



## QoL Flex Term on the SimpliNow Choice<sup>SM</sup> platform

**Tailor** their coverage.

**Streamline** the process.

**Get** an instant  
underwriting option.



## Purchase QoL Flex Term online with an **instant decision.**

QoL Flex Term is built to give your clients tailored, personalized coverage with 18 term periods and built-in riders that can help financially if your client is diagnosed with a qualifying chronic, critical and terminal illnesses.

Now we've added an online platform; SimpliNow Choice, that can potentially issue QoL Flex Term for the same great price in real-time.

Your clients will enjoy the streamlined, start-to-finish digital experience that provides immediate feedback on whether they qualify for Agile Underwriting+ (our lab-free option) or full underwriting.

### SimpliNow Choice platform benefits!

- **Submit the application in a single place.** Based on key data points in the application, multiple submission options may be available, allowing the financial professional to choose an appropriate option to help optimize the client's experience.
- **Client completed - A seamless submission option**
  - The client can complete the Part B themselves
  - Part B data collected on the platform goes directly into the automated underwriting engine allowing for a possible instant decision
- **Real-time status updates** are available in Connex
- If the case is approved other than as applied for or is declined, the financial professional has the ability to view the reason for the underwriting outcome in Connex
- If it is determined that labs are needed, a **real-time scheduler** is used to schedule the exam
- Client completion is available for cases that meet the Agile Underwriting (AU+) parameters for age and face amounts, as well as cases that exceed the AU+ parameters
- **Validation occurs along the process to assist with efficiencies**
  - Financial professional validation occurs in the beginning, helping to eliminate any delays related to appointments and licensing
  - Client validation is also performed to ensure more cases are decisioned at the time of sale
  - Payment validation supports the efficient collection of initial and on-going premiums

You will benefit from these real-time checks to ensure in-good-order submissions. Plus, it provides a better client experience.



## Step 1: The Online Application

1. Review the [checklist](#) to see which factors affect a client's ability to qualify for Agile Underwriting+. The more items the client checks affirmatively, the more likely they will be subjected to full underwriting.
2. You will enter iPipeline's iGO platform as you do now and enter some information about your client.
3. You will then be given some submission options as to how you would like to complete the process based on the option you think will be the most efficient for your specific client.
  - You can opt to have your client complete any remaining information including the health questions with our client completed option
  - You can opt to have a tele-interviewer contact your client to complete any information you have not input, including the health questions
  - You can complete the Part A with your client and have a paramed complete the Part B with the client as part of a paramed exam
  - You can complete both Parts A and B with your client, and we will reach back out to the client if we need to schedule a paramed exam
4. Client completed path – If you choose this submission option, the client receives an email with a link to

the digital application and verifies the information you submitted, and completes Part B. They also grant permission to gather additional data, which allows for a possible instant decision.

## Step 2: Underwriting

1. As the client completes the application, our automated system will inform them of the underwriting outcome or the next steps required to determine their coverage. They will see one of three outcomes:
  - If everything is in good order and approved as applied for, the policy will be conditionally issued
  - If they are not approved as applied for (includes declines), we will communicate the decision with you. This allows you to decide how to approach your client with the results.
  - If they are told they need a paramed exam, they will be presented with a calendar on the spot for scheduling

## Step 3: Policy Issue

1. If the client is approved as applied, they can verify and accept the offer and sign the application in real-time.
2. Your client can choose to input their EFT payment information in the same session. Credit card can be captured within the eDelivery process for the first payment.

