

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

## Your Guide to Electronic Policy Delivery



### Client Guide

Policies issued by **American General Life Insurance Company (AGL)**, Houston, TX, and **The United States Life Insurance Company in the City of New York (US Life)**.

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

## **ABOUT THIS GUIDE**

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

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

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

### **eDelivery Step-by-Step**

**NOTE:**

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

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# The notification email

You will receive an email from Corebridge Financial notifying you that your policy is ready for final reviews and signatures.


## Email to policy owners

If you are the policy owner (paying for the policy), the email will describe the steps in the signing process so you can become fully covered:

- Register in our Consumer Portal (or log in if you are already registered)
- Pay the initial premium
- Review and sign policy documents
- Print/save your policy

Click **Get Started** to proceed to the next step. →

**From:** Corebridge Financial New Business <DocFastNBsupport@corebridgefinancial.com>  
**To:** Terry Client  
**Subject:** Required Signature: Corebridge Financial Life Insurance Policy

  
Dear Terry Client,

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

To become fully covered, this is a reminder that you need to acknowledge receipt of your policy by electronically signing as noted below. Please sign immediately, as your policy can not go into effect until you have reviewed and signed it.

You are about to begin electronic policy delivery.

What's next?

1. Complete a quick and easy registration to Corebridge Financial's Consumer Portal or if already registered, login before proceeding to the next step
2. Pay the initial premium, and set-up recurring payments, if you haven't done so already
3. Review and electronically sign policy documents
4. Print/save your policy

[GET STARTED](#)

The link will expire on 2024-03-10. If you have any questions, please contact our Customer Service department at 800-280-2011.


Sincerely  
Corebridge Financial

## Email to insured

If you are to be insured under the policy but not the policy owner, your email will have fewer steps and you will not be asked to register an account or pay the initial premium.

Click **Get Started** to proceed to the next step. →

**From:** Corebridge Financial New Business <DocFastNBsupport@corebridgefinancial.com>  
**To:** Terry Client  
**Subject:** Required Signature: Corebridge Financial Life Insurance Policy

  
Dear Terry Client,

Thank you for allowing us to serve you! Your Corebridge Financial Life Insurance policy has been approved. Please sign immediately, as your policy can not go into effect until you have reviewed and signed it.

You are about to begin electronic policy delivery.

What's next?

1. Review and electronically sign policy documents.
2. Print/save your policy

[GET STARTED](#)

The link will expire on 2/19/2024. If you have any questions, please contact our Customer Service department at 800-280-2011.

Sincerely  
Corebridge Financial

# Account registration (policy owner only): 1 of 2

If you are the policy owner (paying for the policy), you will first be directed to register your new account at our customer website.

**Please note:** If you are the insured but NOT the policy owner, you will not go to this step. Please skip ahead to the **Logging In** instructions on page 6.

## Get started: Account Registration

To get started as the policy owner, enter the following information:

- Your First Name
- Your Last Name
- Your Social Security Number (SSN)

If you can't remember your Social Security Number (or don't have one), you can register using your policy number. Simply click **I do not have SSN/TIN.**

Once you've entered the required information, check the box next to **I'm not a Robot**, which is above the Cancel and Continue buttons. Follow the instructions in the pop-up box and select the images per the request for verification, then click **Continue**.

**Note:** The Continue button will not be active until you select this checkbox

## Create Login Details

After being asked to read and confirm a disclosure notice, you'll then be asked to create your profile.

- Create a Username
- Provide and confirm your email address
- Create and confirm a password

Then click **Register**

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### Account Registration

Welcome to the AIG Life Insurance Consumer Portal. Register today to manage your policy online. If you have already registered, please log in. If your policy is Jointly owned, Trust owned or Company owned, complete this form for authorization to register.

- 1 Get Started
- 2 Create Login
- 3 Validate Credentials
- 4 Safeguard Your Account
- 5 Sign In


#### Registration

**Policy Owner First Name**  
Policy Owner First Name

**Policy Owner Last Name**  
Policy Owner Last Name

**Policy Owner SSN** [I do not have SSN/TIN. Click here](#)  
Policy Owner SSN [SHOW](#)

**Security Check**  
To proceed with your registration, please check the box below.

I'm not a robot 

[CANCEL](#) [CONTINUE](#)

- 1 Get Started
- 2 Create Login
- 3 Validate Credentials
- 4 Safeguard Your Account
- 5 Sign In

### Create Login Details

Please provide the username and password you want to use to log in to your account

**Username**  
Username

**Email Address**  
M\*\*\*\*\*@\*\*\*\*\*m

**Confirm Email Address**  
Confirm Email Address

**Password**  
Password [SHOW](#)

**Confirm Password**  
Confirm Password [SHOW](#)

[CANCEL](#) [REGISTER](#)

# Account registration (policy owner only): 2 of 2

On the next screen, you'll be asked to provide a primary phone number.

