questions, each with two radio button options: 'Yes' and 'No'. The 'No' option is selected for all questions. The questions are: 1. 'In the last 5 years, have you or any business owned in whole or part by you filed for bankruptcy?' 2. 'In the last 2 years, have you been disabled for 2 or more weeks? (You do not need to tell us about muscle strains, sprains, limb fractures from which you have fully recovered.)' 3. 'Have you ever had an application for life or health insurance declined, required an extra premium, or had a life contract that was revoked, or denied renewal?' 4. 'In the last 10 years, have you been convicted of, or pled guilty or no contest to a felony, or are current criminal charges pending?' 5. 'Are you a member of the armed forces, including the reserves? (Reserves includes active duty or full time training of 31 days or more per year.)' At the bottom right of the form is a blue 'Save' button. At the bottom left, there is a tab for 'Personal History 2' with an 'Edit' button next to it.

NOTE: Be sure to save your responses before toggling between screens or the answers will not save.

Producer Validation

The financial professionals License and Appointment status will be validated automatically prior to locking the case and the financial professional will receive a pass or fail status which will be displayed on the Producer Validation Tab.

- All Application tabs prior to the Producer Validation tab must be completed
- Include the Advisor's email address on the FP Certification for communications

Pass Status

If the financial professional's training, licensing, and appointment is IGO, then they will pass the Producer Validation check and are allowed to move forward with locking/submitting the application.

Producer Validation

Status : Passed
Message : You may proceed with submitting the application

Revalidate Producer

If the producer validation return is for Licensing and/or Appointment, an automated email is sent to the AHCA NOC mailbox for review and resolution with a copy to the financial professional. The AHCA NOC Support team will respond to the financial professional when they can proceed with the application and revalidate.

Producer Validation

Nancy Schkufza 29492 - Needs Review

1. Agent Not Active-29492

An automated email has been sent to the AHCA support team to assist. Please revalidate in 24-48 hours. If determined additional paperwork is needed, your Licensing Group will contact you to obtain those requirements. Once those requirements have been satisfied, please revalidate in 24 -48 hours.

Agent Status: Hold for Licensing /Training resolution
Agent credentials must be satisfied and IGO

NOTE: The financial professional will not be allowed to lock the case until it is IGO (the lock button will be disabled and the message below will be received). There will also be a red Exclamation mark on the Producer Validation tab in the Left-hand navigation.

✓ **Funde**

✓ **Client Profile**

✓ **FP Certification**

✓ Life Remarks

✓ Agent Remarks

Producer

- Validate and

Model data used

☐ LOCK

Validate and Lock Data

Your application is not in Good Order. Please review the tabs on the left with the red exclamation points and review those screens to complete the missing information

To edit the application, click on the desired screen in the left navigation tree. All screens must be locked to collect an electronic signature and use electronic submission.

1. **In Good Order:** To be considered In Good Order, all screens must have a green check mark (✓). Review the left navigation tree for any screen listed below and complete the yellow highlighted fields.
2. **Save and Exit Button:** Save the application packet to complete later.
3. **View PDF Button:** View the application packet or Print an incomplete application packet.

Screens Requiring Review:

Screens Not Yet Visited:

- ### 1. Producer Validation

Thank you for using our Electronic Application!

When the validation return is for Compliance or Product Training courses, the financial professional will be required to go to EAVU in Equitable.com and complete the appropriate courses and then revalidate the Producer Validation in Equitable Life eApp.

Producer Validation

nancy schkufza 09162 - Needs Review

1. NY Reg 187 Training was not satisfied-9162
2. Product Training was not satisfied-Reg 60-9162
3. Product Training was not satisfied-VUL Legacy-9162

If you have completed the training in the past 24 hours, please wait an additional 24 hours to revalidate your application. If training has not been completed, log into Equitable.com and access EAVU to take the required training. You can revalidate in 24-48 hours upon completion. Please contact the Sales Desk with any questions concerning product training information at 1-800-289-1101 Option #1.

Agent Status: **Hold for Licensing /Training resolution**

Agent credentials must be satisfied and IGO

NOTE: EAVU sends an update to LARS once a day after 3:00 P.M. If training was completed prior to 3:00 P.M., wait 24 hours to revalidate. If training was completed after 3:00 P.M. wait 48 hours to revalidate.

Validate and lock data

Once all the data entry screens are complete and are IGO the financial professional can lock the application and move forward with signing.

1. Click **Lock Application**.

Validate and Lock Data

Congratulations! Your application is complete and in Good Order

You now qualify for our electronic application submission processing.

Please click **View Form** at the top of this page to review your application then click the button below to lock the application and proceed to the signature process. If you need to edit the application before locking, you may do so by going back to any screens on the left navigation tree, then come back here to the Validate and Lock Data screen using the same navigation tree. Once application is locked, no changes can be made without unlocking the application.

Lock Application and Proceed to the Electronic Signature Process

Thank you for using our Electronic Application!

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

The following will appear:

Validate and Lock Data

Your application has been locked!

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

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

If you do need to edit the application, you may do so by clicking the **Unlock Application and Void Signatures** button below. Once your edits are complete, come back to this screen (**Validate and Lock Data**) located on the left navigation tree to lock and begin the signature process.

Unlock Application and Void Signatures


Thank you for using our Electronic Application!

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

Users can review the screens after the case is locked; however, changes cannot be made. The alert message below will appear at the top of the screen.

<div> <div>✓ Case Information</div> <div>✓ Application Type</div> <div>✓ Proposed Insured Details</div> <div>✓ Employment and Income</div> <div>✓ Other Insurance</div> <div>● Personal History</div> </div>	<div>This application has been locked. Please return to the Validate and Lock screen and click "Unlock Application" to make changes.</div> <div> <h3>Personal History</h3> <p>In the last 5 years, have you or any business owned in whole or part by you filed for bankruptcy?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Have you ever been convicted of, or pled guilty or no contest to driving under the influence of alcohol or drugs?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> </div>
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To make changes to the case the User would need to unlock the case. To unlock the case **click Unlock Application Data and Cancel Signature Process**.

If any  remain in the left-hand navigation view, it means that screen is not complete or IGO, and the error message below is displayed.

Validate and Lock Data

Your application has been locked!

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

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


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

Unlock Application Data and Cancel Signature Process

Thank you for using our Electronic Application!

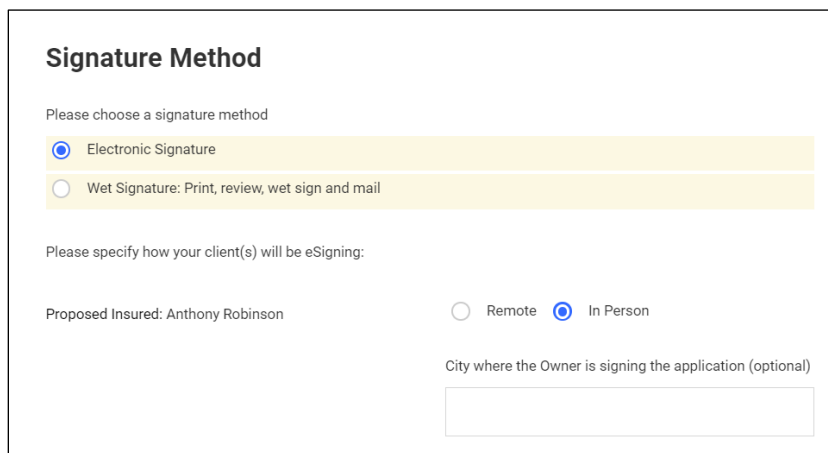
Note: If you need to edit the application after it is locked, you may do so by coming back to this **Validate and Lock Data** screen located on the left navigation tree.