# Product Highlights

<b>Policy Form Number</b>	American General Life Insurance Company (AGL) ICC21-19311 Rev0321, 19311, ICC21-19310 Rev0321, 19310	
<b>Underwriting Classifications</b>	<ul style="list-style-type: none"> <li>• Preferred Plus (Pref. Plus)</li> <li>• Preferred Non-tobacco (Pref. NT)</li> <li>• Standard Plus (Std. Plus)</li> <li>• Standard Non-tobacco (Std. NT)</li> </ul>	<ul style="list-style-type: none"> <li>• Preferred Tobacco (Pref. T)</li> <li>• Standard Tobacco (Std. T)</li> <li>• Special Non-tobacco (Spec. NT)</li> <li>• Special Tobacco (Spec. T)</li> </ul>
<b>Substandard</b>	<ul style="list-style-type: none"> <li>• For issue ages 70 or less, through Table H (applied to Special Non-tobacco rates for non-tobacco and Special Tobacco rates for tobacco users)</li> <li>• For issue ages greater than 70, through Table D (applied to Special Non-tobacco rates for non-tobacco and Special Tobacco rates for tobacco users)</li> </ul>	
<b>Agile Underwriting+*</b>	<ul style="list-style-type: none"> <li>• Ages: 20-59</li> <li>• Face amounts: \$100,000 - \$1,000,000</li> <li>• Applications meeting these parameters and submitted through iGO full eApp will start with the AU+ process</li> <li>• Rate classes available: Standard to Preferred Plus</li> <li>• Our underwriting team renders a decision based on the submitted applications, declarations of Part A and B, supplementary forms, and results of various database searches*</li> <li>• If total amount of AGL inforce and applied-for coverage exceeds \$1,000,000, exam and labs are required. If total amount of AGL inforce and applied-for coverage is less than \$1,000,000, AU+ is available up to a total inforce and applied-for amount of \$1,000,000.</li> </ul> <p>*Post-issue review will be completed by our Underwriting team and any lack of material disclosures may result in policy rescission. For full details see our Agile Underwriting+ Guidelines (AGLC110667)</p>	
<b>Minimum Death Benefit</b>	\$100,000	
<b>Premium Bands</b>	<p><b>Band 1</b> – policy amounts from \$100,000 to \$249,999</p> <p><b>Band 2</b> – policy amounts from \$250,000 to \$499,999</p> <p><b>Band 3</b> – policy amounts from \$500,000 to \$999,999</p> <p><b>Band 4</b> – policy amounts greater than or equal to \$1,000,000</p>	
<b>Policy Expiration Age</b>	Policy expires at age 95 on an Age Nearest Birthday (ANB) basis. After the end of the level premium period, policy is renewable on an annual basis and premiums increase until age 95. The premiums are guaranteed level for the initial level term period only. The death benefit decreases immediately following the level term period. The post-level term period premiums generally remain the same immediately following the level term period but often become greater in ensuing years. See your policy for details.	
<b>Policy Fee</b>	\$75 for all bands	
<b>Premium Calculations</b>	<ul style="list-style-type: none"> <li>• <b>Annual:</b> 1.000</li> <li>• <b>Semiannual:</b> 0.5200</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Quarterly:</b> 0.2650</li> <li>• <b>Monthly:</b> 0.0845</li> </ul>

# Product Highlights

Conversion Option	<ul style="list-style-type: none"><li>• A QoL Flex Term may be converted, in full or partially*, to a permanent plan of insurance without evidence of insurability during the conversion period.</li><li>• Convertibility feature extends to the earlier of the end of the level-premium period or the insured's attainment of age 70.</li></ul> <p>*In the case of a partial conversion, the remaining term may be continued so long as the amount remaining in force is \$100,000 in Face Amount or more.</p>
Quotes	<ul style="list-style-type: none"><li>• A financial professional can only use company-approved proposal software, which provides quotations based solely on guaranteed premiums. The company also provides rates to several third-party vendors who maintain quote engines that also provide quotations based solely on guaranteed premiums.</li><li>• A signed illustration is not required.</li></ul>
QoL Advantage Program	<ul style="list-style-type: none"><li>• QoL Advantage offers banding discounts as well as the ability to waive the policy fee on the associated term policies.</li><li>• QoL Advantage applies to purchasing multiple term policies or a UL policy with associated term policies.</li><li>• With the QoL Advantage program the banding is a volume discount for the multiple policies. The total face amount between all policies is considered in the banding. The higher the total face amount, the lower the per unit of insurance for the client.</li></ul> <p><b>QOL Advantage Banding:</b></p> <ul style="list-style-type: none"><li>• <b>Band 1:</b> policy amounts from \$100,000 to \$249,999</li><li>• <b>Band 2:</b> policy amounts from \$250,000 to \$499,999</li><li>• <b>Band 3:</b> policy amounts from \$500,000 to \$999,999</li><li>• <b>Band 4:</b> policy amounts greater than or equal to \$1,000,000</li></ul> <p><b>Policy Fees</b> \$75. If QoL Flex Term is purchased with a QoL product, the policy fee for the associated term policy(ies) will be waived.</p> <p><b>The following represents the scenario where the policy fee is waived:</b> If the insured is the same as qualifying insured, written on the same application and is billed (ABC) to the same person, then the policy fee is \$0.</p>

## Available Riders<sup>1</sup>

QoL Flex Term allows clients to select the level-premium term of their policy, as well as customize their coverage by adding any of the following available riders. These product specifications are not intended to be all-inclusive of product information. State variations may apply. Please refer to the policy for complete details.