Note: If you do not check the **Consent to receive text messages** box, your verification code will not be texted to you. Instead, the code will be sent to you via a telephone call. Click **Save** to continue.

This will send a validation code to your primary phone, and you'll be taken to a Verification screen where you'll be asked to input the code. Enter the code and click **Submit**.

You may also choose to start over, use a different phone number, or have the validation code re-sent to you.

The final step is to choose three security questions and answers. This will help us verify your identity if you forget your password. After choosing three security questions and answers, click **Submit**.

You will then be taken to the Success screen. Click **Submit** to resume the electronic signature process. This will take you to the Payment set-up screen.

Please proceed to page 8 of this guide for payment set-up instructions.

# Logging in to electronically sign your policy (insured only)

## Please note:

You will only be taken to this Login screen if you are to be insured but are not the policy owner.

At the Login page, enter **all three fields requested**. Example entries are provided below.

In the first field, provide your five-digit ZIP Code.

In the second field, enter your birth date in the exact format provided, including slashes: **MM/DD/YYYY**

In the third field, provide the last four digits of your **Social Security Number (SSN)**.

Note: If you are not a U.S. Citizen and do not have a Social Security number, you will not see the SSN field.

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

**Login**

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

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

ZIP Code (5 digits)

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

Last four of the SSN

**Continue**

[Trouble logging in?](#)

## Example entries

ZIP Code (5 digits)

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

Last four of the SSN

**Continue**

# Complete Health Questionnaire

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

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

In this example at right, all statements are True.

The screenshot shows the 'Complete Health Questionnaire' interface. At the top left is the 'corebridge Financial' logo, and at the top right is the 'SHARPLINE' logo. The title 'Complete Health Questionnaire' is centered. Below the title is a disclaimer: 'I represent, on behalf of myself and any person who may have been proposed for insurance, that to the best of my knowledge and belief:'. There are three statements, each with radio buttons for 'True' and 'False'. In this example, the 'True' radio button is selected for all three statements. The statements are: 1. 'There have been no changes to my occupation nor have I become unemployed since the date of the application.' 2. 'Neither I nor any other proposed insured has, since the date of the application, consulted a licensed health care provider or received medical or surgical advice or treatment.' 3. 'Neither I nor any other proposed insured has, since the date of the application, acquired any knowledge or belief that any representation in the application, including information provided or an answer to a question, is now inaccurate, incomplete, or untrue.' At the bottom center is a blue 'Save & Next' button.

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

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

This screenshot shows the same 'Complete Health Questionnaire' interface, but with the third statement selected as 'False'. The 'True' radio button is unselected, and the 'False' radio button is selected. Below the 'False' selection is a yellow text box labeled 'Provide Details'. The 'Save & Next' button is still present at the bottom center.

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

# Payment set-up: Initial screen

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

To save you time, the payment details will be pre-filled with information you provided on your application.

## Payment options

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

Depending on your policy type, you may see other Payment Options than what is shown at right. You may change between any of the options you see by clicking the box for your desired frequency. Corresponding amounts and dates in the blue box will be updated to match your selection.

## Initial Payment

If you indicated an Initial Payment preference on your application, it will be pre-filled here. The example at right assumes you chose to pay initial premium by bank draft and provided account information.

Depending on your policy type, the premium amount or state where you reside, you may see less or different options for Initial Payment, including credit card. You can change your Initial Payment method by clicking the button for the method you wish.

## Bank Details to Use:

If you provided account information on your application, it will be pre-filled here. You may choose to enter a different bank account, and taken to a new screen to provide account details. Click **Continue** to proceed.

**Payment**

To save you time, we pre-filled the information you provided on your application.

**Payment Option:**

Annual \$50,073.30 a year

Semi-Annual \$26,038.12 twice a year

Quarterly \$13,269.42 a quarter

Monthly \$4,256.23 a month

**Initial Payment**

Initial Premium Due: \$26,038.12

Select Initial Payment Method:

Bank Account  Credit Card

\*\*Normal processing time for the premium to be drafted from your bank account is 24-48 hours (Monday - Friday) following completion of this eDelivery Process.