<div> <div>✓ Case Information</div> <div>✓ Application Type</div> <div>! Proposed Insured Details</div> <div>✓ Employment and Income</div> <div>✓ Other Insurance</div> <div>✓ Personal History</div> <div>✓ Alcohol, Drug, & Tobacco</div> <div>✓ Medical Certification</div> <div>✓ Medical Information 1</div> <div>✓ Notice and Consent Form</div> <div>● Beneficiary Details</div> </div>	<h3>Validate and Lock Data</h3> <div>Your application is incomplete and not in Good Order</div> <p>To edit the application, click on the desired screen in the left-hand navigation tree. You must re-lock the application to collect electronic signatures and use electronic submission.</p> <ol style="list-style-type: none"> To be considered in Good Order, click on one of the screens from the list below and complete the yellow highlighted fields. Save the application packet to complete later by clicking the Save and Exit button to the bottom left. Print incomplete application packet by clicking the View Forms button to the top right and then selecting Print. <p>Thank you for using our Electronic Application!</p> <p>Medical Certification</p> <p>Systematic Payment</p>
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To clear the , navigate back to the screen where the icon appears and complete the missing information.

Signatures

There are a few ways to have the client sign the application.



Signature Method

Please choose a signature method

☒ Electronic Signature

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

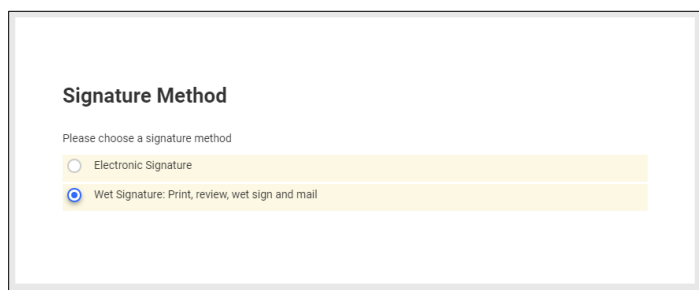
Please specify how your client(s) will be eSigning:

Proposed Insured: Anthony Robinson ☐ Remote ☒ In Person

City where the Owner is signing the application (optional)

The financial professional can collect a wet signature. To collect a wet signature, the financial professional would need to print the application, have the client sign, and mail it to the Life Operations Center.

Equitable Life eApp uses DocuSign to capture electronic signatures. There are two types of electronic signatures, In person and remote.



Signature Method

Please choose a signature method

☐ Electronic Signature

☒ Wet Signature: Print, review, wet sign and mail

In-person signature

In-person signature means the client is sitting with the financial professional at the time the signature is captured. All parties must be present at the time of signing.

Signature Method

Please choose a signature method

☒ Electronic Signature
 ☐ Wet Signature: Print, review, wet sign and mail

Please specify how your client(s) will be eSigning:

☐ Remote
 ☒ In Person

Proposed Insured: Khalliah Robinson

City where the Owner is signing the application (optional)

Complete the following screen.

eSignature Instructions

In person e-signature instructions:

NOTE: ALL IN PERSON SIGNING PARTIES MUST BE PRESENT IN ORDER TO COMPLETE THE APPLICATION. IF ANY IN PERSON SIGNING PARTY IS UNAVAILABLE, CLICK THE BACK BUTTON AND SELECT ANOTHER E-SIGNATURE METHOD

Please read the following statements aloud to the e-signature participants:

During this electronic signature process, you will...

1. Agree to review all documents and disclosures electronically
2. Agree to read and acknowledge the Terms of Use and Electronic Signature Consent.
3. Provide proof of identification. (this will be needed to view the application at a later time)
4. Adopt and apply your electronic signature to the application and all supplements or disclosures as required.

Agent eSignature Information

eSignature emails will be sent to the signing parties below.

Proposed Insured: Khalliah Robinson

Agent Name: Khalliah Robinson

Please enter last 4 digits of SSN below that you, as the agent, will use to sign in to your agent signature process once all other parties have signed.

Last 4 digits of Social Security Number *

Please enter and confirm your email address where all agent eSignature notifications will be sent.

Agent email *

Confirm agent email *

1. **Click Next.**

The following screen will appear:

eSignature Setup

In Person

Proposed Insured: Kait Trot

To begin the electronic signature process, please read the e-Signature Terms of Use and Consent below. Your Financial Professional can supply you with a printed copy of the document at your request. After reading, please check the box to indicate your agreement and acceptance of the Terms of Use and e-Signature Consent document.

Time to sign and submit your client's application.

Please read the disclaimer below and verify the recipients before clicking "Accept" to initiate the signing process.

Conditions of Use:
By using this application process and web site (collectively, "web site"), you acknowledge your assent to the following conditions of use without limitation or qualification. If you do not agree with each term of use specified herein, you are not granted permission to use this web site and must exit this web site immediately. To the fullest extent permissible pursuant to applicable law, the material on this web site is provided "as is" and without warranties of any kind either expressed or implied and Equitable Financial Life Insurance Company and its subsidiaries and affiliates (collectively, "Insurer"), its designated Agent ("Agent"), and Unqork, inc. ("Unqork"), disclaim all warranties, expressed or implied, including, but not limited to, implied warranties of merchantability and fitness for a particular purpose. You understand that Unqork, and not Insurer, owns and maintains this web site. Insurer, Agent and Unqork do not warrant that web site will function uninterrupted or error-free, that defects will be corrected, or that this web site or the server that makes it available are free of viruses or other potentially harmful components. The information and descriptions contained herein are not intended to be complete descriptions of all terms, exclusions and conditions applicable to the products and services being made available to you; please refer to the actual policy or the relevant product or services agreement; provided, however, the foregoing disclaimer does not apply to variable product policy or fund prospectuses and related reports. This web site may be linked to other web sites, which are not maintained by Unqork. Insurer, Agent and Unqork are not responsible for the content of those web sites. The inclusion of any link to such web sites does not imply approval of or endorsement by Insurer, Agent or Unqork of the web sites or the content thereof. To the fullest extent permissible pursuant to applicable law, Insurer, Agent, Unqork or any party involved in creating, producing, or delivering the web site shall not be liable to you for any direct, incidental, consequential, indirect, or punitive damages that result from the use of, or the inability to use, this web site, even if Insurer, Agent, Unqork or the authorized representative of Insurer, Agent or Unqork has been advised of the possibility of such damages. To the fullest extent permissible under applicable law, Insurer, Agent and Unqork shall not be liable to you for any damages, losses, and causes of action for accessing this web site. Insurer, Agent and Unqork also assume no responsibility, and shall not be liable for, any damages to, or viruses that may infect, your computer equipment or other property as a result of your access to, use of, or browsing in the web site or your downloading of any materials, data, text, images, video, or audio from this web site.

