

HMS Plus & Eagle Premier Series

eApplication Quick Reference Guide

This guide provides information on how to utilize the Amerigo Medicare Supplement eApplication. In order to access the Agent Online Application you will need to have a valid writing number and be registered on our agent website. The online application can be used to complete forms and obtain an applicant’s signature.

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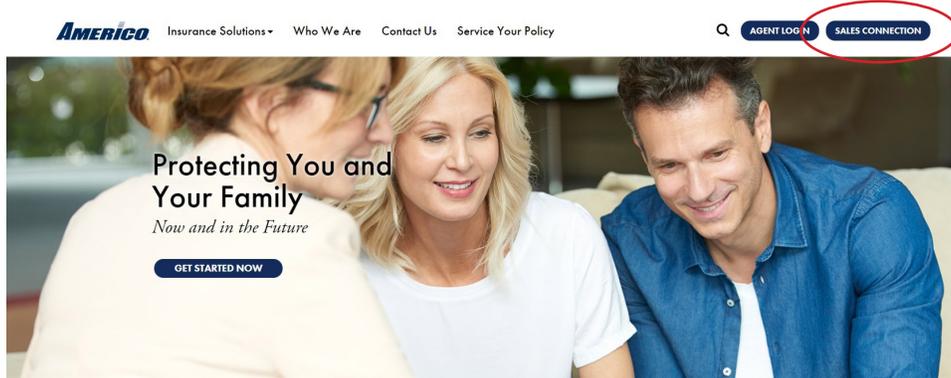
CONTACT PHONE NUMBERS:

Amerigo Agent Services, Agent Licensing & Supplies: 800.231.0801

Claims, Underwriting, Customer Service, & Commissions: 877.212.2346

How to Access

Go to www.Americo.com and login to the Americo Agent Portal by clicking on the SALES CONNECTION button.



A Company You Can Rely On

You'll feel secure knowing that you've entrusted your family's future with a financially strong company.

Talk to an Americo Representative
800.724.0044

Login using your Username and Password.

If you have not set up an agent account to access the Agent Portal, you will need to create an account. To create an account you will need the following:

- Exact full name on your Agent license
- Last four digits of your Social Security Number
- Americo Agent ID Number
- Valid email address

Click on 'Create New Account' to get started.

Your name must match the name on your Agent License. You must be appointed with Amerigo to register. You can only register once.

Create a Username and Password you will remember. Follow the Username Requirements and Password Requirements provided on screen.

Create User

Welcome to Americo

Step 1. Agent Verification

Step 2. Login Information

User Name
User Name

Re-Enter User Name:
Re-Enter User Name

Password
Enter Password

Re-Enter Password
Re-Enter Password

Username Requirements

- Usernames cannot contain special characters (&, #, \$, etc.)
- Minimum of eight characters, maximum of 20 characters
- Cannot contain spaces

Password Requirements

- Must contain at least one uppercase letter, one lowercase letter, one number, and one special character (@, #, \$, etc.)
- Minimum of eight characters, maximum of 20 characters
- Cannot be an email address
- Cannot contain spaces
- Cannot include first or last name
- Cannot be Americo Agent Number
- Cannot contain username

< >

Select security questions and type in the answers to these questions. These questions and answers are used to verify your identity in order to recover your Username or Password.

Note: Answers are case sensitive.

Welcome to Americo

Step 1. Agent Verification

Step 2. Login Information

Step 3. Challenge Questions

Question 1
What is your favorite restaurant? ▼

Answer

Question 2
What is your mother's maiden name? ▼

Answer

Question 3
What is your favorite restaurant? ▼

Answer

Question 4
What is your favorite color? ▼

Answer

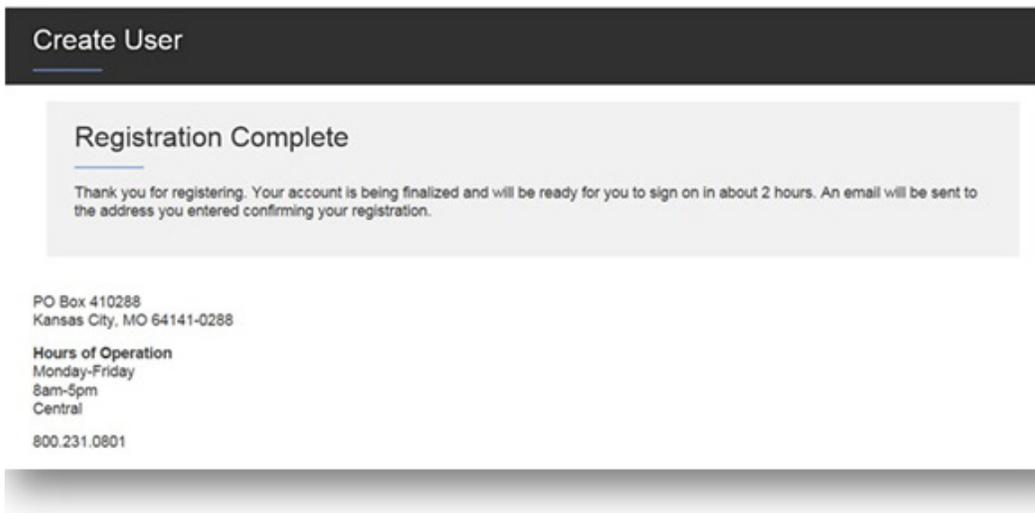
Question 5
What is your favorite restaurant? ▼

Answer

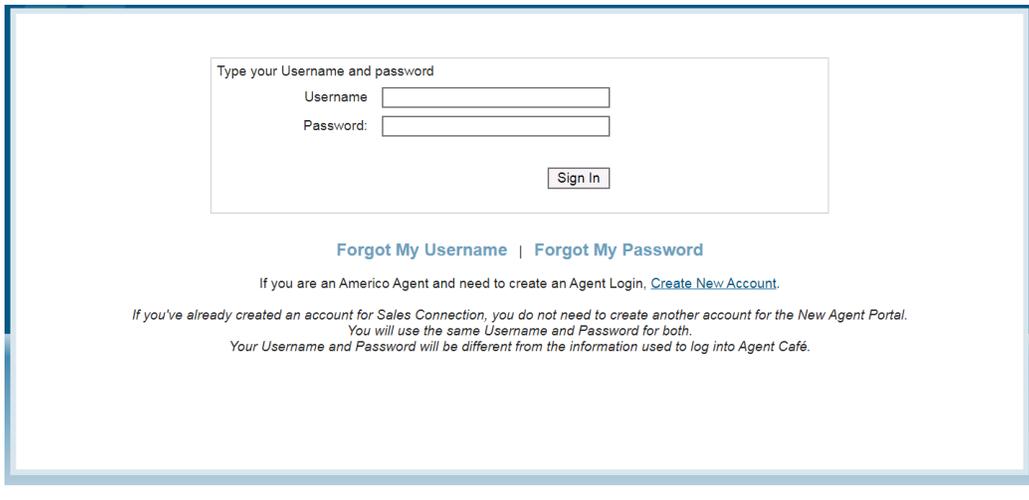
< >

Once you have completed the registration process, you will be taken to the 'Registration Complete' screen.

*****Please allow 2 hours before logging in for the first time while the system personalizes your account.***



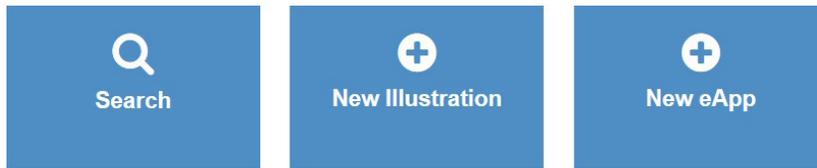
After 2 hours, go to Americo.com and enter your Username and Password to continue to Sales Connection.



You can also access Sales Connection from the Americo Agent Portal Home Page, click on the 'Sales Connection Web Version' link on the right side of the page.



NAVIGATION AND HELPFUL HINTS



Recent Cases

First Name	Last name	Description	Product	Last Saved	eApplication Status
Test	Hhhh	AM34102035	Eagle Premier CC	November 15, 2019	eApp submission - Successful
			HMS Plus w/ ADB	November 12, 2019	eApp entry - In progress
adfa	sdf		Eagle Premier CC	November 11, 2019	eApp entry - In progress
Test	Jason		Eagle Premier CC	November 08, 2019	eApp entry - In progress
			HMS Plus 125	October 17, 2019	eApp entry - In progress

There are two options available on the Welcome screen:

- **New Illustration:** Quote Americo products
- **New eApp:** Create a new eApplication

Recent Cases shows you a list of the cases you've accessed recently. Click on the line that you wish to open. You can also see the status of the case by clicking on the eApplication status link.

Search allows you to look for previously submitted cases.

It is recommended to use a stylus when capturing signatures.

If you are using an iPad, you can use the arrow keys to navigate between fields.

CREATE A NEW CASE

Click “New eApp” from the Welcome Screen

New eApp ?

Issue State
Date of Birth
Please enter a value in the field Date of Birth.

Gender
First Name (optional)
Last Name (optional)

Select the Issue State, and Gender, and fill in the Date of Birth to determine what products are available.

Product List ? *Please select a product from the list below.*

Product	Market	Type	Description
Eagle Premier Series	Final Expense	Whole Life	Simplified issue Whole Life with level or graded death benefit.
Eagle Premier CC	Final Expense	Whole Life	Simplified Whole Life with level or graded death benefit
HMS Plus Continuation	Mortgage	Whole Life	Whole life insurance providing an initial level death benefit with 10% of this death benefit continuing after the initial period.
HMS Plus 100	Mortgage	Term Life	HMS 100 & HMS 100 CBO is mortgage term and UL providing level benefit periods, guaranteed premiums, and optional benefit riders.
HMS Plus 125	Mortgage	Term Life	HMS 125 & HMS 125 CBO is mortgage term and UL providing 25% ADB, level benefit periods, guaranteed premiums, and optional benefit riders.
HMS Plus 150	Mortgage	Term Life	HMS 150 & HMS 150 CBO is mortgage term and UL providing 50% ADB, level benefit periods, guaranteed premiums, and optional benefit riders.
HMS Plus w/ ADB	Mortgage	Term Life	Mortgage term with Accidental Death Benefit.
HMS Plus ADB w/ROP	Mortgage	Term Life	Accidental Death Benefit with Return of Premium.
HMS Plus Payment Protector	Mortgage	Term Life	Decreasing term life insurance with a monthly income death benefit.
Payment Protector Continuation	Mortgage	Whole Life	Decreasing death benefit whole life with coverage continuing at 10% of the initial death benefit for the life of the insured.

- Available products will show up. Product will be grayed out if it is not available in the selected state or if it is not available based on the Date of Birth entered.
- Click on the product to highlight.
- Once the product is highlighted, click “Create”.

INTRODUCTION & INSURED INFORMATION

EAPP FORMS MESSAGES

The table of contents on the left indicates which areas will need to be completed before you can submit your application. Required fields are highlighted in yellow.

If you have questions, please contact Amerigo Sales Support at 800.231.0801.

Please enter your personal Amerigo agent number, not your agency writing number. Failure to enter the correct number may cause a delay in issuing your business.

Agent Number Agent Name

Are you with the proposed insured?

Please ask each of the questions as it is written and accurately record the Applicant's response. Each response is used to determine your Applicant's eligibility for this product. In addition, the applicants answers will be used to verify benefit payment should there be a claim or if additional information is received by Amerigo within the contestable period.

Insured Name

First Name Middle Initial

Last Name Suffix

- Enter your Agent ID and your name will appear.
- If the Insured Name was entered on the 'Create New Case' screen, it will already be listed here. If not, fill in the information.
- Once you have filled in all the required information, in yellow' click the 'Next' button to continue.

Proposed Insured Information

Is the Proposed Insured going to be the Owner?

First Name Middle Initial

Last Name Suffix

Mailing Address 1

Mailing Address 2

City State

Zip

Is mailing address a PO Box?

Has the Proposed Insured lived at their current address less than 6

- This page collects all of the required information about the Proposed Insured.
- Once you initiate underwriting, you will not be able to change anything on this page.
- Be sure to scroll down completely and fill in all required information.

PRODUCT INFORMATION

EAPP FORMS MESSAGES

Product Information

Cash Back Option - Universal Life

Term Period

Face Amount

Insured Birth Date

Current Age

Please confirm that the Date of Birth and Current Age are correct. If they are incorrect, a new case will need to be started.

Requested Policy Effective Date

Reoccurring Monthly Draft Day

Issue Age

- Enter requested policy information
- Confirm that the Date of Birth and Current Age are correct. If not correct, a new case will need to be started.
- If the Payor would like a different Draft Day, or you would like to back date the policy, you must change the Effective Date. To change the date, click on the “Change Date” button.
- Select the requested Effective Date. If you backdate the policy greater than 30 days, two premiums may need to be paid.
- Once you initiate underwriting, you will not be able to change this information.

Rider Information

Accidental Death Benefit

Face Amount

Additional Insured Term Insurance

Children's Term Insurance

Critical Illness Accelerated Death Benefit

Chronic Illness Accelerated Death Benefit

Terminal Illness Accelerated Death Benefit

Income Term Rider

3 of 13

- If there are available riders, check the boxes to include a specific rider.
- After selecting riders, click the “Calculate” button.

- The Initial Premium Amount and the Reoccurring Monthly Premium Amount will be shown.
- Click “Next” to continue

Initial Premium Amount \$775.91
Reoccurring Monthly Premium Amount \$775.91

Previous

3 of 13

Next

INITIATE UNDERWRITING

Initiate Underwriting

Please be sure your device is set to allow pop ups so that electronic signing may occur. If you are prompted to allow a pop up within this case, please allow it to proceed with signing.

In order to begin the underwriting review process America must access consumer information databases. Before we can access these databases, the Proposed Insured must sign the Disclosure for Medical Information Authorization. Please click "Sign Authorization" below to start this process.

Sign Authorization

- Be sure your device is set to allow pop ups so that electronic signing may occur. If you are prompted to allow a pop up within this case, please allow it to proceed with signing.
- Your client will need to sign the Disclosure for Medical Information Authorization before the MIB and Prescription Drug Check can be run.
- Click “Sign Authorization”.
- Once this process begins, you will not be able to change any Insured Information, so be sure this is correct prior to beginning the signing process.
- To go back, either click on the ‘Previous’ button or use the navigation on the left by clicking on the name of the page.

There are two options available for signing the authorization - Tablet Signing or Email Signing.

Initiate Underwriting

Please be sure your device is set to allow pop ups so that electronic signing may occur. If you are prompted to allow a pop up within this case, please allow it to proceed with signing.

To sign this Disclosure for Medical Information Authorization using your tablet device, you must first click "Tablet Signing" and then follow the steps to electronically sign this document. Once the signing process begins, the recipient must complete signing within the same day. Please verify the information on the Insured Information page is correct because you will not be able to make changes on that page after underwriting has been initiated.