**Pay Ongoing Premium Payments with:**

Ongoing Premium Payments will be automatically withdrawn from the Bank Account provided.

Bank Account

**Bank Details to Use:**

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

Use Bank Account from Application  New Bank Account

Bank Name: WELLS FARGO BK NA   Checking

Routing Number: 122105278

Account Number: 244244244

**Continue**



# Payment set-up: Bank Account Details

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

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

Enter the bank information in the spaces provided.

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

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

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

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

The screenshot shows the 'Bank Account Details' form. At the top, it says 'Enter Your Bank Account Details' and 'One Bank Account will be used for both Initial Payment and Recurring Payments.' The form fields are: Account Holder Name (First Name, MI, Last Name, Suffix), Date of Birth (MM/DD/YYYY), SSN or TIN (487239734), Address Street (street two), City (Adams), State (TN), Zip Code (37010), Bank Name, Account Type (Choose from list or type in a.), Routing Number, and Account Number. An example check is overlaid on the right side, showing the routing number '044072324' and account number '000123456789'. Below the form, there is a blue information box: 'You can make changes to your Bank Account or choose a different payment method at anytime through the Corebridge Financial Consumer Portal.' At the bottom, there are 'Back' and 'Continue' buttons.

# Payment set-up: Credit card details

**Please note:** The credit card details screen is only presented to the person who is paying for the policy, and only if you have opted to pay the initial premium with a credit card.

Initial premium payment by credit card may not be available depending on your policy type, the premium amount or the state where you reside.

Enter the credit card information in the spaces provided.

- Enter the **Card Holder Name** using the name as it appears on your credit card.
- Do not enter spaces when entering the **Credit Card Number**.
- Use the **Month and Year** dropdowns to enter the card's expiration date.
- The **CVC Number** is the three- or four-digit code that is found on the back of your credit card.
- For **Postal Code**, enter your 5-digit ZIP code.

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

corebridge financial | PIPELINE

## Pay the First Premium on Your Corebridge Financial Policy

### Enter Your Credit Card Information

(Click the blue "X" button to Cancel)

Card Holder Name

Credit Card Number

VISA

January 2023 CVC Number

Postal Code

USD \$ 24.69

Pay \$24.69

## IF YOU CHANGE YOUR MIND ABOUT PAYING BY CREDIT CARD

Click the Blue X icon to cancel the request.

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

# Location Affirmation

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

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



Location Affirmation

Yes  
 No

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

State:

City:

[Review eConsent Terms & Conditions](#)  
[Understanding of Terms](#)

Once you complete your eSignature, the initial payment in the amount of \$429.34 will soon be processed.

**Initial Premium**  
I authorize the insurance company that issued my policy American General Life Insurance Company (the "Company") or its representative to initiate a single electronic debit against the indicated bank account/the named depository institution for the amount indicated on an ongoing basis as premiums become due at the frequency indicated.

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

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

**Your Policy Details**

Policy Number:	EDL4132326
Insured:	policytwo, UWojzMR
Product:	AG SL III GUL
Face Amount:	\$800,000.00
Effective Date:	12/04/2023
Next Premium Due On:	01/04/2024
Ongoing Premium:	\$429.34
Payment Frequency:	Monthly
Ongoing Payment Method:	Bank Account

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

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

[Corebridge Financial Terms of Use](#)

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

If you have any questions, please contact your agent.

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

If you click **Yes**, the page will expand for you to select your State and City as shown at left.

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

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

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

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

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



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

# Signing the policy online: Introduction and Policy packet

**After clicking the Continue button** (seen on the previous screen):

You will be guided through several documents for your review and electronic signature.

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

Depending on your policy, the documents presented to you may differ from the examples shown on the following pages. Continue e-signing each document as presented until you have reached the end of the policy.

## Policy packet

All signers will be presented with the policy packet which includes policy terms, conditions and applicable forms.

Depending on your policy, the packet may range from a dozen pages or more. The example at right only shows the first screen you will see. Scroll down through all of the pages in the policy packet and carefully review the language.

► When finished, scroll back to the top and click the

**Click Here to Complete Process** box to apply your electronic signature.



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

A screenshot of a web browser displaying a document titled "AGENCY - TEST DOCUMENT". The document contains the following text: "AGENCY: 12345", "AGENT: Alex Agent", "MAIL TO:", and "POLICY: 1234567890". Below this text, the address "Terry Client, 123 Elm Street, Anytown, TX 77019" is displayed. At the top of the document, there is a yellow button with a checkmark icon and the text "CLICK HERE TO COMPLETE PROCESS". To the right of this button are "Cancel" and "Back" buttons. A red arrow points from the text "Click Here to Complete Process" in the adjacent text block to the yellow button in the screenshot.