<b>The Accelerated Death Benefit Riders (ABRs)</b>	<ul style="list-style-type: none"><li>• Critical, Chronic and Terminal Illness Riders are automatically included in the policy</li><li>• Allows access to all or a portion of the policy death benefit if policy owner suffers a qualifying critical, chronic or terminal illness or condition</li><li>• Benefit amount available depending on qualifying critical, chronic, or terminal illness</li><li>• Maximum amount of life insurance benefit that may be accelerated is up to \$2 million or any lesser amount set forth in your policy</li><li>• Guaranteed minimum benefit based on table of issue age, duration, condition and severity (In certain cases, the minimum benefit may be zero.)</li></ul>
<b>Accidental Death Benefit</b>	<ul style="list-style-type: none"><li>• Pays a death benefit in addition to the death benefit of the base policy, if such death resulted from certain accidental injuries</li><li>• Maximum face amount is the lesser of \$250,000, or the face amount to which the policy is attached</li><li>• Available through Table D</li><li>• Coverage expires on the policy anniversary nearest the insured's 70th birthday</li><li>• Only available at issue</li></ul>
<b>Children's Insurance Benefit Rider (CIB)</b>	<ul style="list-style-type: none"><li>• Provides term insurance on the base insured's dependent children - up to but not including age 25</li><li>• Minimum: \$1,000/Maximum \$25,000</li></ul>
<b>Waiver of Premium</b>	<ul style="list-style-type: none"><li>• Waives premiums for the base policy, and any attached riders, upon the total disability of the insured after a six-month waiting period</li><li>• Waiver of Premium is not available if the face amount exceeds \$5 million (this amount is per life, not per policy)</li><li>• Available on policies through Table D</li><li>• If total disability begins before the insured's age 60, all premiums will be waived while total disability continues.</li><li>• If total disability begins on or after the insured's age 60, premiums due will be waived while total disability continues and until the later of:<ul style="list-style-type: none"><li>(a) the insured's age 65; or</li><li>(b) one year after total disability began.</li></ul></li><li>• This rider cannot be added after issue, but may be dropped after issue</li></ul>

<sup>1</sup> See the riders for complete details. There may be a charge for each rider selected. Adding or deleting riders and increasing or decreasing coverage under existing riders can have tax consequences. Policy owners should consult a qualified tax advisor.



## Issue Ages<sup>2</sup>

TERM PERIOD	UNDERWRITING CLASS	ALL STATES
10 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 80 20 - 75
15 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 75 20 - 70
16 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 70
17 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 70
18 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 70 20 - 69
19 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 70 20 - 67
20 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 70 20 - 65
21 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 68 20 - 63
22 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 67 20 - 62
23 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 66 20 - 61
24 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 64 20 - 59
25 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 63 20 - 58
26 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 62 20 - 57
27 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 60 20 - 55
28 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 59 20 - 54
29 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 58 20 - 53
30 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 55 20 - 50
35 year	Pref. Plus, Pref. NT, Std. Plus, Std. NT, Special NT, Pref. T, Std. T, Special T	20 - 45 20 - 40

<sup>2</sup> Issue age is the age nearest the insured's birthday.

## Accelerated Benefit Riders

An Accelerated Death Benefit Rider (ABR) is not a replacement for Long Term Care Insurance (LTCI). It is a life insurance benefit that gives you the option to accelerate some of the death benefit in the event the insured meets the criteria for a qualifying event described in the policy. The rider does not provide long-term care insurance subject to California insurance law, is not a California Partnership for Long-Term Care program policy. The policy is not a Medicare supplement.

ABRs and LTCI provide different types of benefits. An ABR allows the insured to access a portion of the life insurance policy's death benefit while living. ABR payments are unrestricted and may be used for any purpose. LTCI provides reimbursement for necessary care received due to the inability to perform activities of daily living or cognitive impairment. The activities of daily living are bathing, continence, dressing, eating, toileting, and transferring. LTCI coverage may include reimbursement for the cost of a nursing home, assisted living, home health care, homemaker services, adult day care, hospice services or respite care for the primary caretaker and the benefits may be conditioned on certain requirements or meeting an elimination period or limited by type of service, the number of days or a maximum dollar limit. Some ABRs and all LTCI are conditioned upon the insured not being able to perform two or more of the activities of daily living or being cognitively impaired. The activities of daily living are bathing, continence, dressing, eating, toileting, and transferring.

This ABR pays proceeds that are intended to qualify for favorable tax treatment under section 101(g) of the Internal Revenue Code. The federal, state, or local tax consequences resulting from payment of an ABR will depend on the specific facts and circumstances, and consequently advice and guidance should be obtained from a personal tax advisor prior to the receipt of any payments. ABR payments may affect eligibility for, or amounts of, Medicaid or other benefits provided by federal, state, or local government. Death benefits and policy values, such as cash values, premium payments, and cost of insurance charges if applicable, will be reduced if an ABR payment is made. ABR payments may be limited by the contract or by outstanding policy loans.



Policies issued by **American General Life Insurance Company (AGL)**, Houston, TX. Policy Form Numbers: ICC21-19311 Rev0321, 19311, ICC21-19310 Rev0321, 19310; Rider Form Numbers: ICC14-14012, 14012, ICC14-14001, 14001, ICC23-23602, 15602, ICC23-23603, 15603, ICC23-23604, 15604, AGLA 04CHIR-CA (0514), AGLA 04CRIR, AGLA 04TIR, ICC22-22995, 22995. **AGL does not solicit, issue, or deliver policies or contracts in the state of New York.** Guarantees are backed by the claims-paying ability of the issuing insurance company and each company is responsible for the financial obligations of its products. Products may not be available in all states and features may vary by state.

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