Tablet Signing

To sign this Disclosure for Medical Information Authorization using email, you must click "Email Signing" and enter the applicable email address to send the documents to recipient for signing. Once the signing process begins, the recipient must complete signing within the same day that the initial email is sent. Please verify the information on the Insured Information page is correct because you will not be able to make changes on that page after underwriting has been initiated.

Email Signing

Tablet Signing

To sign this Disclosure for Medical Information Authorization using your device, you must first click "Tablet Signing" and then follow the steps to electronically sign this document. Once the signing process begins, the recipient must complete signing within the same day and you will not be able to change anything on the Insured information page or the Insured's height or weight.

NOTE: If the client fails to sign the same day, or if a wrong email address is entered, simply cancel the signing, make the corrections and send a new email. You will not need to restart the application.

Signature instructions

The applicant will now electronically sign the provided documents. **Under no circumstance should you sign for your applicant.**
Please give Joe Smith control of the device.

Name	Signee	Checklist	
Joe Smith	Insured	✘	Sign

Cancel Signing

- You will need to give control of the device to the Insured.
- Have them click "Sign".
- They will be redirected to the equisoft website.
- Under no circumstance should you sign for your applicant.

Consenting to use the electronic application is the only way to complete this process.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access the application information electronically, please verify that you were able to read this electronic disclosure and that you also were able to request the disclosure to be emailed to you or to have it printed on paper and mailed to you for your future reference and access. Further, if you consent to submit an application in electronic format on the terms and conditions described above, please confirm by clicking on the appropriate box.

I confirm that:

- I have read this Consumer Disclosure in its entirety and agree to be bound by the terms and conditions stated herein.
- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document.
- I can request to have the disclosure emailed or printed on paper and mailed to me for future reference and access.

Until or unless I notify Amerigo Financial Life and Annuity Insurance Company as described above, I consent to receive from Amerigo exclusively through electronic means all application notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Amerigo Financial Life and Annuity Insurance Company as part of the application process.

I agree

Confirm

Finish

Decline

- A new tab will open to request a signature.
- Have the Insured read the Agreement to do business electronically with Amerigo Financial Life and Annuity Insurance Company.
- The Insured must agree to the disclosure by clicking the check box at the bottom of the agreement. The Confirm box will be grayed out until the box is checked.
- If the Insured declines to sign the Electronic Records and Signature Disclosure acknowledgment, click "Decline". At this point depending on the product, for HMS Plus you will need to fill out a paper application and submit to the home office for processing. For Eagle Premier Series, you will not be able to finish the application, a paper version of the application is not available.
- Once the Insured has agreed to the Agreement, the "Confirm" button will highlight.
- Have them click this to review and sign the Health Information Authorization.

Consumer Disclosure and Health Information Authorization

AKS8480 (04/19)

AMERIGO
Amerigo Financial Life and Annuity Insurance Company

MIB, INC. PRE-NOTICE

Information regarding your insurability will be treated as confidential. However, Amerigo Financial Life and Annuity Insurance Company or its reinsurers may make a brief report to the MIB, Inc. formerly known as Medical Information Bureau, a not-for-profit membership organization of life insurance companies operating as an information exchange for its members. If you apply to another MIB member company for life or health insurance or a claim is submitted to such a company, upon request the MIB will supply the company with the information it has in its file.

Upon receipt of a request from you, the MIB, Inc., will arrange disclosure of any information it has in your file. Please contact MIB at 866.692.6901. If you question the accuracy of information in the file, you may contact the MIB and seek a correction in accordance with the procedures in the Fair Credit Reporting Act. The MIB's information office address is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. The Company and its reinsurers may release information in its file to its reinsurers and to other life and health insurance companies to whom you apply for insurance or to whom a claim is submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

MEDICAL INFORMATION AUTHORIZATION

Information regarding your insurability will be treated as confidential. Amerigo Financial Life and Annuity Insurance Company (Amerigo) is a member of MIB, Inc. (MIB). Amerigo, or its reinsurers, may make a brief report to MIB, which operates an information exchange on behalf of its members. If you apply to another member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB may supply such company with the information in its file. Amerigo or its reinsurers may also release information to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. It is Amerigo's practice to prohibit third parties who lawfully receive nonpublic health information from redisclosing or reusing the disclosed information. You may request to see the information kept in Your MIB file. You may also contact MIB and seek a correction for any errors in your file.

Your authorization permits any insurance or reinsurance company, licensed medical physician, medical professional, hospital, pharmacy or pharmacy

They will need to scroll down to the bottom of the form in order to sign.

- After reviewing the document, the Insured must click on the yellow “Sign” button to sign the document.

representative and will attempt to access my medical records in the most efficient manner possible, including electronic interchange through a Health Information Exchange or directly through My Providers’ electronic health record system. **This authorization supersedes any records release permissions I have previously executed and I direct my physician(s) to cooperate fully.**

 Name of Proposed Insured (please print)

 Signature of Proposed Insured

 Date

 Name of Additional Proposed Insured (please print) (if applicable)

 Signature of Additional Proposed Insured

 Date

 Signature of Child

 Signature of Parent/Legal Guardian

Americo Financial Life and Annuity Insurance Company • Home Office: Dallas, Texas • Administrative Office: PO BOX 410288, Kansas City, MO 64141-0288 • www.americo.com
 AKS8480 (04/19) Page 1 of 1 For Use in Kansas

- The signature box will open.
- They must sign the screen just like they are signing a piece of paper.
- If they do not like their signature, click “Clear” to start over.
- Once completed, click “OK”.
- It is recommended to use a Stylus when capturing signatures.
- Full signatures are required, initials are not sufficient.

Enter signature

Please sign within the border.

- Once they have signed the document the signature will appear on the Signature line.
- Click “FINISH”.

Information Exchange or directly through My Providers' electronic health record system. **This authorization supersedes any records release permissions I have previously executed and I direct my physician(s) to cooperate fully.**

Smith, Joe 2019-11-19
 Name of Proposed Insured (please print) Signature of Proposed Insured Date

Name of Additional Proposed Insured (please print) (if applicable) Signature of Additional Proposed Insured Date

Signature of Child Signature of Child Signature of Child

Signature of Child Signature of Child Signature of Child

Signature of Parent/Legal Guardian

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 AKS8480 (04/19) Page 1 of 1 For Use in Kansas

Finish **Decline**

If the Insured declines to sign the Electronic Records and Signature Disclosure acknowledgment, click “Decline”. At this point depending on the product, for HMS Plus you will need to fill out a paper application and submit to the home office for processing. For Eagle Premier Series, you will not be able to finish the application, a paper version of the application is not available.

Email Signing

To sign this Disclosure for Medical Information Authorization using email, you must click “Email Signing” and enter the applicable email address to send the documents to recipient for signing. Once the signing process begins, the recipient must complete signing within the same day that the initial email is sent and you will not be able to change anything on the Product Information Screen.

NOTE: *The signature link that is emailed to the client expires at 11:00 pm local time. The signature process needs to be completed by then, or a new link will need to be emailed.*

Each client will be required to enter an Access code to review and sign the necessary document(s).

- Confirm this access code with the client prior to sending the email for signing. The default value (last six of client’s social security number) may be used for an Access code or a new value may be entered.
- The Access code entered here should be something easy for the client to remember, such as mother’s maiden name, name of first pet, place of birth, etc. Refer to the access code guidelines on the page.
- You will also need to provide an access code in order to review the documents. Refer to access code guidelines on the page.
- Confirm all email addresses. Insureds, Owners, and Payors can use the same email or different emails. Emails that the agent is able to access are not authorized for these fields.
- Click “Send Email”.

The email used by the applicant must be their email. Your personal or business email cannot be used to obtain the applicants signature. **Under no circumstance should you sign for your applicant.**

Barney Rubble (insured)

Access Code Email Address

You will also need to provide an access code in order to review the documents. Refer to access code guidelines above.

Jones, Robert Alan (agent)

Access Code Email Address

Once the email has been sent, you will see a green notice that says “Waiting on signature”. You will not be able to continue with the Underwriting Check until the Insured has signed the Medical Information Authorization and submitted it back to you.

Barney Rubble (insured)

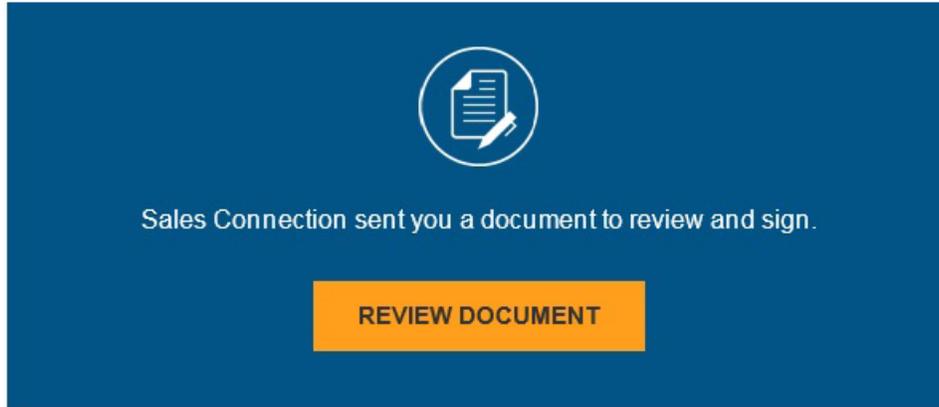
Access Code Email Address

Jones, Robert Alan (agent)

Access Code Email Address

Waiting on signature.

The Insured will receive an email from DocuSign. The subject line will be “Americo Application eSignature”. They will need to click on “REVIEW DOCUMENT”.



Sales Connection

docusignsupport@americo.com

This message is intended for Barney Rubble (Insured). This document is for a separate life insurance product for Americo Financial Life and Annuity Insurance Company and is in no way related to the purchase of any other product (such as health insurance, dental insurance, auto insurance, etc.). In order to review and/or sign the required documents, you must enter an access code that was created for you at the time this application was taken. If you have problems accessing these documents, or if any of the data included on the documents is incorrect, please contact the agent of record, Robert Jones, directly at angiewilkinson11@gmail.com or 937-832-3100.

If you are required to sign this document please complete the signing as soon as possible. This document will be voided if all parties have not completed signing by midnight CST.

Reference Number:

Their Internet browser will open to the Authenticate: Security Request page. They will need to enter their Access Code to continue.

Please enter the access code to view the document

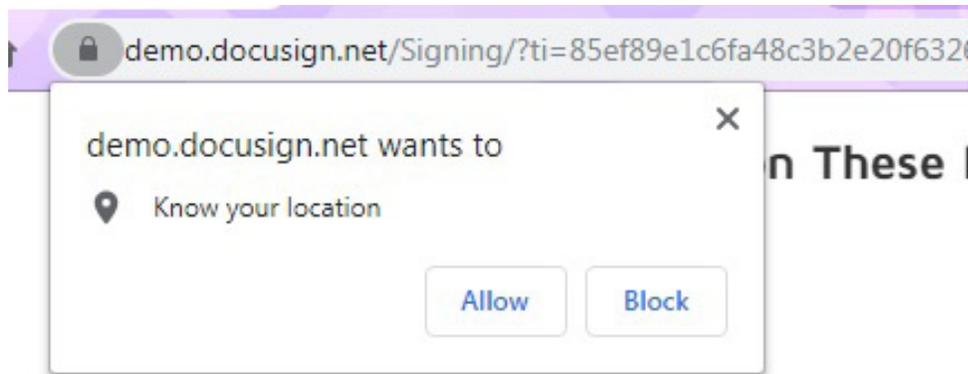
 **Sales Connection**
Americo

The sender has requested you enter a secret access code prior to reviewing the document. This code should have been selected at the time of application. Please enter the code and validate it in order to proceed to viewing the document.

Access Code

[Show Text](#)

- If a request to track your physical location pops up, click the “Allow” button.



This message is intended for Barnev Rubble (Insured). 1

- Have the Insured read the Electronic Record and Signature Disclosure. To view, click on the link and the disclosure will open in a pop-up.
- After reading, click “Close” button.

Agreement to do business with Americo Financial Life and Annuity Insurance Company

CONSUMER DISCLOSURE
 During the electronic application process, Americo Financial Life and Annuity Insurance Company (referred to in this Consumer Disclosure as "we", "us" "Company" or "Americo") may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the "I agree" button at the bottom of this document.

How notices and disclosures generated during this application process will be delivered to you
 We will provide electronically to you through the DocuSign system all required application notices, disclosures, authorizations, acknowledgements, and other documents that are required in order to apply for coverage with Americo. This applies ONLY to documents created or required to be delivered during the application process.

Getting paper copies
 At the end of the electronic application process, you may print the documents created during the process for your records. In addition, if a policy is issued, copies of the signed documents will be included in your policy packet. At any time you may request that we send you a paper copy of the completed application documents by contacting our Policyholder Services Department at (800) 231-0801.

Declining to Consent
 If you decide you do not want to use the electronic application process and decline to consent, this process will stop. Consenting to use the electronic application is the only way to complete this process.

Acknowledging your access and consent to receive materials electronically
 To confirm to us that you can access the application information electronically, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to submit an application in electronic format on the terms and conditions described above, please let us know by clicking the "I agree" button below.

By checking the "I agree" box, I confirm that:

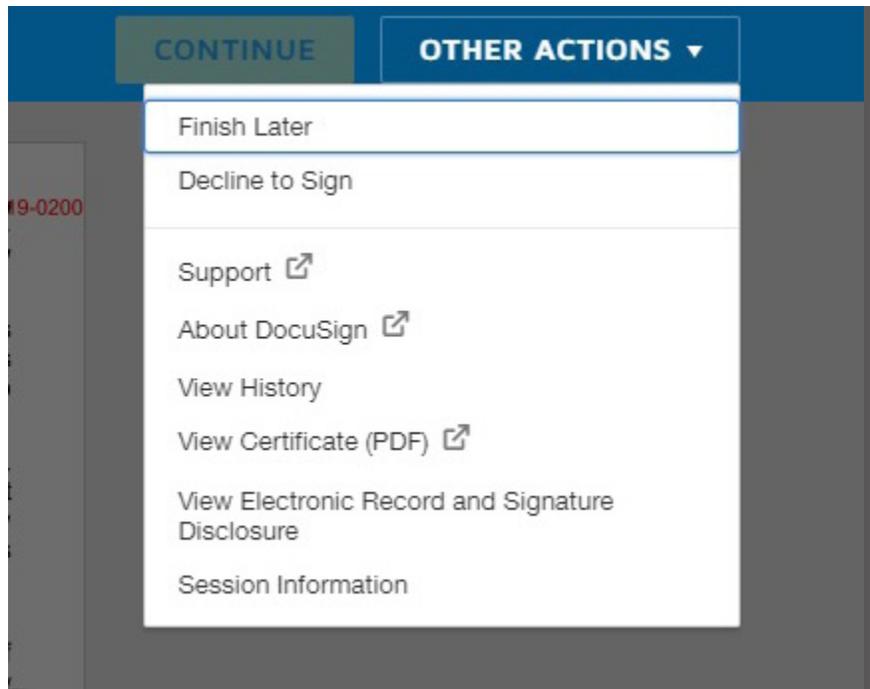
- I acknowledge that I have read this Consumer Disclosure in its entirety and agree to be bound by the terms and conditions stated herein.
- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Americo Financial Life and Annuity Insurance Company as described above, I consent to receive from Americo exclusively through electronic means all application notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Americo Financial Life and Annuity Insurance Company as part of the application process.