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Minors:
No "minor," as determined by the applicable jurisdiction's insurance or other laws, may use this web site. Insurer and Agent do not knowingly solicit business or gather information from minors and request that any minor have his or her parent or a responsible adult contact us. If you are a minor, please leave this web site immediately.

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PDF Download

☒ I have read the Terms of Use and e-Signature Consent

Accept

Decline

2. **Review** the PDF download.

NOTE: The PDF download will open in a new window.

3. **Click "I have read the Terms of Use and eSignature Consent".**

4. **Click Accept.**

PDF Download

☒ I have read the Terms of Use and e-Signature Consent

Accept

Decline

5. **Click I agree to use electronic records and signatures.**

6. **Click Continue.**

Please Review & Act on These Documents

EQUITABLE
Powered by DocuSign

If you have any questions, please do not hesitate to contact me at khalliah.robinson@equitable.com

Please read the Electronic Record and Signature Disclosures.

☒ I agree to use electronic records and signatures.

CONTINUE

OTHER ACTIONS

City Charlotte County _____ State NC Zip 28205

3. Cell/Mobile Number (704) 957-5270 Preferred Telephone Number (if other than cell) _____

4. Email Address khalliahrobinson@yahoo.com

5. Date of Birth (mm/dd/yyyy) 01/11/1979

6. Place of Birth (Country/State) NC/USA

7. SSN 439-37-3982

8. Gender ☒ Male ☐ Female


9. Driver's License# 10020064 State NC Exp. Date (mm/dd/yyyy) 01/01/2025

If no DL, provide Government ID# _____ State _____ Exp. Date (mm/dd/yyyy) _____

Please review the documents below.

FINISH | OTHER ACTIONS

START


☒ **EQUITABLE Financial Life Insurance Company**
☐ **EQUITABLE Financial Life Insurance Company of America**
 Mailing address: PO Box 1047, Charlotte NC 28201-1047

DEMONSTRATION DOCUMENT ONLY
 PROVIDED BY DOUGLSON ONLINE ISSUING SERVICE
 200 3rd Ave., Suite 1150 • Seattle • Washington 98104 • (206) 219-6200

Application for Individual Life Insurance - Part 1

Proposed Insured

- Name (First, Middle, Last) **Chance Carter**
- Primary Address **3533 Harvard Oaks Ct**
- City **Charlotte** County _____ State **NC** Zip **28269**
- Cell/Mobile Number **(704) 957-5270** Preferred Telephone Number (if other than cell) _____
- Email Address **khallabrobinson@yahoo.com**
- Date of Birth (mm/dd/yyyy) **01/11/1979**
- Place of Birth (Country/State) **NC/USA**
- Gender ☒ Male ☐ Female
- Driver's License# **10020064** State **NC** Exp. Date (mm/dd/yyyy) **01/01/2026**
- If no DL, provide Government ID# _____ State _____ Exp. Date (mm/dd/yyyy) _____
- Are you a U.S. Citizen? ☒ Yes ☐ No (If "No," please complete the Foreign Residence/Travel Questionnaire.)
- Complete only if this application involves a Conversion or purchase option that requires Underwriting

☐ Term Conversion
 ☐ Rider Conversion
 ☐ Purchase Option

☒ (If any option is selected above, please complete the Term Rider/Policy Conversion or Purchase Option Questionnaire and this full application. If no underwriting is required, please complete the Term Conversion Application.)

Employment

Please review the documents below.

FINISH

OTHER ACTIONS ▾

START

EQUITABLE Financial Life Insurance Company

☐ Equitable Financial Life Insurance Company of America

Mailing address: PO Box 1047, Charlotte NC 28201-1047

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800 3rd Ave., Suite 1500 • Seattle • Washington 98104 • (206) 218-0200

Select the sign field to create and add your signature.

FINISH **OTHER ACTIONS ▾**

Aviation Questionnaire
Foreign Residence and Travel Information Questionnaire
Term Policy/Rider Conversion or Purchase Option Questionnaire
Individually Owned Policy/Business Insurance Questionnaire

Limited Temporary Insurance Agreement and Questionnaire
Entity Owner Questionnaire for New Business
VUL Survivorship Questionnaire
Trust Owner Questionnaire and Certification for New Business
Juvenile Insurance Questionnaire

Signatures

I (We), the undersigned agree that the statements and answers in all parts of the Application and any application required - Sign Here - Proposed Insured Signature d complete to the best of my (our) knowledge and belief. Further, I (we) u Signature all the terms and conditions of this application, including, but not limited to, the Agreement Signature.

SIGN

Signature of Proposed Insured 1 _____ X
(Parent, Guardian, or Applicant if Proposed Insured is a Child, Issue Ages (0-14; 0-17 in PA))

X _____ , NC 1/11/2021 | 5:46:42 EST
Signature of Proposed Owner or Applicant Signed in City, State Date (mm/dd/yyyy)
(If corporation, print firm's name, signature and title of authorized officer.)
(If Trust, signature of trustee and title.)

10. Click **Adopt and Sign**.

11. Continue signing the document.

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

Chance Carter CC

SELECT STYLE DRAW UPLOAD

PREVIEW

DocuSigned by:
Chance Carter
C94ABA6E39C54B7...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

NOTE: Most fields only require you to click in the box for the signature to be added. Some fields will require you to input (type) information in the field. (See example below of the city added)

(Parent, Guardian, or Applicant if Proposed Insured is a Child, Issue Ages (0-14; 0-17 in PA))

FILL IN X _____, NC 1/11/2021 | 5:51:16 EST
Signature of Proposed Owner or Applicant Date (mm/dd/yyyy)
(If corporation, print firm's name, signature and title of authorized officer.)
(If Trust, signature of trustee and title.)

Charlotte, NC

12. Click **Finish**.

Please review the documents below.

FINISH OTHER ACTIONS

START

Equitable Financial Life Insurance Company
EQUITABLE
Mailing address: PO Box 1047, Charlotte NC 28201-1047

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889 3rd Ave., Suite 1700 • Seattle • Washington 98104 • (206) 219-4289

The following screen will appear:

eSignature

☒ Confirmation
☐ Agent Terms of Use

Electronic Signature Confirmation

Thank you!

Your electronic signature process is now complete and your electronic signature has been applied to the document(s) that you reviewed.

Click the Next button to initiate the electronic signature for the next signing party.

Next

13. Click **Next** to allow the next signing party to sign.

Once the insured and owner have signed, the financial professional's signature is required.

Financial professional signature

1. Enter the last four digits of the Social Security Number in the **SSN** field.
2. Review the **PDF Download** (if necessary).

Agent's eSignature

Last Four of SSN *

To begin the electronic signature process, please read the e-Signature Terms of Use and Consent below. Your Financial Professional can supply you with a printed copy of the document at your request. After reading, please check the box to indicate your agreement and acceptance of the Terms of Use and e-Signature Consent document.

Time to sign and submit your client's application.

Please read the disclaimer below and verify the recipients before clicking "Sign Forms" to initiate the signing process. Once you click "Submit", your application will be locked and no further changes can be made.