**Note:** This example only shows the top page of the policy packet.

Scroll down to review all policy terms, conditions and applicable forms, ▼ then return to the top to click the acknowledgment button. ▼

# Signing the policy online: Additional documents (if needed)

Depending on your policy, you may also be asked to review and sign one or more of the following documents:

- Policy illustration acknowledgement
- Quotation acknowledgement
- Modified Endowment Contract acknowledgement
- Aviation Exclusion Rider (if you are the policy owner and the insured, you will be asked to sign the rider twice)

**YOUR SIGNATURE CONFIRMATION**

**BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE FOLLOWING STATEMENTS:**

I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed. Finally, I also understand the policy form and any attached riders, endorsements or amendments, as expressed in English, contain the controlling terms of my insurance contract for the purposes of application and interpretation.

[Click Here to Sign](#)

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that this illustration has been presented to the applicant, and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration. I understand the method used to allocate overhead expenses is the fully allocated method.

*Julie Pivoffish* \_\_\_\_\_ 9/21/2022 \_\_\_\_\_  
Agent's Signature Date Agent's Address

**YOUR SIGNATURE CONFIRMATION**

**BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE FOLLOWING STATEMENTS:**

I have received a copy of this quotation and understand it is not a contract. I have been advised to consult my own tax or legal advisors regarding the tax effects of the proposed Coverage. I understand that proper maintenance of the policy is essential, and it is recommended that I regularly review my policy. Annual reviews of my policy include review of the annual statement, review of my in-force quotation, review to determine whether any adjustments are necessary to my planned premium payments, and review of distributions. I further understand the guarantees are directly affected by the amount or timing of premiums paid. Finally, I also understand the policy form and any attached riders, endorsements or amendments, as expressed in English, contain the controlling terms of my insurance contract for the purposes of application and interpretation.

[Click Here to Sign](#)

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that this quotation has been presented to the applicant, and that I have explained that the Owner should consult with his or her legal or tax advisor. I have made no statements that are inconsistent with the quotation.

*Julie Pivoffish* \_\_\_\_\_ 9/21/2022 \_\_\_\_\_  
Insurance Producer's Signature Date Insurance Producer's Address

Complete if Aviation Exclusion pertains to the Proposed Insured.

FOR USE WITH ADULT APPLICATIONS

**American General Life Insurance Company**

AVIATION EXCLUSION RIDER

I request that the following rider be made a part of any policy issued on the basis of my application dated August 15, 2022.

**Aviation Exclusion.** The following risks are not assumed under this policy.

Operating, riding in or descending from any kind of aircraft while in flight if the Insured:

1. Is a pilot, officer or member of the crew; or
2. Is giving or receiving any kind of training or instruction; or
3. Has any duties aboard such aircraft; or
4. Is being flown for the purposes of descent from such aircraft while in flight.

**Liability Under This Policy.** If the Insured dies due to any of the above conditions, our liability will be limited to a single sum equal to the premiums paid on this policy less any policy loans and less any partial surrenders paid.

This limitation outlined above will also apply to any reduced paid-up or extended term insurance placed in force under the terms of this policy. Such limit will be included in any policy to which this policy may be changed or converted.

If this policy contains an accidental death benefit, the conditions and exceptions contained in such benefit will not be affected by this provision.

**Incontestability.** The following paragraph is hereby added to the Incontestability provision of the policy:

The provision does not apply to the limitations contained in the "Aviation Exclusion Rider". The defense by us of any claim based on such limitations shall not be construed to be a contest of this policy.

[Click Here to Sign](#)

9/21/2022 \_\_\_\_\_  
Date Signature of Proposed Insured

\_\_\_\_\_  
Date Signature of Owner if other than the Proposed Insured

ATTACHED TO AND FORMING A PART OF POLICY(S) NO. \_\_\_\_\_

AMERICAN GENERAL LIFE INSURANCE COMPANY

*J. Hogan*

**Modified Endowment Contract Acknowledgement**

The Technical and Miscellaneous Revenue Act of 1988 established a class of life insurance policies termed "Modified Endowment Contracts". Any life insurance Policy that received monies in excess of prescribed amounts will be classified as a "modified endowment contract".