CLOSE

- The Insured must agree to the disclosure by clicking the check box.



If there are questions on how the signature works, click “Other Actions”.



- “About DocuSign’ will provide helpful information if the Insured has questions about the process.
- If the Insured declines to sign the Electronic Records and Signature Disclosure acknowledgment, click “Decline to Sign”. At this point depending on the product, for HMS Plus you will need to fill out a paper application and submit to the home office for processing. For Eagle Premier Series, you will not be able to finish the application, a paper version of the application is not available.
- Once the Insured has agreed to the disclosure, the “Continue” button will highlight.
- Have them click this to review and sign the document.



After reviewing the Health Information Authorization form, the Applicant must click on the yellow “Sign” button to sign the document.

release information in its file to its reinsurers and to other life and health insurance companies to whom you apply for insurance or to whom a claim is submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

MEDICAL INFORMATION AUTHORIZATION

Information regarding your insurability will be treated as confidential. Americo Financial Life and Annuity Insurance Company (Americo) is a member of MIB, Inc. (MIB). Americo, or its reinsurers, may make a brief report to MIB, which operates an information exchange on behalf of its members. If you apply to another member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB may supply such company with the information in its file. Americo or its reinsurers may also release information to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. It is Americo’s practice to prohibit third parties who lawfully receive nonpublic health information from redisclosing or reusing the disclosed information. You may request to see the information kept in Your MIB file. You may also contact MIB and seek a correction for any errors in your file.

Your authorization permits any insurance or reinsurance company, licensed medical physician, medical professional, hospital, pharmacy or pharmacy benefit manager, records custodians, other medical or medically related facility, clearing house, consumer reporting agency, and/or MIB, Inc. that has any information about you, or anyone listed in this application who are proposed to be insured, to give Americo, its reinsurers or any MIB-authorized third-party administrator performing underwriting services on Americo’s behalf, information about other insurance coverage, age, general character, habits, finances, motor vehicle records, medical care or advice about any physical or mental condition, including medications prescribed, chart notes, labs, x-rays and special tests, information on the diagnosis and treatment of Human Immunodeficiency Virus (HIV) infection, sexually transmitted diseases, and the use of drugs, alcohol, tobacco and psychotherapy notes and alcoholism, required by Americo to determine insurability and/or claims eligibility, for the duration of the claim. Health information obtained will not be re-disclosed without your authorization unless permitted by law, in which case it may not be protected under federal privacy rules.

This authorization remains in place for the entire contestable period as outlined in your policy. From time to time additional medical information is reported to Americo by MIB and other permitted sources as outlined above that may conflict with your application. Your signature below represents a continuous authorization on your behalf for Americo to request medical records from any medical provider for the contestable period. This authorization will also satisfy the requirements of any separate authorization the medical provider may have for release of medical records. In the event the medical provider does not agree to accept this authorization, you agree to cooperate with Americo in executing any other documentation required for the release of those medical records.

You may obtain a copy of this Medical Information Authorization on request. This authorization will be valid for 2 years from the date signed. This authorization may be revoked; however, it may not be revoked to the extent Americo has taken action in reliance on this authorization. Notice of revocation must be sent, in writing, to Americo at its Administrative Office address.

I understand that the aforementioned parties requesting access to my (electronic or paper) medical records are acting as a patient authorized representative and will attempt to access my medical records in the most efficient manner possible, including electronic interchange through a Health Information Exchange or directly through My Providers’ electronic health record system. **This authorization supersedes any records release permissions I have previously executed and I direct my physician(s) to cooperate fully.**

Rubble, Barney

Name of Proposed Insured (please print)



Signature of Proposed Insured

11/19/2019

Date

The signature box will appear for the application to sign.

Adopt Your Signature

Confirm your name and full signature.

* Required

Full Name*	Initials*
<input type="text" value="Barney Rubble"/>	<input type="text" value="BR"/>

SELECT STYLE **DRAW**

DRAW YOUR SIGNATURE Clear

By selecting Adopt and Sign, I agree that the signatures will be the electronic representation of my signature, 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.

ADOPT AND SIGN CANCEL

- They must sign the screen just like they are signing a piece of paper.
- If they do not like their signature, click “Clear” to start over.
- Once completed, click “ADOPT AND SIGN”.
- It is recommended to use a Stylus when capturing signatures.
- Full signatures are required, initials are not sufficient.

Adopt Your Signature

Confirm your name and full signature.
* Required

Full Name* Barney Rubble **Initials*** BR

SELECT STYLE **DRAW**

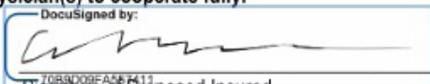
DRAW YOUR SIGNATURE Clear

By selecting Adopt and Sign, I agree that the signatures will be the electronic representation of my signature, 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.

ADOPT AND SIGN CANCEL

Once they have signed the document the signature will appear on the Signature line. Click “FINISH”.

I understand that the aforementioned parties requesting access to my (electronic or paper) medical records are acting as a patient authorized representative and will attempt to access my medical records in the most efficient manner possible, including electronic interchange through a Health Information Exchange or directly through My Providers' electronic health records. **Required - Signature Applied**; authorization supersedes any records release permissions I have previously executed and I direct my physician(s) to cooperate fully.

Rubble, Barney 11/19/2019
 Name of Proposed Insured (please print) DocuSigned by:  Date
 Signature of Proposed Insured

Name of Additional Proposed Insured (please print) (if applicable) Signature of Additional Proposed Insured Date

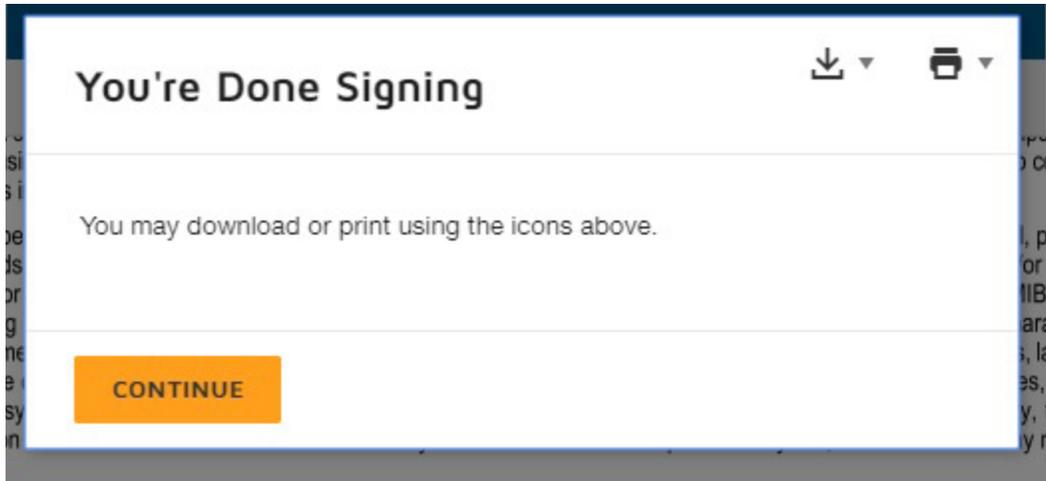
Signature of Child Signature of Child Signature of Child

Signature of Child Signature of Child Signature of Child

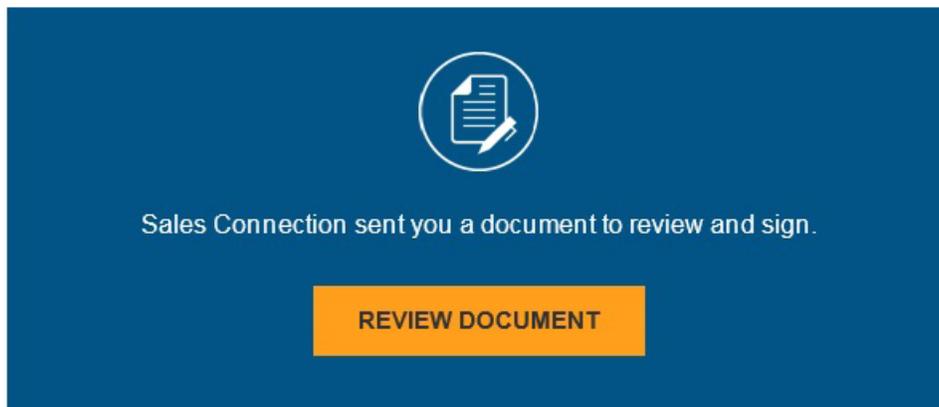
Signature of Parent/Legal Guardian

FINISH

- They will receive a message that they can either download or print the document if they wish.
- Click “Continue”.



- They will be logged out of DocuSign and can close the web browser.
- They will also receive a confirmation email from DocuSign that the eSignature process has been completed. They can review the document by clicking on “REVIEW DOCUMENT”.



Sales Connection

docusignsupport@americo.com

This message is intended for Barney Rubble (Insured). This document is for a separate life insurance product for Americo Financial Life and Annuity Insurance Company and is in no way related to the purchase of any other product (such as health insurance, dental insurance, auto insurance, etc.). In order to review and/or sign the required documents, you must enter an access code that was created for you at the time this application was taken. If you have problems accessing these documents, or if any of the data included on the documents is incorrect, please contact the agent of record, Robert Jones, directly at angiewilkinson11@gmail.com or 937-832-3100.

If you are required to sign this document please complete the signing as soon as possible. This document will be voided if all parties have not completed signing by midnight CST.

Reference Number:

You will see when you go back to the eApplication that the green “Waiting on signature” notice is no longer visible. You can click on “Initiate Underwriting” to start the MIB and Prescription Drug check.

NOTE: Once you click this, the case will be considered a Submitted Case on your Placement Report.

Initiate Underwriting

In order to begin the underwriting review process, please click the "Initiate Underwriting" button.

Initiate Underwriting

- A policy number will be assigned to the case.
- The MIB and Prescription Drug Check may take a few minutes to return. You do not have to wait for an answer, you can continue to the next page.

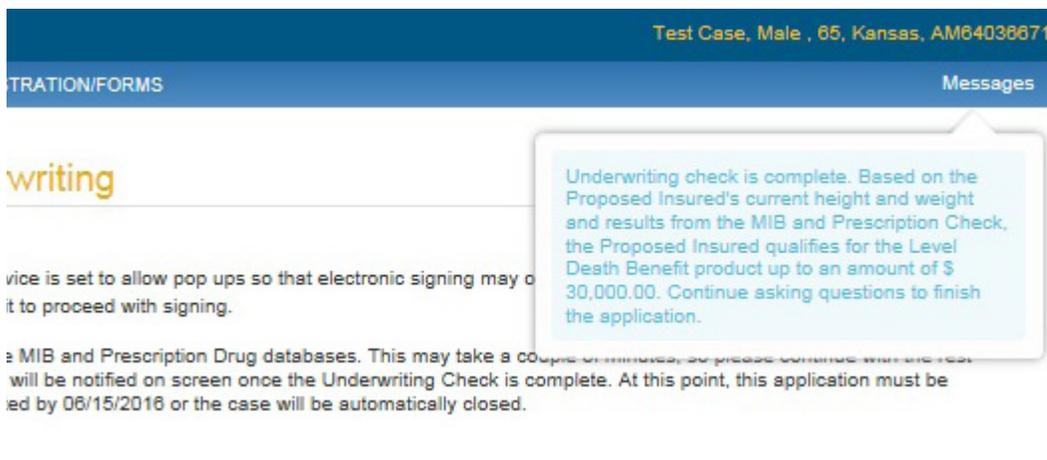
Initiate Underwriting

We will now access the consumer information databases. This may take a couple of minutes, so please continue with the rest of the application. You will be notified on screen once this underwriting check is complete. At this point, this application must be completed and submitted by 11/27/2019 or the case will be automatically closed.

At this point, the application must be completed and submitted within seven (7) days or the case will be automatically closed.

If there are no MIB or prescription database concerns, you will receive a message that the Underwriting Check is complete. If there was an issue with the Underwriting Check, either for MIB or Prescription Drug Check, you will receive a message letting you know that you need to change to Guaranteed Issue product for Eagle Premier Series or to a different product if writing HMS Plus.

Messages will show in the top right corner under “Messages”



PERSONAL HISTORY INFORMATION

Answer all the required health questions. Click “Next” to continue.

Personal History

Please ask each of the personal history questions as it is written and accurately record the Applicant's response. Failure by you or your client to provide correct personal history information may result in this application being rescinded and a chargeback may occur.

Primary Insured

Are you currently using or within the last 12 months used, any of the following: walker, wheelchair, electric scooter, supplemental oxygen, or catheter?

Select ▼

Within the past 2 years have you engaged in any motor sports racing; boat racing; parachuting/skydiving; hang gliding; base jumping; rock or mountain climbing; cave diving; underwater photography; canyoning; or Scuba diving over 100 ft?

Select ▼

In the past 10 years, have you used heroin, morphine, other unprescribed narcotics, ecstasy, opium derivatives, marijuana for medical purposes, cocaine, crack, barbiturates, amphetamines, methamphetamines, or hallucinogens or any other illegal, restricted or controlled substances; or been treated or been advised by a licensed member of the medical profession to seek treatment for the intake of any drug?

Select ▼

In the past 10 years, have you used alcohol to a degree that required treatment or was advised to limit or discontinue its use by a licensed member of the medical profession?

Select ▼

In the past 10 years, have you used or been convicted of possession of unlawful drugs or used prescription drugs other than as prescribed by a licensed member of the medical profession?

Select ▼

In the past 10 years, have you been convicted of, pled guilty to, or are you currently awaiting trial for a felony?

Select ▼

In the past 10 years have you served or been released from incarceration, probation, parole, or other court-ordered supervision for a misdemeanor or felony conviction?

Select ▼

Are you currently under an order for probation, parole or other court-ordered supervision for a misdemeanor or felony conviction?

Select ▼

Within the past 2 years, have you made any flights as a pilot or student pilot? (If Yes, aviation exclusion will be included.)

Select ▼

Within the next 2 years do you intend to work, travel, or reside in Saudi Arabia, Iraq, Afghanistan, Syria, Somalia, Sudan, or Yemen for more than 30 days, or reside outside the United States at any location more than 180 days?