Conditions of Use:

By using this application process and web site (collectively, "web site"), you acknowledge your assent to the following conditions of use without limitation or qualification. If you do not agree with each term of use specified herein, you are not granted permission to use this web site and must exit this web site immediately. To the fullest extent permissible pursuant to applicable law, the material on this web site is provided "as is" and without warranties of any kind either expressed or implied and Equitable Financial Life Insurance Company and its subsidiaries and affiliates (collectively, "Insurer"), its designated Agent ("Agent"), and Uniqork, Inc. ("Uniqork"), disclaim all warranties, expressed or implied, including, but not limited to, implied warranties of merchantability and fitness for a particular purpose. You understand that Uniqork, and not Insurer, owns and maintains this web site. Insurer, Agent and Uniqork do not warrant that web site will function uninterrupted or error-free, that defects will be corrected, or that this web site or the server that makes it available are free of viruses or other potentially harmful components. The information and descriptions contained herein are not intended to be complete descriptions of all terms, exclusions and conditions applicable to the products and services being made available to you, please refer to the actual policy or the relevant product or services agreement; provided, however, the foregoing disclaimer does not apply to variable product policy or fund prospectuses and related reports. This web site may be linked to other web sites, which are not maintained by Uniqork, Insurer, Agent and Uniqork are not responsible for the content of those web sites. The inclusion of any link to such web sites does not imply approval of or endorsement by Insurer, Agent or Uniqork of the web sites or the content thereof. To the fullest extent permissible pursuant to applicable law, Insurer, Agent, Uniqork or any party involved in creating, producing, or delivering the web site shall not be liable to you for any direct, incidental, consequential, indirect, or punitive damages that result from the use of, or the inability to use, this web site, even if Insurer, Agent, Uniqork or the authorized representative of Insurer, Agent or Uniqork has been advised of the possibility of such damages. To the fullest extent permissible under applicable law, Insurer, Agent and Uniqork shall not be liable to you for any damages, losses, and causes of action for accessing this web site. Insurer, Agent and Uniqork also assume no responsibility, and shall not be liable for, any damages to, or viruses that may infect, your computer equipment or other property as a result of your access to, use of, or browsing in the web site or your downloading of any materials, data, text, images, video, or audio from this web site.

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PDF Download

☐ I have read the Terms of Use and e-Signature Consent

3. Click **I have read the Terms of Use and eSignature Consent**.
4. Click **Accept**.

PDF Download

☒ I have read the Terms of Use and e-Signature Consent

Accept **Decline**

5. Click **Start**.

Please review the documents below.

START **FINISH** **OTHER ACTIONS**

DEMONSTRATION DOCUMENT ONLY
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999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-6250

Equitable Financial Life Insurance Company
Equitable Financial Life Insurance Company of America
Mailing address: PO Box 1047, Charlotte NC 28201-1047

6. Continue signing the document.

Please Review & Act on These Documents

Equitable
Powered by **DocuSign**

PRIVATE MESSAGE: Your client has signed their documents. Please review their application and sign in the appropriate places. After you have signed the document, return to the client's application via the dashboard to complete the application.

[View More](#)

Please review the documents below.

CONTINUE **OTHER ACTIONS**

7. Click **Finish** once complete.

Please review the documents below.

START **FINISH** **OTHER ACTIONS**

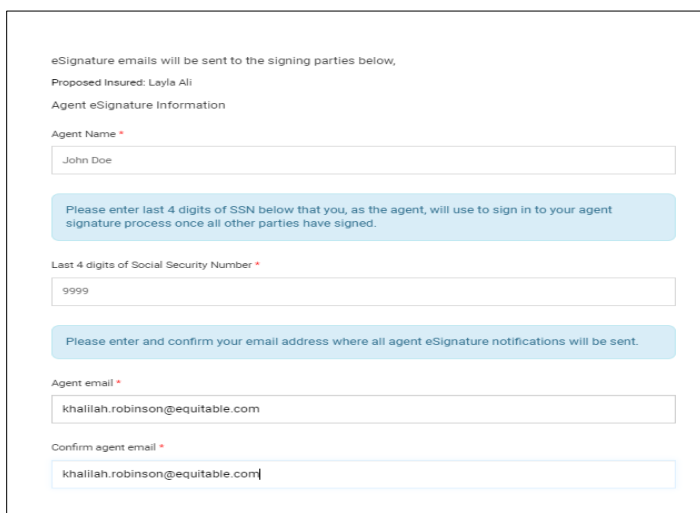
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Equitable Financial Life Insurance Company
Equitable Financial Life Insurance Company of America
Mailing address: PO Box 1047, Charlotte NC 28201-1047

Remote Signature

Remote signature means the client is not sitting with the financial professional at the time the signature is captured. A link is sent to the client via email to review and sign.

1. *Complete* the screen.



eSignature emails will be sent to the signing parties below.
Proposed Insured: Layla Ali
Agent eSignature Information

Agent Name *

John Doe

Please enter last 4 digits of SSN below that you, as the agent, will use to sign in to your agent signature process once all other parties have signed.

Last 4 digits of Social Security Number *

9999

Please enter and confirm your email address where all agent eSignature notifications will be sent.

Agent email *

khailiah.robinson@equitable.com

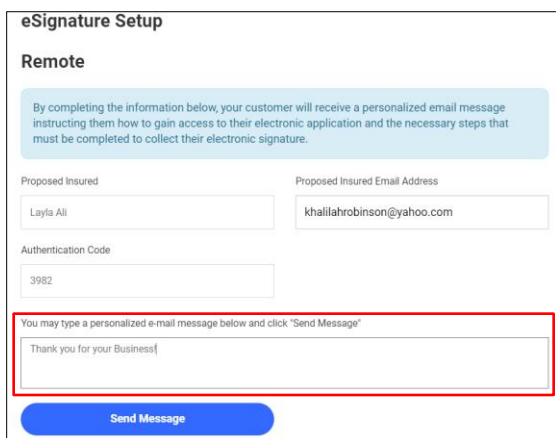
Confirm agent email *

khailiah.robinson@equitable.com

2. *Click* **Next**.

NOTE: The financial professional has the option of adding a personalized message to the client.

3. *Click* **Send Message**.



eSignature Setup

Remote

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

Proposed Insured

Layla Ali

Proposed Insured Email Address

khailiahrobinson@yahoo.com

Authentication Code

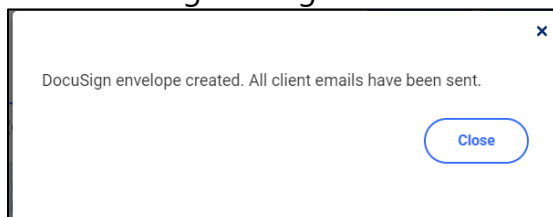
3982

You may type a personalized e-mail message below and click "Send Message"

Thank you for your Business!

Send Message

An email is sent to the client to review and sign. Once the email is sent, the financial professional will receive the following message.