Your plan of insurance, as proposed, would not pass that statutory test and is being treated as a "modified endowment contract". You should be aware that:

1. Any cash distributions, withdrawals, loans and interest on loans if capitalized, or assignments made at any time during the life of the Policy (other than death) will be included as part of your taxable income to the extent that the Policy reflects an accumulation value in excess of premiums paid.
2. Such distributions will also be subject to a 10% penalty tax (on amounts includable as income) unless you have attained age 59 1/2, become disabled, or you annuitize the entire cash value. (If the owner is a corporation, such proceeds may be subject to the 10% penalty tax at any time.)
3. Death benefits of modified endowment contracts are treated as life insurance proceeds and, accordingly, are not subject to income tax to any named beneficiary.

I acknowledge that I have read this disclosure statement and understand that the proposed plan of insurance results in treatment as a modified endowment contract and thus will be subjected to special tax treatment as outline above.

[Click Here to Sign](#)

Owner's Signature \_\_\_\_\_ 9/21/2022 \_\_\_\_\_  
Date

Joint Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Julie Pivoffish* \_\_\_\_\_ 9/21/2022 \_\_\_\_\_  
Witness Date

# Signing the policy online: Acceptance and Amendment of Application

## Policy Acceptance and Amendment of Application

- ▶ Depending on your earlier selections, you may not see this document.

**Policy Acceptance and Amendment of Application**

American General Life Insurance Company, 2727-A Allen Parkway, Houston, Texas 77019  
 The United States Life Insurance Company in the City of New York, 28 Liberty Street, 45th Floor, New York, NY 10005-1400  
*A member of American International Group, Inc. (AIG)*

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

**Proposed Insured**

Primary Proposed Insured: First Name MICHAEL ANGELO MI      Last Name tomone  
Other Proposed Insured: First Name                                      MI      Last Name                                       
Policy Number: EDEL072263

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

- Application amended with Does any Proposed Insured have any existing or pending annuities or life insurance policies? As no

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

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

Exceptions: 11223344 his is a test this is a test this is a test this is a test  
23456 this is a test  
123456 this is a test this is a test this is a test this is a test  
**In the event any exception is noted herein, the policy will not be in force until the Company approves this Policy Acceptance and Amendment of Application.**

Carefully review the document and click the **Click Here to Sign** box to apply your electronic signature.



After clicking, the system may take 10-15 seconds or more to process before taking you to the Completion screen.

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

<p><b>Owner Signature</b></p> <p>X <span style="background-color: yellow;">Click Here to Sign</span> <span>Cancel</span> </p> <p>Owner signed on (date) <u>9/21/2022</u></p> <p>Show title of officer if signing for the business.</p>	<p><b>Proposed Insured (PPI) Signature</b> (if other than Owner)</p> <p>X</p> <p><i>(If under age 16, signature of parent or guardian)</i></p> <p><b>PPI signed on (date)</b> _____</p> <p><b>Other Proposed Insured (OPI) Signature</b> (if other than Owner)</p> <p>X</p> <p><i>(If under age 16 and coverage exceeds \$500,000, signature of both parents required.)</i></p> <p><b>OPI signed on (date)</b> _____</p>
--	--

# Signing the policy online: Short Health Statement

## Short Health Statement

► Depending on your earlier selections, you may not see this document.

**Short Health Statement**  
**Policy # (if known):** 1234567890

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

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

**Proposed Insured**

Terry		Client	12/31/1979	555-55-5555
First Name	MI	Last Name	Date of Birth	Social Security #

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

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

Exceptions:

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

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

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

**Owner Signature**

X

Owner signed on (date) \_\_\_\_\_

Owner signed at (city, state) \_\_\_\_\_

**Proposed Insured (PI) Signature**

Click Here to Sign

Cancel

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

Carefully review the document and click the **Click Here to Sign** box to apply your electronic signature.



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

# Signing the policy online: Bank draft authorization (final screen)

## Bank Draft Authorization

If you have elected to pay any of your premium via bank draft, this is the last document you will be asked to sign.

- ▶ If you are not paying a premium via bank draft, you will NOT see this screen.

If you are presented with this document, carefully review it and then click the **Click Here to Sign** box to apply your electronic signature.



After clicking, the system may take 10-15 seconds or more to process before automatically taking you to the Completion screen (see page 18).