Select ▼

Are you a member of the United States Military on active duty?

Select ▼

Do you currently have a valid driver's license?

Select ▼

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Next

MEDICAL HISTORY

Answer all of the medical history questions. Click “Next” to continue.

Medical History

Please ask each of the medical history questions as it is written and accurately record the Applicant's response. Failure by you or your client to provide correct medical information may result in this application being rescinded and a chargeback may occur.

Primary Insured

Have you ever (1) been diagnosed with, or (2) received care or treatment, or (3) consulted with or been advised by a licensed member of the medical profession to seek treatment for:

Coronary Artery Disease, Heart Attack, Coronary Artery Bypass Surgery, Angioplasty, Stent Placement, Angina (chest pain), Valvular Heart Disease, Cerebrovascular Disease, Cardiomyopathy, Congestive Heart Failure, Congenital Heart Disease, Stroke, Transient Ischemic Attack, TIA (Mini Stroke), abnormal heart rhythm, had placement of a Pacemaker or Defibrillator, Cerebral, Aortic or Thoracic Aneurysm, or Abdominal Aortic Aneurysm?

No | ▼

Chronic Lung Disease (except mild Asthma), including Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, Sarcoidosis, Pulmonary Hypertension, or Cystic Fibrosis?

No | ▼

Major Depression, Bipolar Disorder, Schizophrenia, Alzheimer's Disease, Dementia, Memory Loss, Down Syndrome, Autism, mental incapacity, suicide attempt, eating disorders or Chronic Depression, or any other disease of the central nervous system?

No | ▼

Chronic Kidney Disease, End-Stage Renal Disease, Renal Insufficiency, or any condition within the last 5 years that required dialysis?

No | ▼

Parkinson's disease, Sickle Cell Anemia, Pernicious Anemia, Thalassemia, clotting disorders, or other disorders of the blood, Lou Gehrig's Disease (ALS), Muscular Dystrophy, Demyelinating Disease including Multiple Sclerosis, Huntington's Disease, Hydrocephalus, Cerebral Palsy, Quadriplegia, or Paraplegia?

No | ▼

Liver Disease, Liver Failure, Cirrhosis or any form of Hepatitis (excluding Hepatitis A from which you have fully recovered)?

No | ▼

Cancer, Leukemia, Melanoma, any tumor (benign or malignant) of the brain, or any other internal cancer (except basal cell cancer)?

No | ▼

Connective tissue or autoimmune disorder including Rheumatoid, debilitating or disabling arthritis; chronic joint or disc disease that requires walking aids or a wheel chair, Systemic Lupus, or Scleroderma?

No | ▼

Been the recipient of an organ transplant?

No | ▼

Ulcerative Colitis or Crohn's Disease?

No | ▼

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Next

There will be a second page of medical history questions. Continue answering the questions and provide the name and contact information for the Primary Insured's Personal Care Physician. Click “Next” to continue to Replacement Information.

REPLACEMENT INFORMATION

Complete the Replacement Information Questions.

Replacement Information

Is there any existing life insurance, annuity, or disability income insurance coverage on the life of any Proposed Insured? If Yes, provide details below, including whether the life insurance applied for will replace or otherwise reduce in value any existing life insurance or annuity in force.

No

- If there is no existing coverage, answer 'No' to the question and click "Next" to continue.
- If "Yes" you will be asked to provide additional details.
- You can add up to 6 replacement or existing policies.
- When you are finished click "Next".

eApp does not support more than 6 existing or replacement policies.

Existing Policies Details

Will this policy be replaced?	Select	
Insured or Annuitant	Select	
Company		
Policy or Contract Number		Unknown <input type="checkbox"/>
Owner	Select	
Policy Effective Date		
Face Amount		
ADB Amount		
Americo or Non-Americo Coverage	Select	
Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?	Select	

[Add Existing](#)

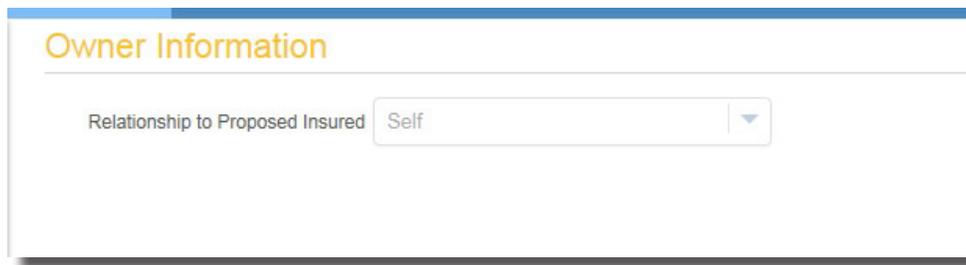
Do you want the Important Notice for Replacement read aloud? Select

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- If the proposed Insured has existing insurance or is replacing another insurance product, you may be requested to complete one or more paper replacement forms.

OWNER INFORMATION

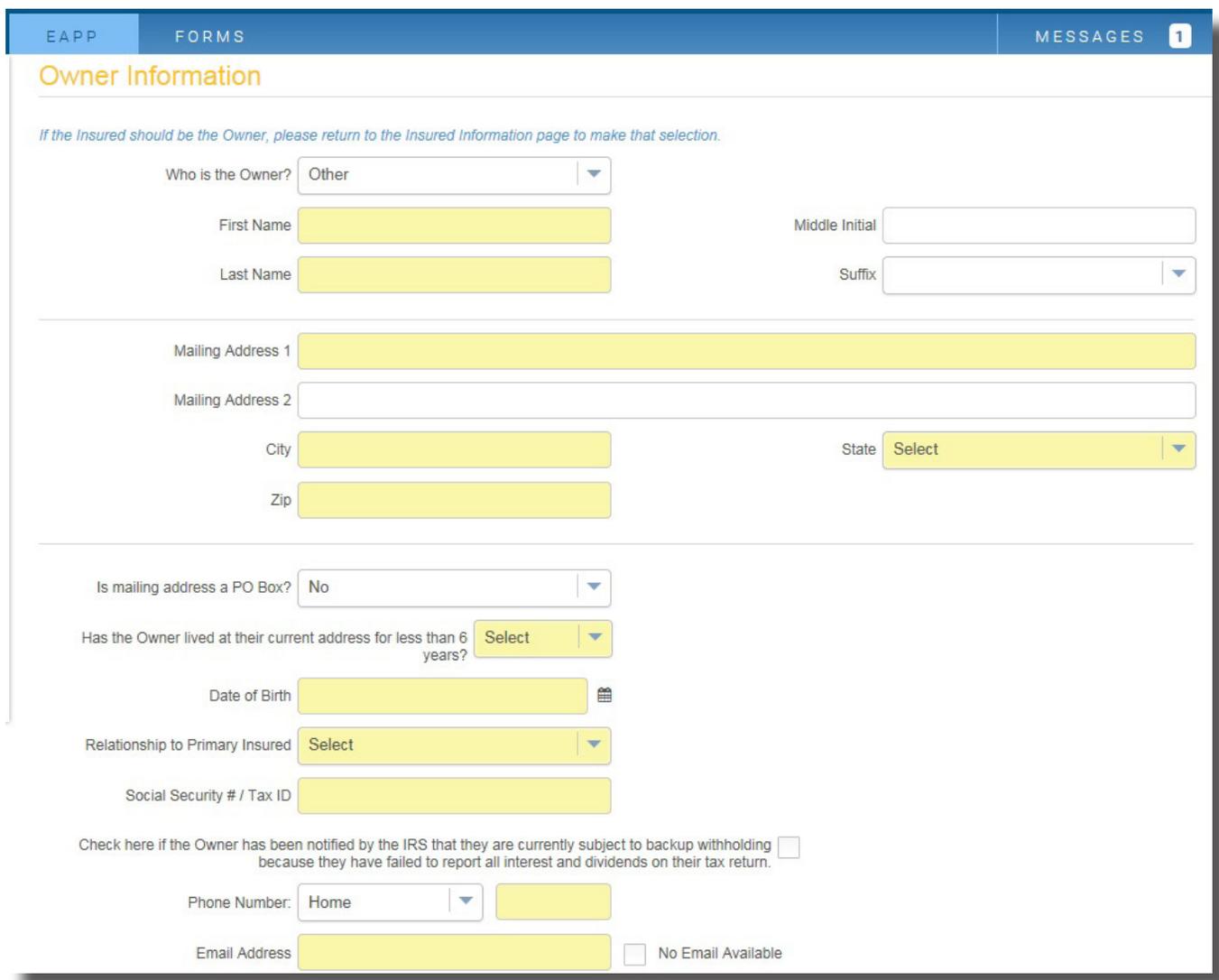
- If the Owner is the same as the Insured the ‘Who is the Owner’ question will be grayed out.



Owner Information

Relationship to Proposed Insured

- If the Owner is different, you will need to go back to the Insured Information page and select that the Insured is not going to be the Owner.
- If the Insured and the Owner are different, you will be required to fill in the necessary Owner Information.



EAPP FORMS MESSAGES 1

Owner Information

If the Insured should be the Owner, please return to the Insured Information page to make that selection.

Who is the Owner?

First Name

Last Name

Middle Initial

Suffix

Mailing Address 1

Mailing Address 2

City

State

Zip

Is mailing address a PO Box?

Has the Owner lived at their current address for less than 6 years?

Date of Birth

Relationship to Primary Insured

Social Security # / Tax ID

Check here if the Owner has been notified by the IRS that they are currently subject to backup withholding because they have failed to report all interest and dividends on their tax return.

Phone Number:

Email Address No Email Available

BENEFICIARY INFORMATION

- At least one Primary Beneficiary is required.
- To add a Primary Beneficiary, click “Add Primary” and complete all the required fields.

Beneficiary Information

Click “Add Primary” to add a new primary beneficiary.

Select Beneficiary ▼ Add Primary

Primary Beneficiary Total Allocation must equal 100%

What is the percentage of the share for this Beneficiary?

First Name	<input type="text"/>	Middle Initial	<input type="text"/>
Last Name	<input type="text"/>	Suffix	<input type="text"/> ▼
Date of Birth	<input type="text"/> 📅	Relationship to Primary Insured	<input type="text" value="Select"/> ▼
Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Social Security # / Tax ID	<input type="text"/>		

- If another Primary Beneficiary is required, click “Add Primary” again and fill in the required fields.
- Make sure the “Percentage of Share” for all Primary Beneficiaries adds up to 100%.
- To add a Contingent Beneficiary, click “Add Contingent” and fill in the required information.
- Make sure the “Percentage of Share” for all Contingent Beneficiaries adds up to 100%.

Click “Add Contingent” to add a new Contingent Beneficiary.

Select Beneficiary ▼ Add Contingent

Contingent Beneficiary Total Allocation must equal 100%

What is the percentage of the share for this Beneficiary?

First Name	<input type="text"/>	Middle Initial	<input type="text"/>
Last Name	<input type="text"/>	Suffix	<input type="text"/> ▼
Date of Birth	<input type="text"/> 📅	Relationship to Primary Insured	<input type="text" value="Select"/> ▼
Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Social Security # / Tax ID	<input type="text"/>		

PAYMENT INFORMATION

- Fill in the Payment information.
- You will need to have the Routing Number and Bank Account Number in order to complete the payment information.
- If the Initial Draft Date or Reoccurring Monthly Draft Day is incorrect, proceed back to the Product Information screen and change the policy effective date.

Payor Information

Who is the Payor?

Is this a Business Account?

Will the Payor be using a checking or savings account?

What is the Routing Number?

The routing number must be 9 digits in length.

What is the Account Number?

Please Reenter the Account Number

Initial Draft Date 

Initial Premium Amount \$ 276.67

Reoccurring Monthly Draft Day 20

Reoccurring Monthly Premium Amount: \$ 276.67

Due to recent system updates, future bank drafts will occur on or immediately after the date specified.

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Next

AGENT INFORMATION

- Fill in the required Agent Information.
- Confirm your Agent ID and email address are correct.

Agent Information

Are you related to the Proposed Insured?	Select
How long have you known the Proposed Insured?	
Did you use any company-approved and/or individualized marketing materials, including any electronically presented materials, in your presentation? Leave copies of sales materials with Owner. If you used an electronic sales presentation, you must mail a copy to the Owner.	Select
Did the applicant approach you to purchase insurance? (If Yes, list their stated need for the insurance in the Agent Comments/Remarks section.)	Select
Is there any existing life insurance, annuity, or disability income insurance coverage on the life of any Proposed Insured?	Select
At the time the application was taken, were all of the Proposed Insured's present and did you witness their signatures?	Select
Did the Proposed Insured(s) directly respond to you regarding each application question?	Select
Was a government-issued picture ID requested, reviewed, and confirmed (by reviewing a second document, such as a utility bill, tax return, etc.) for the Proposed Insured, Owner, and Payor (if different than the Proposed Insured)?	Select

Agent Name	Galvan, Enrique Domin	Agent Number	FFLHC8
Phone Number		Email Address	ENRIQUE.FFL66@GMAIL.COM
Is an agent split involved with this sale?	Select	Percent for first agent	

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SIGNING THE APPLICATION

- All required information has been entered.
- The application either needs to be signed using Tablet Signing or Email Signing.
- To use your tablet to sign the application, click “Tablet Signing”.
- To sign using email, click “Email Signing”.

NOTE: Once the signing process begins, everyone must complete signing prior to 11:00 pm local time, and no changes may be made to any of the information provided within the application unless someone declines signing.

Finish

Status: eApp entry - Completed

All required information has been entered. To sign this application using your tablet device, you must first click "Tablet Signing" and then follow the steps to electronically sign this application. Once the signing process begins, everyone must complete signing prior to 11:00 pm, and no changes may be made to any of the information provided within this application unless someone declines signing.

Tablet Signing

To sign this application using email, you must click "Email Signing" and enter the applicable email addresses to send the documents to recipient(s) for signing. Once the signing process begins, everyone must complete signing prior to 11:00 pm on the day that the initial email is sent, and no changes may be made to any of the information provided within this application unless someone declines signing.

Email Signing

Underwriting Results

Based on the initial underwriting check the proposed insured may qualify for coverage. The application must be completed in order to determine if the proposed insured qualifies for the requested coverage.

Withdraw Case

Tablet Signing

Signature instructions

The applicant will now electronically sign the provided documents. **Under no circumstance should you sign for your applicant.**
Please give Jorge A Almonte control of the device.

Name	Signee	Checklist	
Jorge A Almonte	Insured	✘	Sign
Galvan, Enrique Domin	Agent	✘	Sign

Cancel Signing

- You will need to give control of the device to the Insured.
- Have them click “Sign” next to their name.
- They will be redirected to the equisoft website.
- Under no circumstance should you sign for your applicant.
- You will sign after the Insured completes the signature process.

Consenting to use the electronic application is the only way to complete this process.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access the application information electronically, please verify that you were able to read this electronic disclosure and that you also were able to request the disclosure to be emailed to you or to have it printed on paper and mailed to you for your future reference and access. Further, if you consent to submit an application in electronic format on the terms and conditions described above, please confirm by clicking on the appropriate box.