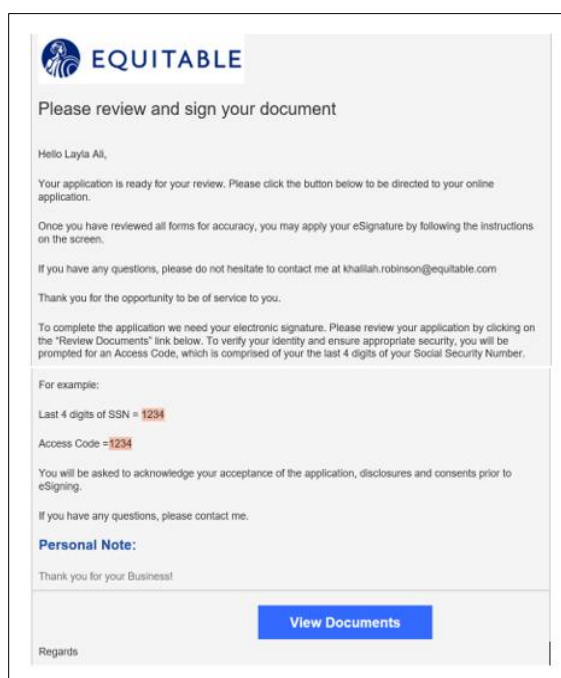


Email to client

The email sender will be "Your Financial Professional via DocuSign". The subject line will include the Client's name as well as the product applied for.



Below is an example of the email the client will receive.



If your client is having issues signing the application, the steps below will assist with completion. Instruct the client to:

1. Click the **View Documents** button.
2. Enter the 4-digit code and click **Validate**.

Please enter the access code to view the document

The sender has requested you enter a secret access code prior to reviewing the document. You should have received an access code in a separate communication. Please enter the code and validate it in order to proceed to viewing the document.

Access Code

[Show Text](#)

3. Click **I agree to use electronic records and signatures.**

Please Review & Act on These Documents

PRIVATE MESSAGE: Thank you for your feedback

What's new

☒ Please read the Electronic Record and Signature Disclosure
☐ I agree to use electronic records and signatures

1. Date of Birth (mm/dd/yyyy) 05/18/1996 2. Preferred Telephone Number (if other than cell) _____
3. Date of Birth (mm/dd/yyyy) 05/18/1996 4. Place of Birth (Country/State) NC/USA
5. Date (MM/DD/YYYY) 05/18/1996 6. Gender ☐ Male ☒ Female
7. Driver's License# 22210005 State NC Exp. Date (mm/dd/yyyy) 06/18/2022
8. Date (MM/DD/YYYY) 05/18/1996 State _____ Exp. Date (mm/dd/yyyy) _____
9. Are you a U.S. Citizen? ☒ Yes ☐ No ☐ No, if "No," please complete the Foreign Residence/Travel Questionnaire.
10. Complete only if the application involves a Conversion or Purchase Option that requires Underwriting
11. ☐ Term Conversion ☐ State Conversion ☐ Purchase Option
If any option is selected above, please complete the Non-Residency Conversion or Purchase Option Questionnaire and this full application. If no underwriting is required, please complete the Term Conversion Application.
Employment
12. Status: ☐ Employed Complete questions 13 - 16. ☐ Unemployed ☐ Retired ☐ Homemaker ☒ Student
13. Employer Name _____
14. Current Occupation _____
15. Unsubsidized Address _____ State _____ Zip _____
16. Years of Current Job _____
Income
If the Proposed Insured is a minor, please provide information for Parent/Guardian
17. Gross Annual Earned Income \$0 Source of Unearned Income \$0
Gross Annual Unearned Income \$0 Total Household Net Worth \$150,000.00
Gross Annual Household Income \$150,000.00
Other Insurance
18. Does the Proposed Insured have any life insurance/policies currently in force, including any policy that has been sold, settled or assigned to or with a settlement or medical company or any other company or entity? ☐ Yes ☒ No
19. Will the coverage applied for replace, change or affect any existing policies or contracts for the Proposed Insured? ☐ Yes ☒ No
(Add the details below for any "Yes" answer to questions 18 and/or 19 (Type: Policyholder, Policyowner, Assignor, Assignee, Beneficiary, etc.))
1. Policyholder 2. Policyowner 3. Assignor 4. Assignee 5. Beneficiary 6. Other (Specify: _____)

4. Click **Continue.**

Please Review & Act on These Documents

Powered by DocuSign

If you have any questions, please do not hesitate to contact me at khalilah.robinson@equitable.com

☒ Please read the Electronic Record and Signature Disclosure
☐ I agree to use electronic records and signatures

5. Click **Start.**

EQUITABLE
☐ Equitable Financial Life Insurance Company
☒ Equitable Financial Life Insurance Company of America
Mailing address: PO Box 1047, Charlotte NC 28201-1047

Proposed Insured

Application for Individual Life Insurance - Part 1

DEMONSTRATION DOCUMENT ONLY
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999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docuonline.com

6. Click **Sign.**

Signature of Proposed Insured 1 _____ X
(Parent, Guardian, or Applicant if Proposed Insured is a Child, Issue
Ages (0-14; 0-17 in PA))

Signature of Proposed Insured 2 _____ X

Signature of Proposed Owner or Applicant _____ X
(If corporation, print firm's name, signature and title of authorized officer.)
(If Trust, signature of trustee and title.)

Signed in City, State _____, NC Date (mm/dd/yyyy) 2/2/2021 | 1:13:26 EST

7. Select the signature style.

8. Click **Adopt and Sign.**

Adopt Your Signature


Confirm your name, initials, and signature.

* Required

Full Name* Layla Ali Initials* LA

SELECT STYLE DRAW USE SIGNATURE PAD UPLOAD

PREVIEW

Designated by: DS
 
 29818288EAF4C4


By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

NOTE: Some of the fields require the user to click the box to sign, some of the fields (2nd below) will require the user to fill in information such as the signed at city and state.

SIGN

Required - Sign Here - Signature of Proposed Insured or Parent/Guardian

 Layla Ali 04/18/1996
 Print Name of Proposed Insured Date of Birth
 12/17/2020 | 2:15:51 EST NC
 Signature of Proposed Insured or Parent/Guardian Date State of Residence

FILL IN

(Parent, Guardian, or Applicant if Proposed Insured is a Child, Issue Ages (0-14; 0-17 in PA))

X Charlotte, NC 1/11/2021 | 5:51:16 EST
 Signature of Proposed Owner or Applicant Signed in City, State Date (mm/dd/yyyy)
 (If corporation, print firm's name, signature and title of authorized officer.)
 (If Trust, signature of trustee and title.)

Once all signatures are captured,

9. Click **Finish**.

Done! Select Finish to send the completed document.

FINISH OTHER ACTIONS ▾

🔍 🔍 📄 📄 📄

The following screen will appear:

You're Done Signing

You may download or print using the icons above.

CONTINUE

After the client has signed the application package the financial professional will receive an email. **IF** the client does not receive the original email, **THEN** navigate back to the eSignature Setup screen and *click Resend*

eSignature Setup

Remote

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

Proposed Insured

Mac Donalds

Proposed Insured Email Address

khallilahrobinson@yahoo.com

Authentication Code

8888

You may type a personalized e-mail message below and click "Send Message"

Resend Message

NOTE: Clicking the **Resend Message** button cancels all signature links previously captured and all parties will need to resign.

Resend Message

Clicking on the Resend Message button will cancel any signatures captured and resend the DocuSign Link to all parties to sign again.