Go to Next Signature
Print Download

**Bank Draft Authorization**

American General Life Insurance Company, 2727-A Allen Parkway, Houston, TX 77019  
 The United States Life Insurance Company in the City of New York, 175 Water Street, New York, NY 10038  
In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

**How Automatic Bank Draft Works:** Automatic bank draft is a debit service that offers a convenient way to pay insurance premiums. The Company will collect the insurance premiums from your bank account electronically – you do not need to write checks or mail in any payments. Premium withdrawals will appear on your bank statement, and your statements will be your receipts for payment of your premium.

Policy Number, if available	Name of Insured Applicant	Policy Number, if available	Name of Insured Applicant
02250220101	Terry Client		

**PAYMENT OPTIONS: Please select ONLY one payment option:**

Draft Initial Premium and Draft Subsequent Premiums

Initial Premium: \$ 35       At Issue       At Submit (Not available for all products or Employer Sponsored Plans)

- Initial premium at issue will be drafted at the time each policy is placed in force.
  - Subsequent premiums will occur on the requested draft date, if one is requested, or the policy effective date, per the requested mode, if no date is specified.
- Initial premium will be drafted at Submit for those policies that qualify for this option. Additional initial premium due will be drafted at the time the policy is placed in force.
  - Subsequent premiums will occur on the requested draft date, if one is requested, or the policy effective date, per the requested mode, if no date is specified.

Subsequent Premiums, if different: \$ 35

Draft Only Subsequent Premiums

Check/Complete one of the following for Initial Premium payment:

Check submitted with application in the amount of \$ \_\_\_\_\_

Check submitted on delivery.

**DRAFT DETAILS: Please provide the requested details.**

Preferred Withdrawal Date (1st-28th) \_\_\_\_\_ **Please debit my account for all outstanding premiums due.**

If a preferred withdrawal date is chosen and draft at issue is selected, we will draft subsequent premiums on this date.

Frequency:  Monthly     Quarterly     Semi-annual     Annual

Financial Institution Name: Bank USA

Financial Institution Address \_\_\_\_\_ City, State \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Account:  Checking     Savings

Routing Number: 122105278 (For checking account draft use routing # listed on check)

Account Number: 123456788 (DO NOT use credit/debit card)

Bank Account Owner(s): (For business accounts, list Business and Authorized Signer Name)

Name 1 First Name (Please Print) Terry Last Name Client

Email Address 1 \_\_\_\_\_

Date of Birth 1 (MM-DD-YYYY) 09/24/1976 SSN / TIN 1 123456789

Name 2 First Name (Please Print) \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address 2 \_\_\_\_\_

Date of Birth 2 (MM-DD-YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN / TIN 2 \_\_\_\_\_

Bank Account Owner's Address: (For business accounts, list Business Address)

Street 123 Shade Tree St. City Houston State TX ZIP \_\_\_\_\_

**AGREEMENT:**

I (we) hereby authorize and request the Company or its representative to initiate electronic or other commercially accepted-type debits against the indicated bank account in the depository institution named ("Depository") for the payment of premiums and other indicated charges due on the contract(s) listed, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such contract(s) even if such debits differ in amount from those specified in this form. I (we) hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason of dishonor of any debit or otherwise related to this authorization.

I (we) understand that this Authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable non-forfeiture provision. I acknowledge that notice of premiums due shall be waived and that the debit appearing on my bank statement shall constitute my receipt of payment, but no payment is deemed made until the Company receives actual payment in its Service Center.

I (we) authorize the Company to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form. Any information gathered may be disclosed to any person or entity required to receive such information by law or as I may further consent.

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

Signature of Bank Account Owner

**Click Here to Sign**

Date: 2/28/2022

Signature of Bank Account Owner, if joint account

Date: \_\_\_\_\_

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

AGLC104938-2015 Rev-1019



# Signing the policy online: Cancelling the delivery process

## If you wish to cancel the signing

At any time, you may cancel the signing by clicking the **Cancel** button which is located next to the signature button.

After you click Cancel, a pop-up message will ask **"Are you sure?"**. Click the **OK** button to confirm cancellation.

The screenshot shows a web form for signing a policy. A red box highlights a pop-up message that says "alphantrust-uat-igo.ipipeline.com says Are you sure?" with "Cancel" and "OK" buttons. Another red box highlights the "Cancel" button on the signature line. A yellow box highlights the "Click Here to Sign" button. The form includes sections for "Owner Signature" (with a date of 3/15/2021), "Proposed Insured (PPI) Signature", and "Other Proposed Insured (OPI) Signature". A footer contains the ID "AGLC108095-CA-2015".