I confirm that:

- I have read this Consumer Disclosure in its entirety and agree to be bound by the terms and conditions stated herein.
- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document.
- I can request to have the disclosure emailed or printed on paper and mailed to me for future reference and access.

Until or unless I notify Amerigo Financial Life and Annuity Insurance Company as described above, I consent to receive from Amerigo exclusively through electronic means all application notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Amerigo Financial Life and Annuity Insurance Company as part of the application process.

I agree

Confirm

Finish

Decline

- A new tab will open to request a signature.
- Have the Insured read the Agreement to do business electronically with Amerigo Financial Life and Annuity Insurance Company.
- The Insured must agree to the disclosure by clicking the check box at the bottom of the agreement. The Confirm box will be grayed out until the box is checked.
- If the Insured declines to sign the Electronic Records and Signature Disclosure acknowledgment, click "Decline to Sign". At this point depending on the product, for HMS Plus you will need to fill out a paper application and submit to the home office for processing. For Eagle Premier Series, you will not be able to finish the application, a paper version of the application is not available.
- Once the Insured has agreed to the Agreement, the "Confirm" button will highlight.
- Have them click "Confirm" to review and sign the application.

Application for Individual

Life Insurance

ICC18 5160

AMERIGO

Amerigo Financial Life and Annuity Insurance Company

SECTION 1. PROPOSED INSURED INFORMATION

1. Proposed Insured's Name (Last, First, MI) Almonte, Jorge A		2. <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	4. a. Height: 5' 7"
		3. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	b. Weight: 175 lbs.
5. Mailing Address (Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.) 728 east 7th st, Plainfield, NJ, 07060			
6. Street Address (Include City, State, and ZIP)			
7. Has the Proposed Insured lived at their current address for less than 6 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, prior ZIP Code is required: _____			
8. Phone Number: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work 9087564445		9. Email Address joejoe@yahoo.com	
10. Social Security Number 201927124	11. Date of Birth (MM/DD/YYYY) 07/15/1971	12. Age 48	13. Place of Birth (State, Country) NJ, USA
14. a. Is the Proposed Insured a U.S. Citizen? (If No, complete 14b. and 14c. below.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is the Proposed Insured a Permanent Resident? (If Yes, provide Permanent Resident Visa or Green Card ID Number.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. *Permanent Resident Visa, or Green Card ID #:			

They will need to scroll down to the bottom of the form in order to sign.

- After reviewing the document, the Insured must click on the yellow “Sign” button to sign the document.

**IMPORTANT FRAUD NOTICE:
ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE
GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.**

Signed at (State) ^{NJ} _____ on (Month/Day/Year) 2019-11-20 _____



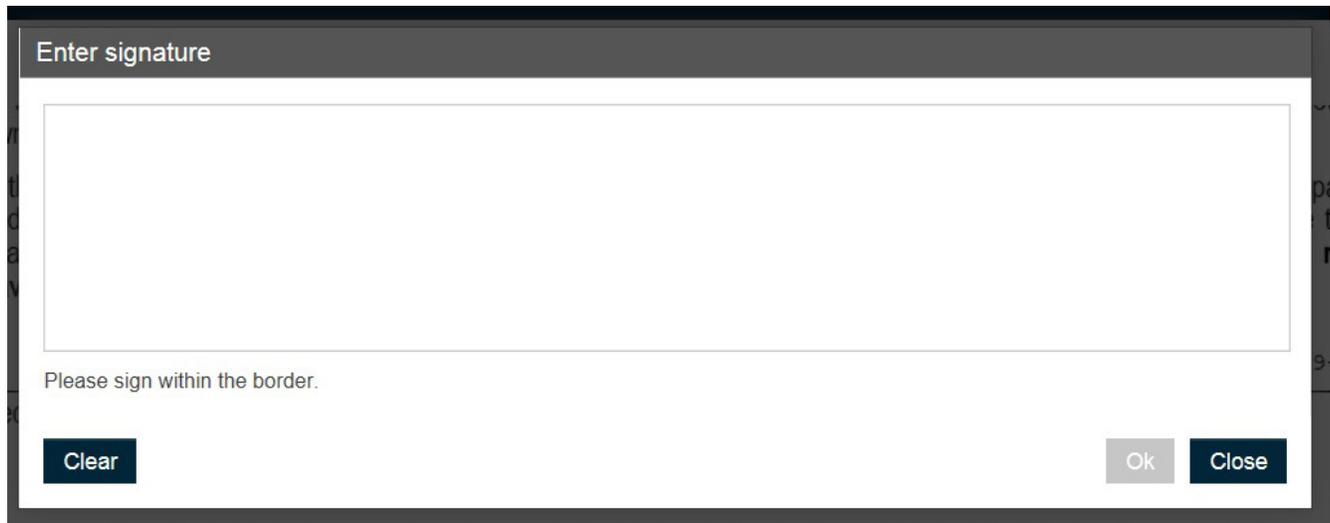
Signature of Proposed Insured (required)

Signature of Owner (if different than the Proposed Insured)

Galvan, Enrique Domin
Printed Name of Witnessing Agent (required)

Signature of Witnessing Agent (required)

- The signature box will open.
- They must sign the screen just like they are signing a piece of paper.
- If they do not like their signature, click “Clear” to start over.
- Once completed, click “OK”.
- It is recommended to use a Stylus when capturing signatures.
- Full signatures are required, initials are not sufficient.



- Once they have signed the document the signature will appear on the Signature line.

Information Exchange or directly through My Providers' electronic health record system. **This authorization supersedes any records release permissions I have previously executed and I direct my physician(s) to cooperate fully.**

Smith, Joe		2019-11-19
_____ Name of Proposed Insured (please print)	_____ Signature of Proposed Insured	_____ Date
_____ Name of Additional Proposed Insured (please print) (if applicable)	_____ Signature of Additional Proposed Insured	_____ Date
_____ Signature of Child	_____ Signature of Child	_____ Signature of Child
_____ Signature of Child	_____ Signature of Child	_____ Signature of Child

NOTE: If the Insured declines to sign the Electronic Records and Signature Disclosure acknowledgment, click “Decline to Sign”. At this point depending on the product, for HMS Plus you will need to fill out a paper application and submit to the home office for processing. For Eagle Premier Series, you will not be able to finish the application, a paper version of the application is not available.

After signing the Application, continue to scroll down to the eApplication Security Form.

- Have the Insured provide their Mother’s Maiden Name
- Click the yellow “Sign” button.

eApplication Security Form 18-261-1 (10/18)



Owner's Name Jorge A Almonte	Policy Number AM50136174
At Americo Financial Life and Annuity Insurance Company, security is our top priority. For additional security, please provide the following information:	
Mother's maiden name: <input type="text"/>	
	2019-11-20
_____ Owner's Signature	_____ Date

- The signature box will open.
- They can either sign in the box again, or select the “Use Previous” button to use the same signature that was used on the application.
- Click “OK”.

If you are writing an HMS Plus policy, they will sign the Accelerated Death Benefit Rider Applicant's Acknowledgment. If writing and Eagle Premier Series policy, they will not have this to sign.

**Accelerated Death Benefit Rider
Applicant's Acknowledgment**

AAA8604



I acknowledge that I have read the Accelerated Death Benefit Rider Disclosure, have been given a copy of this Disclosure, and that the features of this product have been explained to me.



Owner's Signature

2019-11-20

Date

I acknowledge that I have reviewed this Rider Disclosure with the Owner.

Agent's Signature

2019-11-20

Date

- Continue scrolling down through the application to the Accelerated Death Benefit Rider Disclosure.
- Once they read through, they will need to sign the Applicant's Acknowledgment.
- Click on the yellow "Sign" button.
- The signature box will open.
- They can either sign in the box again, or select the "Use Previous" button to use the same signature that was used on the application.
- Click "OK".

Next they will need to review and sign the Bank Draft Authorization Form.

**Bank Draft
Authorization Form** AF55019 (06/15)



As a convenience to me, I hereby request and authorize the banking institution below (the "Bank") to pay and charge to my account drafts on my account by and payable to the order of the company who issued or assumed the policy listed below (the "Company") administering my insurance policy provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the Bank's rights in respect to such draft shall be the same as if it were a check drawn on the bank and signed personally by me. **This authorization will remain in effect until revoked by me or the Company. Notifications should be sent to PO BOX 410288, Kansas City, MO 64141-0288, Attention Customer Service. Our toll-free number is 800.231.0801.** I agree that the Bank shall be fully protected in honoring any such draft. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, the Bank shall be under no liability whatsoever. Should any draft not be honored by the Bank upon presentation, I understand that this method of payment may be terminated. **I further understand that should any draft not be honored for the reason of "insufficient funds", a second attempt to draft may occur within 5 business days from the returned draft date.**

I understand that Amerigo requires a 5 business day advance notice to set up, change, or discontinue my bank draft information. I also understand that my insurance policy may lapse if said draft is returned unpaid by my Bank, or if I discontinue payments, prior to receiving confirmation of draft processing from the Company. **Please keep a copy of this authorization with your banking records.**

FOR EXISTING POLICIES: Unless otherwise requested, premium draft date will be the existing premium due date.

DRAFT DATE: (If no option is selected, Draft Date will default to the first option listed below)

Upon issue and on the policy's regular due date thereafter

Specific start date: 11 / 20 (must be within 10 days of the Due Date and cannot be on the 29th, 30th, or 31st of the month. It may take up to 4 business days from the day we initiate the draft for your bank to process this transaction.)
Month Day

DRAFT INFORMATION

- Have them review the information on the Bank Draft Authorization form.
- If everything is correct, click on the yellow “Sign” button.

INSURED INFORMATION			
PAYOR INFORMATION	Name Jorge A Almonte	Relationship to Proposed Insured Self	Phone Number
	Address (If mailing address is a PO Box, a street address is also required) 728 east 7th st, Plainfield, NJ, 07060		
	How long at current address? _____ If less than 5 years at current address, prior address required.		
SIGNATURE			2019-11-20 Date
	Payor's Signature (REQUIRED, as it appears on bank records) _____		

- The signature box will open.
- They can either sign in the box again, or select the “Use Previous” button to use the same signature that was used on the application.
- Click “OK”.

Lastly, they will sign the Premium Conditional Receipt.

Premium Conditional Receipt

AAA8482



THIS IS A CONDITIONAL RECEIPT — PLEASE READ CAREFULLY!

NO INSURANCE WILL BE PROVIDED BY YOUR FIRST PAYMENT UNLESS ALL TERMS IN PARAGRAPH “FIRST” ARE MET EXACTLY AND IN FULL!
NO AGENT OR BROKER HAS THE AUTHORITY TO CHANGE OR WAIVE ANY OF THESE TERMS.

Received from Jorge A Almonte on (Month/Day/Year) 2019-11-20 \$ 276.67 by check, preauthorized order for withdrawal, or salary deduction plan. This payment is the amount of the first full modal premium for the policy applied for in the application for life insurance to Americo Financial Life and Annuity Insurance Company having the same date as this Conditional Receipt. This payment is made and accepted under the terms of this Conditional Receipt. This Conditional Receipt cannot be transferred.

ANY PAYMENT BY CHECK MUST BE MADE PAYABLE TO AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY. DO NOT MAKE ANY CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK. **IF YOUR CHECK OR DRAFT IS NOT HONORED WHEN FIRST PRESENTED FOR PAYMENT, THIS CONDITIONAL RECEIPT WILL NOT BE VALID OR ENFORCEABLE.**

IF ALL OF THE TERMS OF THIS CONDITIONAL RECEIPT ARE NOT MET EXACTLY AND IN FULL, TO THE COMPANY'S SATISFACTION, THE COMPANY'S ONLY LIABILITY WILL BE TO REFUND THE AMOUNT FOR WHICH THIS CONDITIONAL RECEIPT WAS GIVEN. “Effective Date” means the latest of: (1) the date the application is signed; (2) the date all required information is completed and received by the Company; or (3) the date of issue.

- Have them review the information on the Conditional Receipt.
- If everything is correct, click on the yellow “Sign” button.

SECOND: LIMITS OF LIABILITY – MAXIMUM AMOUNT OF INSURANCE AND PERIOD OF TIME WHICH INSURANCE CAN BE POLICY DELIVERY. The Company’s liability for insurance under this Conditional Receipt plus all insurance which is pending in the Insured can never exceed \$250,000 of life insurance including Accidental Death Benefits. The time for which the Company can issue this Receipt can never exceed a period of 60 days from the date this Receipt was signed.

I understand and agree to the terms, conditions and limitations of this Conditional Receipt and the Authorization and Acknowledgement. These have been fully explained to me by the Agent.

X _____ X  _____
Signature of Licensed Agent Signature of Owner

If the application is not approved and accepted within 60 days from the date it was signed, the Company shall have no liability for this payment on surrender of this Receipt.

Americo Financial Life and Annuity Insurance Company • Home Office: Dallas, Texas • Administrative Office: PO Box 410288, Kansas City, MO 64141-0288

- The signature box will open.
- They can either sign in the box again, or select the “Use Previous” button to use the same signature that was used on the application.
- Click “OK”.
- The signature will appear on the line and the “Finish” button will no longer be grayed out.
- Click “Finish”.

of this Conditional Receipt and the Authorization and Acknowledgement section of the application.

X  _____ 2019-11-20
Signature of Owner Date

60 days from the date it was signed, the Company shall have no liability except for the return of the premium.

Home Office: Dallas, Texas • Administrative Office: PO Box 410288, Kansas City, MO 64141-0288 • www.americo.com
Leave with Applicant

Finish Decline

It is now the Agent's turn to sign the application. You will be directed back to the Signature Instructions page.

- Take the device from the Insured
- Click "Sign" next to your name.

Signature instructions

The applicant will now electronically sign the provided documents. **Under no circumstance should you sign for your applicant.**
Please give Galvan, Enrique Domin control of the device.

Name	Signee	Checklist	
Jorge A. Almonte	Insured	✓	Sign
Galvan, Enrique Domin	Agent	✗	Sign

- A new tab will open to the Agreement to do business electronically with Americo Financial Life and Annuity Insurance Company.
- Read through the agreement and agree by clicking the check box at the bottom of the agreement. The Confirm box will be grayed out until the box is checked.

Consenting to use the electronic application is the only way to complete this process.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access the application information electronically, please verify that you were able to read this electronic disclosure and that you also were able to request the disclosure to be emailed to you or to have it printed on paper and mailed to you for your future reference and access. Further, if you consent to submit an application in electronic format on the terms and conditions described above, please confirm by clicking on the appropriate box.

I confirm that:

- I have read this Consumer Disclosure in its entirety and agree to be bound by the terms and conditions stated herein.
- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document.
- I can request to have the disclosure emailed or printed on paper and mailed to me for future reference and access.