IF signatures are missing, **THEN** the financial professional is not able to move forward, and the following alert will appear.

Please complete all signatures in DocuSign

Financial Professional email

This is the email that the financial professional will receive once the client signs the application package

1. Click **View Documents**.

EQUITABLE

Please review and sign your document

Hello John Doe,

Your application is ready for your review. Please click the button below to be directed to your online application.

Once you have reviewed all forms for accuracy, you may apply your eSignature by following the instructions on the screen.

If you have any questions, please do not hesitate to contact me at khalilah.robinson@equitable.com

Thank you for the opportunity to be of service to you.

To complete the application we need your electronic signature. Please review your application by clicking on the "Review Documents" link below. To verify your identity and ensure appropriate security, you will be prompted for an Access Code, which is comprised of your the last 4 digits of your Social Security Number.

Last 4 digits of SSN = **1234**

Access Code = **1234**

You will be asked to acknowledge your acceptance of the application, disclosures and consents prior to eSigning.

If you have any questions, please contact me.

Personal Note:

Your client has signed their documents. Please review their application and sign in the appropriate places. After you have signed the document, return to the client's application via the dashboard to complete the application.

[View Documents](#)

Regards

2. *Enter* the 4-digit pass code.
3. *Click* **Validate**.

Please enter the access code to view the document

The sender has requested you enter a secret access code prior to reviewing the document. You should have received an access code in a separate communication. Please enter the code and validate it in order to proceed to viewing the document.

Access Code

[Show Text](#)

4. *Click* **I agree to use electronic records and signatures.**
5. *Click* **Continue.**

Please Review & Act on These Documents

EQUITABLE
Powered by **DocuSign**

PRIVATE MESSAGE: Your client has signed their documents. Please review their application and sign in the appropriate places. After you have signed the document, return to the client's application via the dashboard to complete the application.
[View More](#)

☒ [Please read the Electronic Record and Signature Disclosure](#)

☒ I agree to use electronic records and signatures

6. *Click* **Start.**

START

Agent Cover Letter:

7. *Select* the Signature style.

8. Click **Adopt and Sign**.

Adopt Your Signature

Confirm your name, initials, and signature

* Required

Full Name* John Doe Initials* JD

SELECT STYLE DRAW USE SIGNATURE PAD UPLOAD

PREVIEW

DocuSigned by: John Doe JD EE8F8AC325C458

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

Once all pages of the application package have been signed, the screen below will appear, and the DocuSign process is complete.

9. Click **Finish**.

Done! Select Finish to send the completed document.

FINISH OTHER ACTIONS

Once all parties have signed, the financial professional will receive the email notification below.

Your document has been completed

EQUITABLE

John Doe,

All parties have completed the envelope 'Layla Ali, your documents from Equitable are ready to sign for TERM 10.'. To view, download or print the completed document click below.

View in DocuSign

The status will also update on the dashboard screen to reflect it has been eSigned.

My Cases - 201

Start New Case

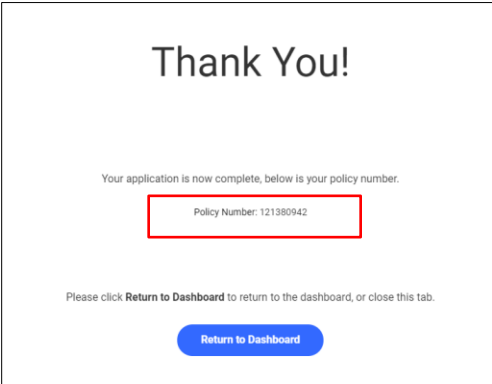
Search All Search

First Name	Last Name	Face Amount	Status	Product	Date Modified	
test	test	\$1,000,000	Started	TERM 20	12/17/2020 4:14:29 PM	Case Details View Forms Open Case Delete Duplicate
Layla	Ali	\$250,000	Esigned	TERM 10	12/17/2020 4:12:26 PM	Case Details View Forms Open Case Delete Duplicate

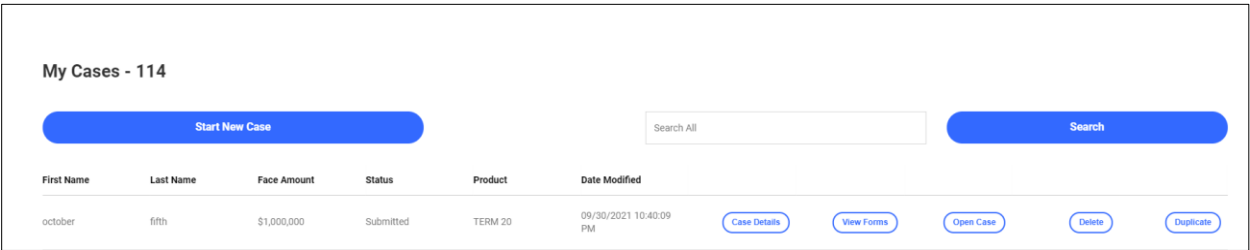
Submit the Application

After all signatures are captured in DocuSign, a policy number is assigned by Equitable Life eApp, and the case automatically submits into nbA system.

The following screen will appear:



If you click on return to dashboard, the status of the case will now show submitted.



Send to Client

Advisors will have the option to send the full Application or the Personal History and Medical Information Questionnaire to the Client to complete.

To participant in the “Send to Client” option, there are a few questions that must be answered to qualify. The questions below are on the Case Information screen.

Proposed Insured

First Name <input type="text"/>	Last Name <input type="text"/>	Is Insured the Owner? * <input checked="" type="radio"/> Yes <input type="radio"/> No
Date of Birth <input type="text" value="12/01/1959"/> <input type="text" value=""/>	Age <input type="text" value="61"/>	Authorizing Electronic Delivery? <input checked="" type="radio"/> Yes <input type="radio"/> No

**Please note that Electronic Delivery is not available for COIL Products.

I authorize the Company (ies) to send all documents regarding my policy to me electronically. This means that my policy form, client communications, privacy policy, prospectuses (if applicable), statements, billing notices, confirmation notices, and all other notices and policy-related documents will be delivered to me electronically. Please note: Electronic Policy Delivery is NOT allowed for the following application scenarios:
- International Underwriting Program applications.

Do you want to add a Joint Owner? <input type="radio"/> Yes <input checked="" type="radio"/> No	Will the billing method be Systematic? * <input checked="" type="radio"/> Yes <input type="radio"/> No	Will the premium payor be the insured? * <input type="radio"/> Yes <input checked="" type="radio"/> No
Gender <input type="radio"/> Male <input checked="" type="radio"/> Female	Does the Proposed Insured speak and understand English? * <input checked="" type="radio"/> Yes <input type="radio"/> No	

Qualifications for electing Send to client:

- Proposed Insured must be the owner
- If bank draft is method of payment, account holder/payer must be insured.
- No Joint ownership
- Proposed Insured speaks and understands English

To send the case to the Client, follow the steps below:

1. **Select Yes** to the question, "Do you want to use the Send to Client Feature?"

Application Type

Face Amount

\$

Do you want to use the Send to Client Feature? *
☒ Yes ☐ No

If the question above is answered Yes, then there is an additional question to answer regarding Send to Client. The financial professional can decide if the full application or only the Personal History and MIQ questionnaires will be sent to the client.