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

## You have two options:

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

The "Signing Suspended" screen displays the message "You chose not to sign this document." and provides instructions on how to return to the document. It offers two optional checkboxes: "Include a message to the owner of this document transaction" and "Cancel the entire transaction". A blue "Continue" button is visible at the bottom.

This "Signing Suspended" screen shows the same options as the previous one, but with both checkboxes selected. A text area is populated with the message: "I would like my name changed to Peter Piper-Shultz before I sign". A red button labeled "Cancel Transaction and Send Message" is now visible at the bottom.

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

# Completion screen and next steps

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

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

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

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

corebridge financial

POWERED BY PIPELINE

Process Complete

Thank you!

The process was successful.

Thank you for allowing us to serve you! You have completed the electronic policy delivery requirement for Your Corebridge Financial Life Insurance policy EDL4132322.

We will send a confirmation email to md.ansari@aig.com within 24 hours.

[View and Save My Documents](#)

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

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

corebridge financial

POWERED BY PIPELINE

Process Complete

Thank you!

The process was successful.

Thank you for allowing us to serve you! You have completed the electronic policy delivery requirement for Your Corebridge Financial Life Insurance policy EDL4132324.

We will send a confirmation email to md.ansari@corebridgefinancial.com within 24 hours.

[View and Save My Documents](#)

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

# Confirmation email

## Confirmation email to policy owner

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

### Your Corebridge Financial Life Insurance policy – Thank you confirmation

**From:** Corebridge Financial New Business <DocFastNBsupport@corebridgefinancial.com>  
**To:** Terry Client



Dear Terry Client,

Thank you for allowing us to serve you! You have completed the electronic policy delivery requirements for your Corebridge Financial Life Insurance policy.

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

What's next?

1. Login to the Corebridge Financial Consumer Portal
2. Verify your Identity (if applicable)
3. Select the Policy Number from the "Choose a Policy" drop down menu (if applicable)
4. Select "View Policy Details" Button
5. Select "Download Policy Packet" Button

[View and Save My Documents](#)

Thank you for choosing Corebridge Financial for your Life Insurance needs.

Sincerely  
Corebridge Financial

## Confirmation email to insured

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

### Your Corebridge Financial Life Insurance policy – Thank you confirmation

**From:** Corebridge Financial New Business <DocFastNBsupport@corebridgefinancial.com>  
**To:** Terry Client



Dear Terry Client,

Thank you for allowing us to serve you! You have completed the electronic policy delivery requirements for your Corebridge Financial Life Insurance policy.

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

What's next?

1. Login to the Corebridge Financial Consumer Portal
2. Verify your Identity (if applicable)
3. Select the Policy Number from the "Choose a Policy" drop down menu (if applicable)
4. Select "View Policy Details" Button
5. Select "Download Policy Packet" Button

[View and Save My Documents](#)

Thank you for choosing Corebridge Financial for your Life Insurance needs.

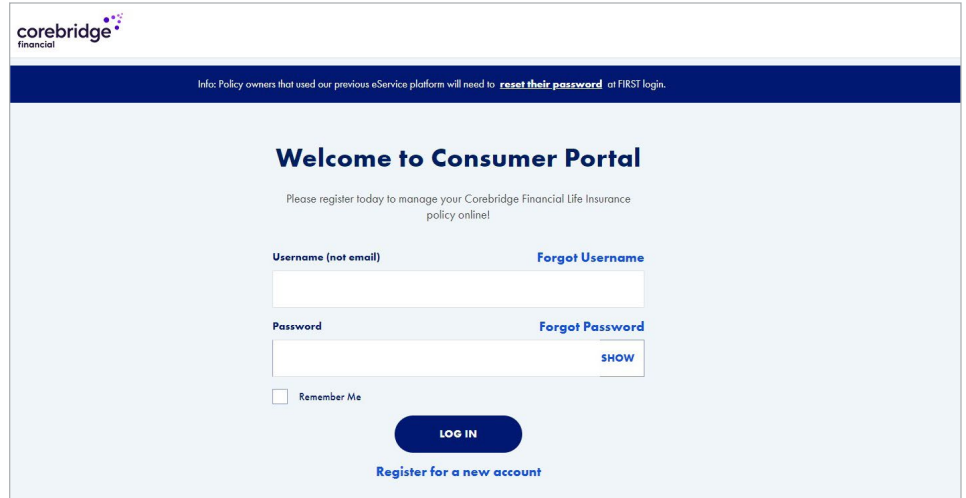
Sincerely  
Corebridge Financial

# Viewing or printing your policy documents

## Policy owners only

If you are the policy owner (paying for the policy), when you click the View And Save My Documents link in your Thank You confirmation email, you will be taken to our customer website.