Until or unless I notify Americo Financial Life and Annuity Insurance Company as described above, I consent to receive from Americo exclusively through electronic means all application notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Americo Financial Life and Annuity Insurance Company as part of the application process.

I agree

Confirm

Finish

Decline

- Once you have agreed to the Agreement, the "Confirm" button will highlight.
- Click "Confirm" to review and sign the application.

Application for Individual

Life Insurance ICC18 5160



SECTION 1. PROPOSED INSURED INFORMATION

1. Proposed Insured's Name (Last, First, MI) Almonte, Jorge A		2. <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	4. a. Height: 5' 7"
		3. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	b. Weight: 175 lbs.
5. Mailing Address (Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.) 728 east 7th st, Plainfield, NJ, 07060			
6. Street Address (Include City, State, and ZIP)			
7. Has the Proposed Insured lived at their current address for less than 6 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, prior ZIP Code is required: _____			
8. Phone Number: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work 9087564445		9. Email Address joejoe@yahoo.com	
10. Social Security Number 201927124	11. Date of Birth (MM/DD/YYYY) 07/15/1971	12. Age 48	13. Place of Birth (State, Country) NJ, USA
14. a. Is the Proposed Insured a U.S. Citizen? (If No, complete 14b. and 14c. below.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b. Is the Proposed Insured a Permanent Resident? (If Yes, provide Permanent Resident Visa or Green Card ID Number.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
c. *Permanent Resident Visa or Green Card ID #:			

- You will need to scroll down to the bottom of the form in order to sign.
- After reviewing the document, click on the yellow “Sign” button to sign the document.

 <hr/> <small>Signature of Proposed Insured (required)</small>	<hr/> <small>Signature of Owner (if different than the Proposed Insured)</small>
<small>Galvan, Enrique Domin</small> <hr/> <small>Printed Name of Witnessing Agent (required)</small>	 <hr/> <small>Signature of Witnessing Agent (required)</small>

- The signature box will open.
- Sign the screen just like you are signing a piece of paper.
- If you do not like your signature, click “Clear” to start over.
- Once completed, click “OK”.
- It is recommended to use a Stylus when capturing signatures.
- Full signatures are required, initials are not sufficient.

Enter signature

Please sign within the border.

Clear
OK
Close

- Once they have signed the document the signature will appear on the Signature line.

Signed at (State) ^{NJ} _____ on (Month/Day/Year) _____ 2019-11-20

 <hr/> <small>Signature of Proposed Insured (required)</small>	<hr/> <small>Signature of Owner (if different than the Proposed Insured)</small>
<small>Galvan, Enrique Domin</small> <hr/> <small>Printed Name of Witnessing Agent (required)</small>	 <hr/> <small>Signature of Witnessing Agent (required)</small>

After signing the Application, continue scrolling down through the application to the Accelerated Death Benefit Rider Disclosure.

**Accelerated Death Benefit Rider
Applicant's Acknowledgment**

AAA8604



I acknowledge that I have read the Accelerated Death Benefit Rider Disclosure, have been given a copy of this Disclosure, and that the features and benefits of the product have been explained to me.

307c6957-51f1-4ca1-a116-209a81938a48
Owner's Signature

2019-11-20

Date

I acknowledge that I have reviewed this Rider Disclosure with the Owner.



Agent's Signature

2019-11-20

Date

- Read through and sign the Applicant's Acknowledgment.
- Click on the yellow "Sign" button.
- The signature box will open.
- Either sign in the box again, or select the "Use Previous" button to use the same signature that was used on the application.
- Click "OK".

Next you will need to sign the Bank Draft Authorization Form.

**Bank Draft
Authorization Form** AF55019 (06/15)



As a convenience to me, I hereby request and authorize the banking institution below (the "Bank") to pay and charge to my account drafts on my account by and payable to the order of the company who issued or assumed the policy listed below (the "Company") administering my insurance policy provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the Bank's rights in respect to such draft shall be the same as if it were a check drawn on the bank and signed personally by me. **This authorization will remain in effect until revoked by me or the Company. Notifications should be sent to PO BOX 410288, Kansas City, MO 64141-0288, Attention Customer Service. Our toll-free number is 800.231.0801.** I agree that the Bank shall be fully protected in honoring any such draft. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, the Bank shall be under no liability whatsoever. Should any draft not be honored by the Bank upon presentation, I understand that this method of payment may be terminated. **I further understand that should any draft not be honored for the reason of "insufficient funds", a second attempt to draft may occur within 5 business days from the returned draft date.**

I understand that Amerigo requires a 5 business day advance notice to set up, change, or discontinue my bank draft information. I also understand that my insurance policy may lapse if said draft is returned unpaid by my Bank, or if I discontinue payments, prior to receiving confirmation of draft processing from the Company. **Please keep a copy of this authorization with your banking records.**

FOR EXISTING POLICIES: Unless otherwise requested, premium draft date will be the existing premium due date.

DRAFT DATE: (If no option is selected, Draft Date will default to the first option listed below)

Upon issue and on the policy's regular due date thereafter

Specific start date: 11 / 20 (must be within 10 days of the Due Date and cannot be on the 29th, 30th, or 31st of the month. It may take up to 4 business days from the day we initiate the draft for your bank to process this transaction.)
Month Day

DRAFT INFORMATION

- If everything is correct, click on the yellow “Sign” button.

SIGNATURE	74b80962-0d94-4096-8608-7661edeb270f Payor's Signature (REQUIRED, as it appears on bank records)	2019-11-20 Date
Attach Voided Check/Deposit Slip Here Complete below only when voided check or deposit slip is not available		
ALTERNATE ACCOUNT VERIFICATION	Routing Number <input style="width: 100%;" type="text" value="301079183"/> Account Number <input style="width: 100%;" type="text" value="548945"/> <input type="checkbox"/> Check here if this is a business account Agent's Certification (For New Business only) I do hereby attest that I personally verified this information. I understand that any misrepresentation or falsification on my part will rescind my privilege to use this information and may lead to immediate termination of my appointment with the Company. <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> Sign ↓ </div> <div style="width: 60%; border-bottom: 1px solid black; margin-top: 5px;"> Agent's Signature (REQUIRED) </div> <div style="width: 20%; text-align: right; margin-top: 5px;"> FPLHCS _____ Agent's Number </div> </div>	

- The signature box will open.
- You either sign in the box again, or select the “Use Previous” button to use the same signature that was used on the application.
- Click “OK”.

Next sign the Premium Conditional Receipt.

Premium Conditional Receipt

AAA8482

AMERICO

THIS IS A CONDITIONAL RECEIPT — PLEASE READ CAREFULLY!

NO INSURANCE WILL BE PROVIDED BY YOUR FIRST PAYMENT UNLESS ALL TERMS IN PARAGRAPH “FIRST” ARE MET EXACTLY AND IN FULL!
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Received from Jorge A Almonte on (Month/Day/Year) 2019-11-20 \$ 276.67 by check, preauthorized order for withdrawal, or salary deduction plan. This payment is the amount of the first full modal premium for the policy applied for in the application for life insurance to Amerigo Financial Life and Annuity Insurance Company having the same date as this Conditional Receipt. This payment is made and accepted under the terms of this Conditional Receipt. This Conditional Receipt cannot be transferred.

ANY PAYMENT BY CHECK MUST BE MADE PAYABLE TO AMERIGO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY. DO NOT MAKE ANY CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK. **IF YOUR CHECK OR DRAFT IS NOT HONORED WHEN FIRST PRESENTED FOR PAYMENT, THIS CONDITIONAL RECEIPT WILL NOT BE VALID OR ENFORCEABLE.**

IF ALL OF THE TERMS OF THIS CONDITIONAL RECEIPT ARE NOT MET EXACTLY AND IN FULL, TO THE COMPANY'S SATISFACTION, THE COMPANY'S ONLY LIABILITY WILL BE TO REFUND THE AMOUNT FOR WHICH THIS CONDITIONAL RECEIPT WAS GIVEN. “Effective Date” means the latest of: (1) the date the application is signed; (2) the date all required information is completed and received by the Company; or (3) the date of issue.

- If everything is correct, click on the yellow “Sign” button.

receipt can never exceed a period of 60 days from the date this receipt was signed.

I understand and agree to the terms, conditions and limitations of this Conditional Receipt and the Authorization and Acknowledgment. These terms have been fully explained to me by the Agent.

X _____
 Signature of Licensed Agent

X _____
 Signature of Owner

- The signature box will open.
- You can either sign in the box again, or select the “Use Previous” button to use the same signature that was used on the application.
- Click “OK”.

Lastly, sign the Agent’s Report.

AIC5180-AS

AGENT’S REPORT

Important Note: Agent’s Report must be completed and submitted with all applications

Proposed Insured’s Name: Almonte, Jorge A

1. Is the Agent related to the Proposed Insured(s)? Yes No If Yes, provide relationship: _____

2. How long has the Agent known the Proposed Insured(s)? 5

Provide details of all Yes answers in the Agent Comments/Remarks section.

3. Did the applicant approach you to purchase insurance? <i>If Yes, list their stated need for the insurance in the Agent Comments/Remarks section.</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4. Is there any existing life insurance, annuity, or disability income insurance coverage on the life of any Proposed Insured?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If Yes, answer question 5. If No, skip question 5.</i>		
5. Will the life insurance applied for replace, or otherwise reduce in value, any existing life insurance, annuity, or disability insurance now in force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Complete replacement form(s) in accordance with applicable state replacement regulations. Provide copies of replacement form(s) to the Owner and the Company. Leave copies of sales materials with Owner. If you used an electronic sales presentation, you must mail a copy to the Owner.</i>		
6. Were appropriate replacement forms left with the client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

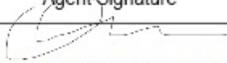
- If everything is correct, click on the yellow “Sign” button.

Information provided is inaccurate or incomplete. If not, I have set forth my reservations in the Agent Comments/Remarks section.

	Agent Signature	Print Agent Name	Agent Phone Number	Agent Email Address	Americo Produce
Sign ↓		Galvan, Enrique Domin	2223336697	ENRIQUE.FFL.66@GMAIL.COM	FFLHCS

- The signature box will open.
- You can either sign in the box again, or select the “Use Previous” button to use the same signature that was used on the application.
- Click “OK”

- The signature will appear on the line and the “Finish” button will no longer be grayed out.
- Click “Finish”.

Agent Signature	Print Agent Name	Agent Phone Number	Agent Email Address	Americo Producer #	State License # (if required)	%
	Galvan, Enrique Domin	2223336697	ENRIQUE.FFL.66@GMAIL.COM	FFLHCS		100

Does Americo have your current contact information? If not, email: submit@americo.com.

Americo Financial Life and Annuity Insurance Company • Home Office: Dallas, Texas • Administrative Office: PO BOX 410288, Kansas City, MO 64141-0288 • www.americo.com
AIC5160-AS Agent's Report

Finish **Decline**

You will be directed back to the Signature Instructions page. The signature process is now complete. Click “OK” to continue to the application process.

Signature instructions

The signature process is now complete. By clicking the OK button you will return to the case main page to resume the application process.
Please give the agent control of the device.

Name	Signee	Checklist	
Jorge A Almonte	Insured	✓	<input type="button" value="Sign"/>
Galvan, Enrique Domin	Agent	✓	<input type="button" value="Sign"/>

OK

Email Signing

To sign the application by email, you must click “Email Signing” and enter the applicable email address to send the documents to recipient for signing. Once the signing process begins, the recipient must complete signing within the same day that the initial email is sent and you will not be able to change anything on the Insured information page or the Insured’s height or weight.

NOTE: The signature link that is emailed to the client expires at 11:00 pm local time. The signature process needs to be completed by then, or a new link will need to be emailed.

Each client will be required to enter an Access code to review and sign the necessary document(s).

- The client’s access code will be the same as it was to sign the documents to initiate underwriting.
- Confirm the Insured’s email address. The person signing the authorization must be the person receiving the email.
- Click “Send Email”.

The email used by the applicant must be their email. Your personal or business email cannot be used to obtain the applicants signature. **Under no circumstance should you sign for your applicant.**

Barney Rubble (insured)

Access Code

Email Address

You will also need to provide an access code in order to review the documents. Refer to access code guidelines above.

Jones,Robert Alan (agent)

Access Code

Email Address

[Send Email](#)

[Cancel](#)

Once the email has been sent, you will see a green notice that says “Waiting on signature”. You will not be able to continue with the Underwriting Check until the Insured has signed the Medical Information Authorization and submitted it back to you.

Barney Rubble (insured)

Access Code

Email Address

Jones,Robert Alan (agent)

Access Code

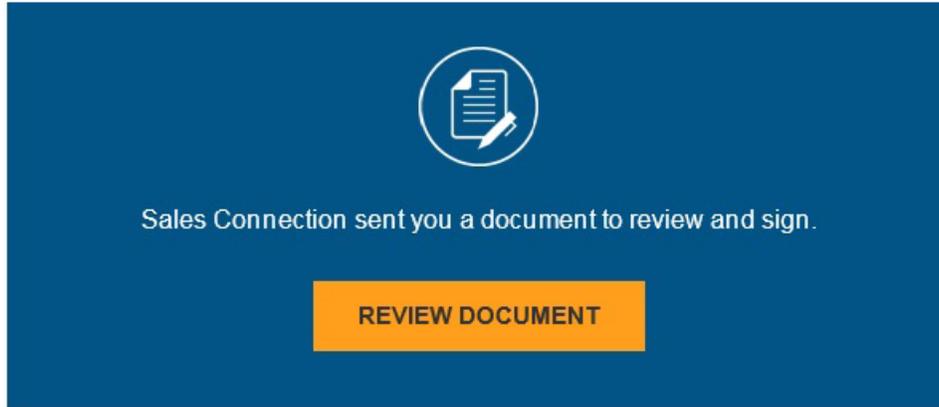
Email Address

[Send Email](#)

[Cancel](#)

Waiting on signature.

The Insured will receive an email from DocuSign. The subject line will be “Americo Application eSignature”. They will need to click on “REVIEW DOCUMENTS”.



Sales Connection

docusignsupport@americo.com

This message is intended for Barney Rubble (Insured). This document is for a separate life insurance product for Americo Financial Life and Annuity Insurance Company and is in no way related to the purchase of any other product (such as health insurance, dental insurance, auto insurance, etc.). In order to review and/or sign the required documents, you must enter an access code that was created for you at the time this application was taken. If you have problems accessing these documents, or if any of the data included on the documents is incorrect, please contact the agent of record, Robert Jones, directly at angiewilkinson11@gmail.com or 937-832-3100.

If you are required to sign this document please complete the signing as soon as possible. This document will be voided if all parties have not completed signing by midnight CST.

Reference Number:

Their Internet browser will open to the Authenticate: Security Request page. They will need to enter their Access Code to continue.