2. **Select Send Full Application** or **Send only the Personal History and MIQ**.

Do you want to *

☐ Send Full Application ☐ Send only the Personal History and MIQ

If Send Full Application is selected, then the following questions should be answered.

Do you want to *

☒ Send Full Application ☐ Send only the Personal History and MIQ

Last 4 digits of SSN * Zip Code * Email Address *

3. *Type* the Last 4 digits of the insured's Social Security Number in the **4 digits of SSN** field.
4. *Type* the Insured's Zip Code in the **Zip Code** field.
5. *Type* the Insured's email address in the **Email Address** field.

Note: The tabs on the “left hand” navigation bar will look different based on the financial professional selecting Send to Client. – update screen shots below

Not sent to Client

<input checked="" type="checkbox"/> Case Information
<input checked="" type="checkbox"/> Application Type
<input checked="" type="checkbox"/> Proposed Insured Details
<input type="checkbox"/> PI Employment and Income
<input checked="" type="checkbox"/> PI Other Insurance
<input type="checkbox"/> PI Personal History
<input type="checkbox"/> Alcohol, Drug, & Tobacco
<input type="checkbox"/> Medical Certification
<input type="checkbox"/> Medical Information 1
<input type="checkbox"/> Notice and Consent Form
<input type="checkbox"/> Beneficiary Details
<input type="checkbox"/> Plan and Product
<input type="checkbox"/> Premiums and Billing
<input type="checkbox"/> Source of Funds
<input type="checkbox"/> Client Profile
<input type="checkbox"/> FP Certification
<input type="checkbox"/> Life Remarks
<input type="checkbox"/> Agent Remarks
<input type="checkbox"/> Producer Validation
<input type="checkbox"/> Validate and Lock Data
<input type="checkbox"/> Validate and Lock Incomplete

Send to Client - MIQ and Personal History

<input checked="" type="checkbox"/> Case Information
<input checked="" type="checkbox"/> Application Type
<input checked="" type="checkbox"/> Proposed Insured Details
<input type="checkbox"/> PI Employment and Income
<input type="checkbox"/> PI Other Insurance
<input type="checkbox"/> Medical Certification
<input type="checkbox"/> Beneficiary Details
<input type="checkbox"/> Plan and Product
<input type="checkbox"/> Premiums and Billing
<input type="checkbox"/> Source of Funds
<input type="checkbox"/> FP Certification
<input type="checkbox"/> Life Remarks
<input type="checkbox"/> Agent Remarks
<input type="checkbox"/> Producer Validation
<input type="checkbox"/> Validate and Lock Data
<input type="checkbox"/> Validate and Lock Incomplete

Send to Client - Full App

<input checked="" type="checkbox"/> Case Information
<input checked="" type="checkbox"/> Application Type
<input checked="" type="checkbox"/> PI Other Insurance
<input checked="" type="checkbox"/> Medical Certification
<input type="checkbox"/> Notice and Consent Form
<input type="checkbox"/> Plan and Product
<input type="checkbox"/> Premiums and Billing
<input type="checkbox"/> Client Profile
<input type="checkbox"/> FP Certification
<input type="checkbox"/> Life Remarks
<input type="checkbox"/> Agent Remarks
<input type="checkbox"/> Producer Validation
<input type="checkbox"/> Validate and Lock Data
<input type="checkbox"/> Validate and Lock Incomplete

The Signature Method will automatically default to Electronic Signature and Remote when the financial professional decides to Send to Client.

Signature Method

Please choose a signature method

☒ Electronic Signature

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

You have elected the Send to Client feature and the Signature method is defaulted to Electronic and Remote. If you choose to use In Person, you will need to unlock and go back to the Application Type tab and answer the send to client question as No.

Please specify how your client(s) will be eSigning:

Proposed Insured: Test Time

☒ Remote ☐ In Person

The Client will receive the following email:

(email to client)

Subject: Timothy Ash has sent documents for Test Time from Equitable to review and sign.

Hello Test Time,

Thank you for considering TERM 20. At this point in the application process, your agent has requested that you complete some sections of the application. Upon completion, you will be asked to sign the application and supplemental forms electronically. Please read this email carefully. The link to access the documents is at the bottom of this email.

You will be taken through the following steps to complete the documents:

1. Authenticate by entering the last 4 digits of your SSN and residence zip code

2. Complete all the documents. All questions must be answered to enable the submit button

3. Click the Submit button

You will then be prompted to sign the application and supplemental forms by following the prompts

1. Click "I have read the Terms of Use and eSignature Consent"

2. Click Accept

3. Click I agree to use electronic records and signatures.

4. Click Continue

5. Click Start to begin the electronic signature process and follow the prompts and remember to click Finish at the end

Please click the link which will direct you to the online application to begin the process.

[Link to Complete the Application](#)

For the Client to authenticate, enter the last 4 digits of their SSN and Zip Code. Then *Click* **Proceed to Application**

Greetings, Thursday Test

Please be aware that any person who knowingly presents a false statement in an application for life insurance may be guilty of a criminal offense and subject to penalties under state law, and may result in your beneficiaries not receiving the life insurance benefit. *

☒ Agree!

Enter Last 4 digits of SSN *

Enter Last 4 digits of SSN is required

Enter Zip code *

Enter Zip code is required

Proceed to Application

The client will then see the “Welcome” screen.

The screenshot shows the 'Welcome' screen of the application. On the left is a vertical sidebar with a list of steps: 'Welcome' (selected with a blue dot), 'Authorizations and Disclosures', 'Insured Details', 'Employment and Income', 'Beneficiary Details', 'Systematic Payment', 'Source of Funds', 'PI Declaration', and 'Signature'. The main content area on the right contains the following text:


Welcome and Thank you for choosing Equitable to be the service provider for your life insurance needs.

Your Financial Professional has requested you complete a portion of the application.

Should you have any questions or encounter an error during this process, please contact your Financial Professional.

Agent Name: Test Test
Agent Email: khalilah.robinson@equitable.com
Agent Phone Number: (704) 957-5270

Helpful hints:

- All questions must be answered on all pages to submit the application.
- Some fields contain tool tips represented by this  icon; These provide additional information on the field they are associated with. Hover over or click the tool tip icon to display that information.
- Save your email. The link is valid for 14 days and is reusable if completing the application in multiple sessions. If your email was deleted and you are unable to retrieve it, contact your Financial Professional who will resend a new email with link.
- If you are completing the application entry in multiple sessions, use the “Save and Exit” button to save the completed portion of the application. If you close out of your browser without saving properly, data may be lost.
- Once you have successfully completed all questions:
 - click “Submit”
 - click “OK” on the pop-up box
 - click “Client DocuSign” button at the bottom of the screen to initiate the signing process
 - click the “Unlock” button if you notice any changes are to be made on the application prior to DocuSign being completed
 - click “Finish” when signing is complete

At the bottom of the screen are two buttons: 'Save and Exit' (white with blue text) and 'Next' (blue with white text).

Disclosure and Data Authorization

After the Welcome screen, a new screen “Authorizations and Disclosures” has been added and will need to be reviewed and acknowledged by the client before clicking the “Next” button and continuing with the application.