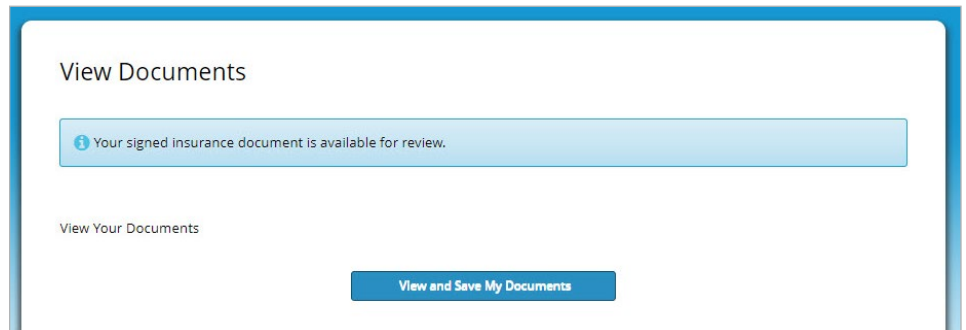
Login to view your policy, set up or adjust payments, and manage your account.



The screenshot shows the Corebridge Financial Consumer Portal login page. At the top left is the Corebridge Financial logo. A dark blue banner contains the text: "Info: Policy owners that used our previous eService platform will need to **reset their password** at FIRST login." Below this is the heading "Welcome to Consumer Portal" and a sub-heading: "Please register today to manage your Corebridge Financial Life Insurance policy online!". The login form includes fields for "Username (not email)" and "Password", each with a "Forgot" link. There is a "Remember Me" checkbox and a "LOG IN" button. A link for "Register for a new account" is located below the login button.

## Insureds only

If you are the insured but not paying for the policy, you will be returned to DocFast where you can access and download your policy documents.



The screenshot shows the "View Documents" page. It features a blue header with the title "View Documents". Below the header is a light blue notification box with an information icon and the text: "Your signed insurance document is available for review." Underneath, there is a section titled "View Your Documents" and a blue button labeled "View and Save My Documents".

## GENERAL QUESTIONS

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

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

**Q: I was logged out of my session due to inactivity. How can I resume the signing?**

A: You will be logged out of the system for security purposes after about 20 minutes of inactivity. You may log back in and resume the process by clicking the Get Started link in your email notification. That will take you to your log-in page. After logging back in, you will be returned to your last active screen.

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

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

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

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

**Q: I tried logging back in but my log-in failed and I'm now locked out. How can I get back in?**

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

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

Note: If you are the policy owner (paying for the policy) and if you previously completed your Consumer Portal registration, you may also resume signing by logging back into the [Consumer Portal](#). From there, you'll be offered an option to complete the e-Signature process.

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

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

**You may cancel the delivery process** during the final signing stage, by clicking the Cancel button which is located next to each signature link (as shown on page 17). If you cancel the signing process, a notification will be emailed to your financial professional. Your policy will not be activated, and your payment selections will not be applied.

# Payment FAQs and troubleshooting, 2 of 2

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

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

## PAYMENT QUESTIONS

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

A: Depending on factors including your policy type, premium amount and state where you reside, your initial premium payment options may include paying by electronic draft from your bank account, direct billing or credit card. Whichever options are available to you will be presented on the Payment Set-up screen (see page 8).

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

A: The normal processing time for a payment to be drafted from your bank account is within 24-48 hours, Monday through Friday, following completion of the eDelivery process.

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

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

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

A: It depends on the type of policy you have. If you are presented with several options on the Payment Set-up screen (as shown on page 8), you may select any of the options available. Some policies may only offer one frequency option during eSigning, but can be updated later through our [customer website](#).

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

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

- Bank draft: Available for monthly, quarterly, semi-annual (twice a year) and annual premiums.
- Direct bill: Available for quarterly, semi-annual and annual premiums. Please note, the default for direct bill is email unless mail is selected.

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

A: You may change your bank account or payment options at any time online through our [customer website](#). There may be some exceptions depending on your policy status. You can also find a link to our customer service site at [corebridgefinancial.com/support](https://corebridgefinancial.com/support)



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