Please enter the access code to view the document

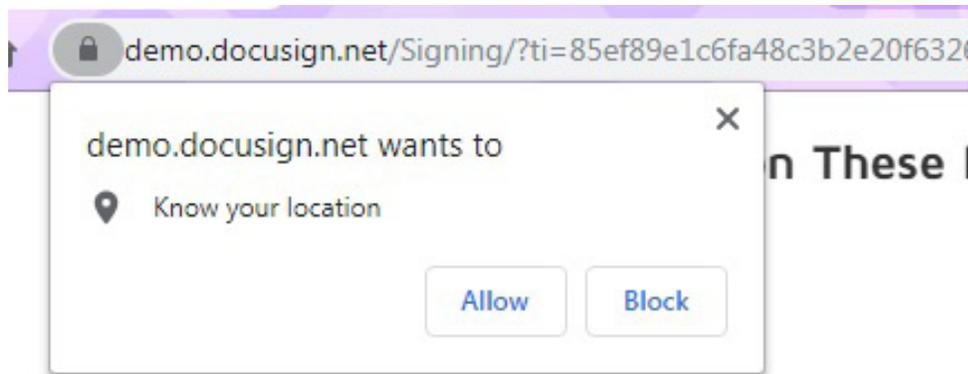
 **Sales Connection**
Americo

The sender has requested you enter a secret access code prior to reviewing the document. This code should have been selected at the time of application. Please enter the code and validate it in order to proceed to viewing the document.

Access Code

[Show Text](#)

- If a request to track your physical location pops up, click the “Allow” button.



This message is intended for Barnev Rubble (Insured). 1

- Have the Insured read the Electronic Record and Signature Disclosure. To view, click on the link and the disclosure will open in a pop-up.
- After reading, click “Close” button.

⏏

Agreement to do business with Americo Financial Life and Annuity Insurance Company

CONSUMER DISCLOSURE

During the electronic application process, Americo Financial Life and Annuity Insurance Company (referred to in this Consumer Disclosure as "we", "us" "Company" or "Americo") may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the "I agree" button at the bottom of this document.

How notices and disclosures generated during this application process will be delivered to you

We will provide electronically to you through the DocuSign system all required application notices, disclosures, authorizations, acknowledgements, and other documents that are required in order to apply for coverage with Americo. This applies ONLY to documents created or required to be delivered during the application process.

Getting paper copies

At the end of the electronic application process, you may print the documents created during the process for your records. In addition, if a policy is issued, copies of the signed documents will be included in your policy packet. At any time you may request that we send you a paper copy of the completed application documents by contacting our Policyholder Services Department at (800) 231-0801.

Declining to Consent

If you decide you do not want to use the electronic application process and decline to consent, this process will stop. Consenting to use the electronic application is the only way to complete this process.

Acknowledging your access and consent to receive materials electronically

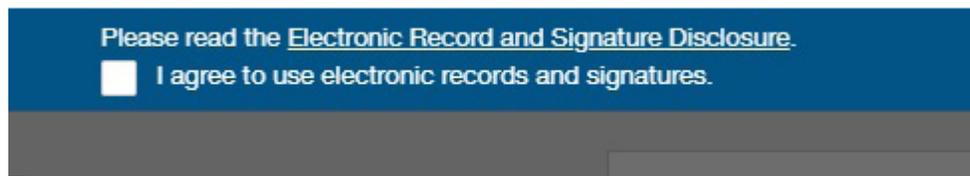
To confirm to us that you can access the application information electronically, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to submit an application in electronic format on the terms and conditions described above, please let us know by clicking the "I agree" button below.

By checking the "I agree" box, I confirm that:

- I acknowledge that I have read this Consumer Disclosure in its entirety and agree to be bound by the terms and conditions stated herein.
- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Americo Financial Life and Annuity Insurance Company as described above, I consent to receive from Americo exclusively through electronic means all application notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Americo Financial Life and Annuity Insurance Company as part of the application process.

CLOSE

- The Insured must agree to the disclosure by clicking the check box.



- If the Insured declines to sign the Electronic Records and Signature Disclosure acknowledgment, click “Decline to Sign”. At this point depending on the product, for HMS Plus you will need to fill out a paper application and submit to the home office for processing. For Eagle Premier Series, you will not be able to finish the application, a paper version of the application is not available.
- Once the Insured has agreed to the disclosure, the “Continue” button will highlight.
- Have them click this to review and sign the document.



Have the Insured review the application.

Application for Individual
Life Insurance ICC18.5160 **AMERICO**
Americo Financial Life and Annuity Insurance Company

SECTION 1. PROPOSED INSURED INFORMATION

1. Proposed Insured's Name (Last, First, MI) Almonte, Jorge A		2. <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	4. a. Height: 5' 7"
		3. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	b. Weight: 175 lbs.
5. Mailing Address (Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.) 728 east 7th st, Plainfield, NJ, 07060			
6. Street Address (Include City, State, and ZIP)			
7. Has the Proposed Insured lived at their current address for less than 6 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, prior ZIP Code is required: _____			
8. Phone Number: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work 9087564445		9. Email Address joejoe@yahoo.com	
10. Social Security Number 201927124	11. Date of Birth (MM/DD/YYYY) 07/15/1971	12. Age 48	13. Place of Birth (State, Country) NJ, USA
14. a. Is the Proposed Insured a U.S. Citizen? (If No, complete 14b. and 14c. below.)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the Proposed Insured a Permanent Resident? (If Yes, provide Permanent Resident Visa or Green Card ID Number.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. *Permanent Resident Visa or Green Card ID #			

- You will need to scroll down to the bottom of the form in order to sign.
- After reviewing the document, click on the yellow “Sign” button to sign the document.

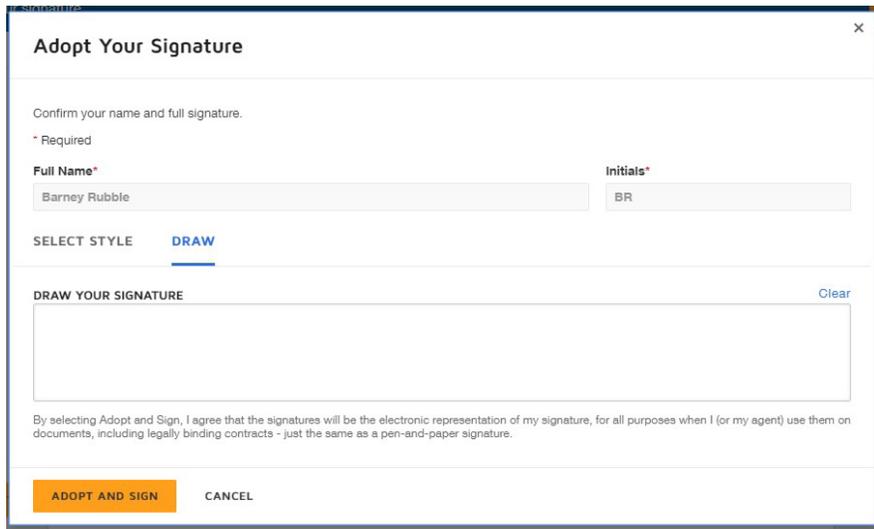
Signed at (State) NJ on (Month/Day/Year) 2019-11-20



Signature of Proposed Insured (required)

Signature of Owner (if different than the Proposed Insured)

The signature box will appear for the application to sign.



- They must sign the screen just like they are signing a piece of paper.
- If they do not like their signature, click “Clear” to start over.
- Once completed, click “ADOPT AND SIGN”.
- It is recommended to use a Stylus when capturing signatures.
- Full signatures are required, initials are not sufficient.

Signed at (State) KS on (Month/Day/Year) 11/20/2019

DocuSigned by:

Test Test

Signature of Proposed Insured (required)

Signature of Owner (if different than Proposed Insured)

Signature of Witnessing Agent (required)

Once they have signed the document the signature will appear on the Signature line.

After signing the Application, continue to the eApplication Security Form.

- Have the Insured provide their Mother's Maiden Name
- Click the yellow "Sign" button.
- Their signature will be filled in to the document.

**eApplication
Security Form**

18-261-1 (10/18)



Owner's Name Jorge A Almonte	Policy Number AM50136174
At Americo Financial Life and Annuity Insurance Company, security is our top priority. For additional security, please provide the following information:	
Mother's maiden name: <input type="text"/>	
	2019-11-20
Owner's Signature	Date

- Continue scrolling down to the Accelerated Death Benefit Rider Disclosure if writing a HMS Plus policy.
- If writing an Eagle Premier Series policy, you will go to the Bank Draft Authorization form.
- Once they read through, they will need to sign the Applicant's Acknowledgment.
- Click on the yellow "Sign" button.
- The signature will be automatically filled in.

**Accelerated Death Benefit Rider
Applicant's Acknowledgment**

AAA8604



I acknowledge that I have read the Accelerated Death Benefit Rider Disclosure, have been given a copy of this Disclosure, and that the features of this product have been explained to me.

	2019-11-20
Owner's Signature	Date

Next they will need to review and sign the Bank Draft Authorization Form.

**Bank Draft
Authorization Form** AF55019 (06/15)



As a convenience to me, I hereby request and authorize the banking institution below (the "Bank") to pay and charge to my account drafts on my account by and payable to the order of the company who issued or assumed the policy listed below (the "Company") administering my insurance policy provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the Bank's rights in respect to such draft shall be the same as if it were a check drawn on the bank and signed personally by me. **This authorization will remain in effect until revoked by me or the Company. Notifications should be sent to PO BOX 410288, Kansas City, MO 64141-0288, Attention Customer Service. Our toll-free number is 800.231.0801.** I agree that the Bank shall be fully protected in honoring any such draft. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, the Bank shall be under no liability whatsoever. Should any draft not be honored by the Bank upon presentation, I understand that this method of payment may be terminated. **I further understand that should any draft not be honored for the reason of "insufficient funds", a second attempt to draft may occur within 5 business days from the returned draft date.**

I understand that Americo requires a 5 business day advance notice to set up, change, or discontinue my bank draft information. I also understand that my insurance policy may lapse if said draft is returned unpaid by my Bank, or if I discontinue payments, prior to receiving confirmation of draft processing from the Company. **Please keep a copy of this authorization with your banking records.**

FOR EXISTING POLICIES: Unless otherwise requested, premium draft date will be the existing premium due date.

DRAFT DATE: (If no option is selected, Draft Date will default to the first option listed below)

Upon issue and on the policy's regular due date thereafter

Specific start date: 11 / 20 (must be within 10 days of the Due Date and cannot be on the 29th, 30th, or 31st of the month. It may take up to 4 business days from the day we initiate the draft for your bank to process this transaction.)

DRAFT INFORMATION

- Have them review the information on the Bank Draft Authorization form.
- If everything is correct, click on the yellow "Sign" button.
- The signature will be automatically filled in.

INSUREE INFORMATION			
PAYOR INFORMATION	Name Jorge A Almonte	Relationship to Proposed Insured self	Phone Number
	Address (If mailing address is a PO Box, a street address is also required) 728 east 7th st, Plainfield, NJ, 07060		
	How long at current address? _____ If less than 5 years at current address, prior address required.		
SIGNATURE			
	Payor's Signature (REQUIRED, as it appears on bank records)	Date 2019-11-20	

If writing an HMS Plus policy they will sign the Premium Conditional Receipt.

If writing an Eagle Premier Series policy, click the "FINISH" button after signing the Bank Draft Authorization form.

**Premium
Conditional Receipt**

AAA8482



THIS IS A CONDITIONAL RECEIPT — PLEASE READ CAREFULLY!

NO INSURANCE WILL BE PROVIDED BY YOUR FIRST PAYMENT UNLESS ALL TERMS IN PARAGRAPH "FIRST" ARE MET EXACTLY AND IN FULL!
NO AGENT OR BROKER HAS THE AUTHORITY TO CHANGE OR WAIVE ANY OF THESE TERMS.

Received from Jorge A Almonte on (Month/Day/Year) 2019-11-20 \$ 276.67 by check, preauthorized order for withdrawal, or salary deduction plan. This payment is the amount of the first full modal premium for the policy applied for in the application for life insurance to Amerigo Financial Life and Annuity Insurance Company having the same date as this Conditional Receipt. This payment is made and accepted under the terms of this Conditional Receipt. This Conditional Receipt cannot be transferred.

ANY PAYMENT BY CHECK MUST BE MADE PAYABLE TO AMERIGO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY. DO NOT MAKE ANY CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK. **IF YOUR CHECK OR DRAFT IS NOT HONORED WHEN FIRST PRESENTED FOR PAYMENT, THIS CONDITIONAL RECEIPT WILL NOT BE VALID OR ENFORCEABLE.**

IF ALL OF THE TERMS OF THIS CONDITIONAL RECEIPT ARE NOT MET EXACTLY AND IN FULL, TO THE COMPANY'S SATISFACTION, THE COMPANY'S ONLY LIABILITY WILL BE TO REFUND THE AMOUNT FOR WHICH THIS CONDITIONAL RECEIPT WAS GIVEN. "Effective Date" means the latest of: (1) the date the application is signed; (2) the date all required information is completed and received by the Company; or (3) the date of issue.

- Have them review the information on the Conditional Receipt.
- If everything is correct, click on the yellow "Sign" button.
- The signature will be automatically filled in.

SECOND: LIMITS OF LIABILITY – MAXIMUM AMOUNT OF INSURANCE AND PERIOD OF TIME WHICH INSURANCE CAN BE POLICY DELIVERY. The Company's liability for insurance under this Conditional Receipt plus all insurance which is pending in the Insured can never exceed \$250,000 of life insurance including Accidental Death Benefits. The time for which the Company can Receipt can never exceed a period of 60 days from the date this Receipt was signed.

I understand and agree to the terms, conditions and limitations of this Conditional Receipt and the Authorization and Acknowledgment. These have been fully explained to me by the Agent.