The screenshot shows the 'Authorizations and Disclosures' screen. The sidebar on the left is updated: 'Welcome' now has a green checkmark, and 'Authorizations and Disclosures' is selected with a blue dot. The main content area contains the following text:


Authorizations and Disclosures


Name

Office Work

As the proposed insured:

- I am applying to insure my life and not someone else's life.
- I am personally completing this application without any assistance or supervision.
- I am physically located in the United States.
- I have reviewed and agree to the [HIPAA Disclosure](#) and [Data Authorizations](#).

☒ I agree 

Click to review [MIB Pre-Notice and Privacy Statement](#). 

All documents signed on this page will be included in the policy package .

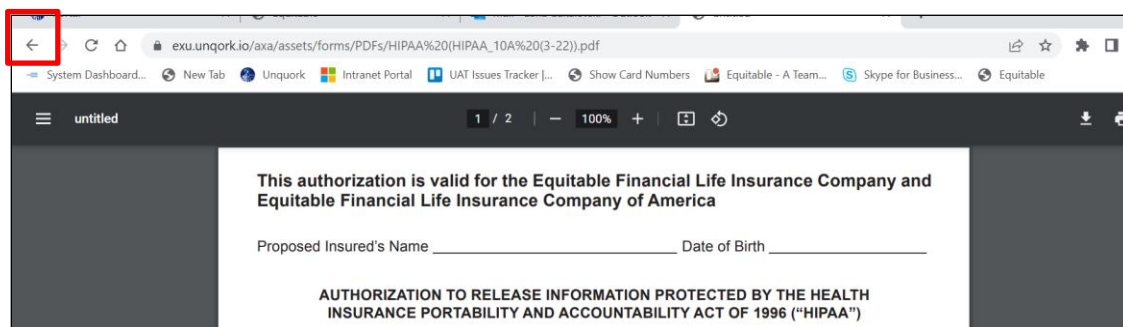
At the bottom are three buttons: 'Save and Exit' (white with blue text), 'Previous' (white with blue text), and 'Next' (blue with white text).

On this screen the client will need to review the HIPAA Disclosure and Data Authorization Disclosure by

clicking on the links. These two disclosures are required to be reviewed. After both documents are reviewed, the Insured will need to click the “I Agree” check box, then the “Next” button and continue with the application.

NOTE: MIB Pre-Notice and Privacy are optional form to be reviewed at this time. All forms reviewed and signed on this page will be included in the application package.

Once the document opens, the Insured should use the back arrow within the document to return back to this page



PI Declaration Screen

After the Authorizations and Disclosures screen, the insured will be presented with the Declaration Statement screen that will need to be reviewed and acknowledged by clicking the checkbox. The insured can then click the “Next” button and continuing with the application.

A screenshot of a web application interface for a 'Declaration Statement'. On the left is a sidebar with three tabs: 'PI Declaration' (selected with a blue dot), 'Proposed Insured' (with a green checkmark), and 'History' (with a green checkmark). Below these is a 'Signature' tab. The main content area has the title 'Declaration Statement' and the text 'Proposed Insured: Smartapp StoClient'. Below this is a light blue box containing the text 'Please check the box to confirm acknowledgment'. Underneath the box is a checkbox that is checked with a blue checkmark and is highlighted with a red box. To the right of the checkbox is the text: 'I, the Proposed Insured, am aware that any person who knowingly presents a false statement in an application for life insurance may be guilty of a criminal offense and subject to penalties under state law, and may result in your beneficiaries not receiving the life insurance benefit. *'.

Once **all** questions are answered, the following screen will display:

The screenshot shows the Equitable application completion screen. At the top left is the Equitable logo. At the top right, it says "Client Account: Derrick Falls | Product Name: Annual Renewable Term (ART)". On the left is a vertical list of steps, each with a green checkmark except for the last one, "Signature", which has a blue dot. The steps are: Welcome, Insured Details, Employment and Income, Personal History, Alcohol/Drug/Tobacco Usage, Medical Questionnaires (with a dropdown arrow), Notice and Consent Form, Beneficiary, Systematic Payment, Source of Funds, and Signature. On the right, a white box contains the text: "Thank you for completing the Information Questionnaires. Please click on Submit button, to submit the application and initiate the DocuSign." Below this text is a blue "Submit" button.

The client should *click* **Submit**.

This screenshot is similar to the previous one, but the "Medical Questionnaires" step in the left sidebar now has a dropdown arrow and is expanded, showing a list of four "Medical Questionnaire" items (1, 2, 3, and 4), each with a green checkmark. The "Submit" button remains visible in the center.

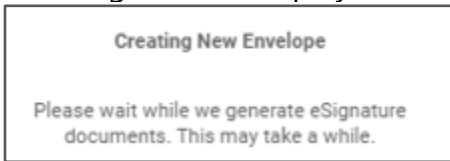
After submitting the documents, the client will be prompted to *click* **Ok**.

A small dialog box with a close button (X) in the top right corner. It contains the text: "Application details were saved. Please click on 'Client DocuSign' to complete the Signatures." At the bottom left is a blue "Ok" button.

Client should *click* **Client DocuSign**

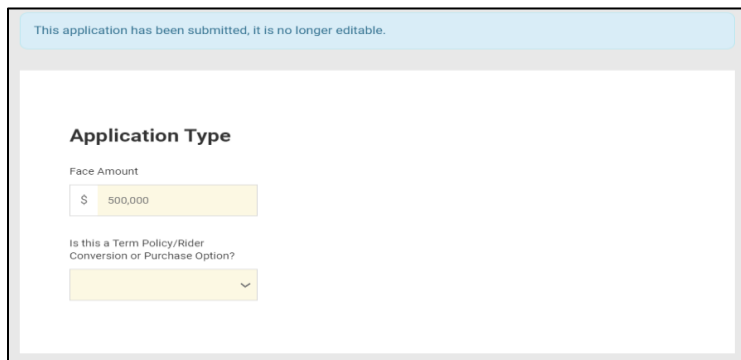
The screenshot shows the application completion screen with the "Submit" button at the top left and the "Client DocuSign" button at the bottom right. The text at the top reads: "Thank you for completing the application and or questionnaires. Please click on Submit button then DocuSign to initiate the electronic signature process."

Message will be displayed and then DocuSign will be launched



Submitted application

Once the application has been submitted, no changes or edits can be made. The following message is received when opening the case.



Timelines:

Listed below are the timelines of items that are important for the financial professionals to know.

Signature Process Timelines

- MIQ Send to Client Link is good for 7 days, if expired the financial professional can login in and resend the link.
- DocuSign Link is good for 14 days, if expired agent can login and resend link.
- Once the case is fully signed there is not an expiration on when it can be submitted, but the app itself is only good for a certain period.

Resending Link Procedures (When agent should resend and when they should call eApp team to have resent)

- If one party has signed the application but there are other parties that need to sign (including the financial professional) but they can't locate the email they can call the eApp team and we can get the link resent to just the parties that have not signed.
- If no parties have signed and someone didn't get the DocuSign link the agent can login and resend without a call to the eApp team

**If you have any questions,
call Case Management Support
at (855) 606-6452, Option 3.**

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