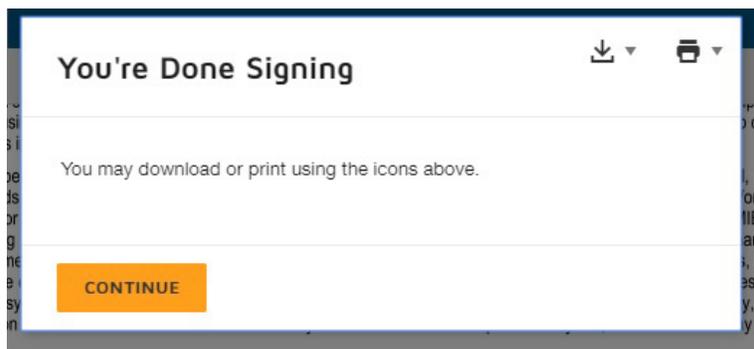
X _____
Signature of Licensed Agent

X  _____
Signature of Owner

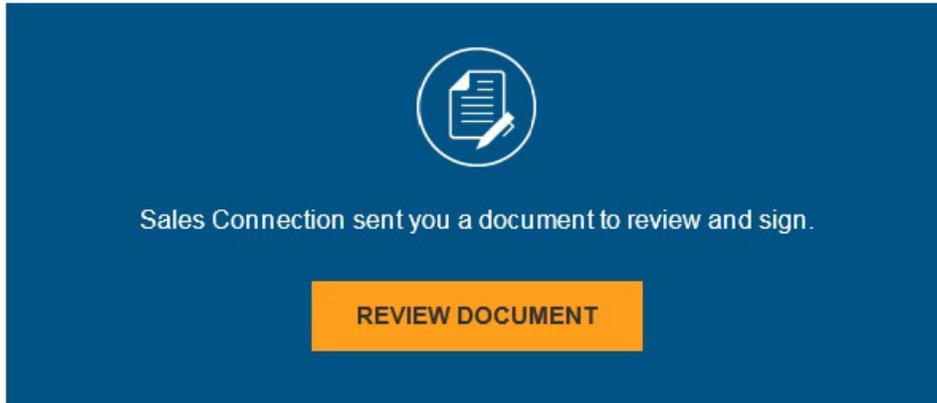
If the application is not approved and accepted within 60 days from the date it was signed, the Company shall have no obligation of this payment on surrender of this Receipt.

Amerigo Financial Life and Annuity Insurance Company • Home Office: Dallas, Texas • Administrative Office: PO Box 410288, Kansas City, MO 64101
AAA8482

- The signature will appear on the line and the "Finish" button will no longer be grayed out.
- Click "Finish".
- They will receive a message that they can either download or print the document if they wish.
- Click "Continue".



- They will be logged out of DocuSign and can close the web browser.
- They will also receive a confirmation email from DocuSign that the eSignature process has been completed. They can review the document by clicking on “REVIEW DOCUMENTS”.



Sales Connection

docusignsupport@americo.com

This message is intended for Barney Rubble (Insured). This document is for a separate life insurance product for Americo Financial Life and Annuity Insurance Company and is in no way related to the purchase of any other product (such as health insurance, dental insurance, auto insurance, etc.). In order to review and/or sign the required documents, you must enter an access code that was created for you at the time this application was taken. If you have problems accessing these documents, or if any of the data included on the documents is incorrect, please contact the agent of record, Robert Jones, directly at angiewilkinson11@gmail.com or 937-832-3100.

If you are required to sign this document please complete the signing as soon as possible. This document will be voided if all parties have not completed signing by midnight CST.

Reference Number:

Now it is time for the agent to sign the application.

- You will receive an email from DocuSign. The subject line will be “Americo Application eSignature”. Click on “REVIEW DOCUMENTS”.
- The Internet browser will open to the Authenticate: Security Request page. Enter your Access Code they created to continue.
- If a request to track your physical location pops up, click the “Allow” button.
- Have the Insured read the Electronic Record and Signature Disclosure. To view, click on the link and the disclosure will open in a pop-up.
- After reading, click “Close” button.
- You must agree to the disclosure by clicking the check box.
- Once you agree to the disclosure, the “Continue” button will highlight.
- Have them click this to review and sign the application.
- Click “Start” on the right hand side to begin reviewing the application.
- You will need to scroll down to the bottom of the form in order to sign.

- After reviewing the document, click on the yellow “Sign” button to sign the document.

The signature box will appear for you to sign.

- Sign the screen just like you are signing a piece of paper.
- If you do not like their signature, click “Clear” to start over.
- Once completed, click “ADOPT AND SIGN”.
- It is recommended to use a Stylus when capturing signatures.
- Full signatures are required, initials are not sufficient.
- Once you have signed the document your signature will appear on the Signature line.

After signing the Application, you will either sign the Accelerated Death Benefit Rider Disclosure if it is an HMS Plus policy or will continue to the Bank Draft Authorization form if writing Eagle Premier Series.

Accelerated Death Benefit Rider
Applicant's Acknowledgment

AAA8604

I acknowledge that I have read the Accelerated Death Benefit Rider Disclosure, have been given a copy of this Disclosure, and that the features and benefits of the product have been explained to me.

307c6957-51f1-4ca1-a1f6-209a81938e48

Owner's Signature

2019-11-20

Date

I acknowledge that I have reviewed this Rider Disclosure with the Owner.



Agent's Signature

2019-11-20

Date

- Read through and sign the Applicant's Acknowledgment.
- Click on the yellow "Sign" button.
- Your signature will be automatically filled in.

Next you will need to sign the Bank Draft Authorization Form.

**Bank Draft
Authorization Form** AF55019 (06/15)

DRAFT INFORMATION	<p>As a convenience to me, I hereby request and authorize the banking institution below (the "Bank") to pay and charge to my account drafts on my account by and payable to the order of the company who issued or assumed the policy listed below (the "Company") administering my insurance policy provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the Bank's rights in respect to such draft shall be the same as if it were a check drawn on the bank and signed personally by me. This authorization will remain in effect until revoked by me or the Company. Notifications should be sent to PO BOX 410288, Kansas City, MO 64141-0288, Attention Customer Service. Our toll-free number is 800.231.0801. I agree that the Bank shall be fully protected in honoring any such draft. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, the Bank shall be under no liability whatsoever. Should any draft not be honored by the Bank upon presentation, I understand that this method of payment may be terminated. I further understand that should any draft not be honored for the reason of "insufficient funds", a second attempt to draft may occur within 5 business days from the returned draft date.</p>
	<p>I understand that Americo requires a 5 business day advance notice to set up, change, or discontinue my bank draft information. I also understand that my insurance policy may lapse if said draft is returned unpaid by my Bank, or if I discontinue payments, prior to receiving confirmation of draft processing from the Company. Please keep a copy of this authorization with your banking records.</p>
	<p>FOR EXISTING POLICIES: Unless otherwise requested, premium draft date will be the existing premium due date.</p>
	<p>DRAFT DATE: (If no option is selected, Draft Date will default to the first option listed below)</p> <p><input type="checkbox"/> Upon issue and on the policy's regular due date thereafter</p> <p><input checked="" type="checkbox"/> Specific start date: <u>11</u> / <u>20</u> (must be within 10 days of the Due Date and cannot be on the 29th, 30th, or 31st of the month. It may take up to 4 business days from the day we initiate the draft for your bank to process this transaction.)</p> <p style="text-align: center;">Month Day</p>

- If everything is correct, click on the yellow "Sign" button.
- The signature box will open.
- Your signature will be inserted automatically.

Complete below only when voided check or deposit

ALTERNATE ACCOUNT VERIFICATION	Routing Number	301079183
	Account Number	123654
	<input type="checkbox"/> Check here if this is a business account	
	Agent's Certification (For New Business only) I do hereby attest that I personally verified this information. I understand that any misrepresentation on this form and may lead to immediate termination of my appointment with the Company.	
	Discussed by: _____ Signed by: <u>AMERICAN CLASSIC AGE</u> <small>ED99C8132BC14AD</small> Agent's Signature (REQUIRED)	

If you are writing an HMS Plus policy, you will sign the Premium Conditional Receipt.
 If you are writing an Eagle Premier Series policy you will continue to the Producers Statement.

Premium Conditional Receipt

AA48482



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- If everything is correct, click on the yellow "Sign" button.
- Your signature will be filled in automatically.

receipt can never exceed a period of 60 days from the date this receipt was signed.

I understand and agree to the terms, conditions and limitations of this Conditional Receipt and the Authorization and Acknowledgment. The terms have been fully explained to me by the Agent.

X  _____
 Signature of Licensed Agent

X  _____
 Signature of Owner

Lastly, sign the Agent's Report.

AGENT'S REPORT

Important Note: Agent's Report must be completed and submitted with all applications

Proposed Insured's Name: Almonte, Jorge A

1. Is the Agent related to the Proposed Insured(s)? Yes No If Yes, provide relationship: _____

2. How long has the Agent known the Proposed Insured(s)? 5 _____

Provide details of all Yes answers in the Agent Comments/Remarks section.

3. Did the applicant approach you to purchase insurance? If Yes, list their stated need for the insurance in the Agent Comments/Remarks section. Yes No

4. Is there any existing life insurance, annuity, or disability income insurance coverage on the life of any Proposed Insured? Yes No
If Yes, answer question 5. If No, skip question 5.

5. Will the life insurance applied for replace, or otherwise reduce in value, any existing life insurance, annuity, or disability insurance now in force? Yes No
Complete replacement form(s) in accordance with applicable state replacement regulations. Provide copies of replacement form(s) to the Owner and the Company. Leave copies of sales materials with Owner. If you used an electronic sales presentation, you must mail a copy to the Owner.

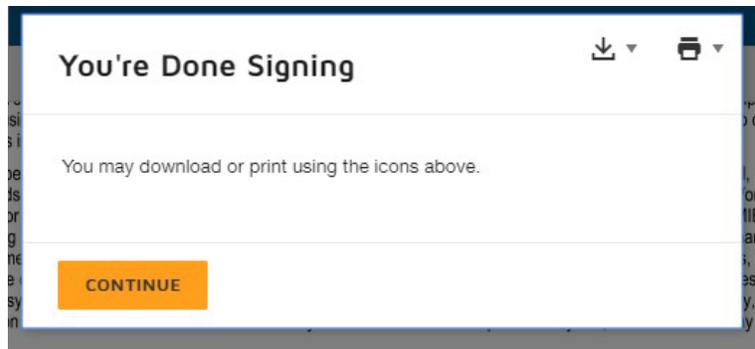
6. Were appropriate replacement forms left with the client? Yes No

- If everything is correct, click on the yellow "Sign" button.
- Your signature will be filled in automatically.

Information provided is inaccurate or incomplete. If not, I have set forth my reservations in the Agent Comments/Remarks section.

Agent Signature	Print Agent Name	Agent Phone Number	Agent Email Address	Americo Produce
	Galvan, Enrique Domin	2223336697	ENRIQUE.FFL.66@GMAIL.COM	FFLHCS

- The signature will appear on the line and the "Finish" button will no longer be grayed out.
- Click "Finish".
- They will receive a message that you can either download or print the document if you wish.
- Click "Continue".



- You will be logged out of DocuSign and can close the web browser.
- You will also receive a confirmation email from DocuSign that the eSignature process has been completed. They can review the document by clicking on "REVIEW DOCUMENTS".

FINISHING THE APPLICATION PROCESS

Return to the Finish screen where the Underwriting Results will be displayed.

Finish

Status: eApp signature - Completed

Underwriting Results

Based on the initial underwriting check the proposed insured may qualify for coverage. The application must be completed in order to determine if the proposed insured qualifies for the requested coverage.

Please click "Submit" or "Withdraw Case" to complete the application process.

Withdraw Case

Submit

Here you will click "Submit" to complete the application process. If the client has change their mind and refuses to complete the application, "Withdraw Case" will remove it from consideration.

Once you submit the case and the submission is successful, a "Success" message will appear. Click "OK" to close.

Success

Submit Success

OK

You will see the Finish screen where you will get the application decision. The policy number will be displayed.

Finish

Status: eApp submission - Successful

Underwriting Results

Congratulations! The underwriting review of this application for life insurance has been completed and has been approved for coverage

Thank you for submitting your application. The policy number assigned to this application is AM50136174. If you have any questions please contact Americo Agent Contact Center at 800.231.0801.

You have the option to print a copy of the finished application, click "Print" at the bottom of the Navigation on the left hand side.

The application is now complete! You can use the navigation at the top of the page to start a new application, run an illustration, return to the home page or open another case.

DEMO SITE

If you would like to practice completing a eApplication prior to meeting with a client, you can go to our eApplication Demo Site.

- Become familiar with the instant decision process
- Practice completing an eApp
- Feel confident selling Eagle Premier Series or HMS Plus

Go to <https://scdemo.americo.com> and enter your Americo.com Username and Password to get started.

AMERICO
DEMO SITE

THIS SITE IS FOR DEMONSTRATION PURPOSES ONLY. VISIT [SC.AMERICO.COM](https://scdemo.americo.com) TO SUBMIT AN APPLICATION.

Welcome Angie Wilkinson | Sign Out

Search New Illustration New eApp

Recent Cases

First Name	Last name	Description	Product	Last Saved	eApplication Status
Jorge	Almonte	AM50136174	HMS Plus 100 CBO	November 20, 2019	eApp submission - Successful
			Eagle Premier Series	November 20, 2019	
Robin	Sherette	AM86675806	Eagle Premier Series	November 20, 2019	eApp submission - Successful
Robin	Sherette	AM40426323	Eagle Premier Series	November 20, 2019	eApp submission - Successful
Char	Doobie	AM82368276	Eagle Premier Series	November 20, 2019	eApp entry - In progress

We're here to help.

Americo Sales Support
800.231.0801
sales.support@americo.com

Software version: v2_R10.1.0 # 603.0.0
Last updated: 11.01.19
Username: Angie Wilkinson

If you have trouble or need assistance with eApplications; please contact Americo Agent Services at 800.231.0801 or agent.services@americo.com.



Americo Financial Life and
Annuity Insurance Company
300 W. 11th Street
Kansas City, MO 64105

About Amerigo

For over 100 years, Amerigo Life, Inc.'s family of insurance companies has been committed to providing the life insurance and annuity products you need to protect your mortgage, family, and future.¹ We listen to what you want from an insurance policy or annuity and do our best to provide a proper solution for your individual situation.

Innovative thinking has helped us build a strong financial foundation for our business. Amerigo Financial Life and Annuity Insurance Company (Amerigo) is a member of the Amerigo Life, Inc. family of companies. Amerigo Life, Inc., is one of the largest, independent, privately held insurance groups in the United States² with 640,000 policies, over \$31.6 billion of life insurance in force, and \$6.1 billion in assets for year-end 2014.³

¹Americo Life, Inc. is a holding company and is not responsible for the financial condition or contractual obligations of its affiliate insurance companies.

²"Admitted Assets, Top Life Writers-2014," A.M. Best Co., as of July 2014.

³Information is as of year end 2014 on a consolidated basis for Amerigo Financial Life and Annuity Insurance Company and the other life insurance subsidiaries of Amerigo Life, Inc., unless otherwise indicated. Information is prepared on the basis of generally accepted accounting principles (GAAP).

Important Information

Americo Financial Life and Annuity Insurance Company is authorized to conduct business in the District of Columbia and all states except NY and VT.

Americo Medicare Supplement (Policy Series 500) is underwritten by Amerigo Financial Life and Annuity Insurance Company (Amerigo), Kansas City, MO, and may vary in accordance with state laws. Some products and benefits may not be available in all states.

Neither Amerigo Financial Life and Annuity Insurance Company nor any agent representing Amerigo Financial Life and Annuity Insurance Company is authorized to give legal or tax advice. Please consult a qualified professional regarding the information and concepts contained in this material.

Neither Amerigo nor its Medicare Supplement insurance policy are connected with or endorsed by the US government or the federal Medicare program.

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