



TELESALE PROCEDURE GUIDE

Dignified Choice[®] Final Expense
SafeShield[®] Simplified Issue Term

Columbian Life Insurance Company

Home Office: Chicago, IL

Administrative Service Office: Binghamton, NY

Form No. 6085-CL For agent use only. Not for consumer use.

Telesale with Voice Signature Overview

Telesale with voice signature is available for Dignified Choice® Final Expense and SafeShield® Simplified Issue Term. Point of Sale Underwriting is not available for telesales.

1. Initial premium must be paid by bank draft.
2. You must have the ability to place a three-way call for the voice signature process. Please be sure you know how to initiate a three-way call before you begin.
3. You must have a cell phone with texting capability to finalize the voice signature process.
4. All signees must be available at the time of the call to provide their voice signature. This includes:
 - The Proposed Insured
 - The Policyowner, if other than the Proposed Insured
 - The bank account holder, if premium is to be paid by bank draft and the payor is other than the Proposed Insured or Policyowner
 - Any proposed insured children who are of the age of majority in PA or NC
5. A telephone interview will be conducted for SafeShield® applications with a face amount of \$100,000 or more.

Telesale Procedure for eApp

1. Complete the application, asking all questions of the Proposed Insured and entering the answers as given.
2. On the Finish Screen, answer “Yes” to the question: “Was the application completed by phone?”
3. When the completed application is presented for review, read the following aloud:
 - Conditions Relating to the Application
 - Information Practices Relating to Underwriting Your Application
 - Conditional Receipt (if premium is to be made by immediate draft)
 - Any required additional documents, such as disclosure or replacement forms.
4. Type “Telesale” in the signature fields for each signee who is not present.
5. Type or sign your own name in the signature fields for the agent.
6. Submit the application.
7. Follow the Voice Signature Procedure below.
8. Within three business days, mail the appropriate forms from the Telesale Disclosure Packet for the state and product (Form No. 5376CFG-[State Abbreviation]-[FE or SIT]) to the Applicant, with any required information completed.

Telesale Procedure for Paper Applications

1. Complete the application, asking all questions of the Proposed Insured and entering the answers as given. Read the following aloud:
 - Conditions Relating to the Application
 - Information Practices Relating to Underwriting Your Application
 - Conditional Receipt (if premium is to be made by immediate draft)
 - Any required additional documents, such as disclosure or replacement forms.
2. Write “Telesale” in the signature fields for each signee who is not present.
3. Sign your own name in the signature fields for the agent.
4. Follow the Voice Signature Procedure below.
5. On the front of the application, write the voice signature confirmation number (see below).
6. Submit the application via mail, fax or secure upload through the Partners Website.
7. Within three business days, mail the appropriate forms from the Telesale Disclosure Packet for the state and product (Form No. 5376CFG-[State Abbreviation]-[FE or SIT]) to the Applicant, with any required information completed.

Voice Signature Procedure

1. With the Proposed Insured on the line, call **(607) 678-2424** to record the voice signatures.
2. When prompted, enter your 10-digit cell phone number. If you enter the number incorrectly, hang up and dial again. We must have your cell phone number to deliver the confirmation number and link the voice mail signature to the application.
3. Read the Voice Signature Agent Script (below), pausing for answers to each question.
4. When all questions have been asked and answered, press the star key to end the recording.
5. A confirmation number will be texted to your phone. You must reply when prompted for:
 - The policy number (for eApp) or “None” (for paper application)
 - Your agent number
 - The last name of the applicant
 - The first name of the applicant

Voice Signature Agent Script

As a final step to complete the application process, I will need to record the next part of our phone call. Do I have your permission to record this conversation?

Mr. / Mrs. / Ms. [Proposed Insured Name], I need you to verify the following:

- 1. Please state your full name and today's date.*
- 2. Please state your date of birth and the last four digits of your Social Security number or tax ID.*
- 3. Is it your intent for this recording to represent your signature?*
- 4. Do you understand that you have applied for a (as applicable) Dignified Choice® [Plan Name] Final Expense / SafeShield® Term / SafeShield® Plus Return of Premium Term life insurance policy from Columbian Life Insurance Company?*
- 5. Do you acknowledge that I have read to you all of the following:*
 - a. All health questions on the application?*
 - b. Information practices relating to underwriting your application and MIB Pre-Notice?*
 - c. If applicable: Conditional receipt?*
 - d. If applicable: Accelerated Benefit Rider Disclosure Notice?*
 - e. If applicable: Replacement Notice?*
- 6. Have you answered all application questions truthfully and to the best of your knowledge?*
- 7. I need your authorization for the company to perform the underwriting checks for your application. Please listen to the following:*

I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy benefit manager, other medical or medically related facility, insurance company, MIB, Inc., consumer reporting agency, or other organization, institution or person that has any records or knowledge of me or any proposed insured, to give any such information to Columbian Life Insurance Company, hereafter referred to as "the Company," or its reinsurers for underwriting or claims purposes. This authorization also includes information about drugs, alcoholism, prescription drug records, or any other medical history information. To facilitate rapid submission of such information, I authorize all said sources, except MIB, Inc., to give such records or knowledge to any agency employed by the Company to collect and transmit such information. I understand my information may be subject to redisclosure to a third party and may no longer be protected by federal privacy laws. I authorize Columbian Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB, Inc. I understand a telephone interview may be necessary to verify or supplement information given to the Company on this application. This interview may be made from the Administrative Service Office or from a consumer-reporting agency by a trained interviewer acting on the Company's behalf. A photocopy of this form will be as valid as the original; this authorization will be valid for two years from the date of authorization, or the time limit permitted by applicable law in the state where the policy is delivered or issued for delivery. You may revoke this authorization by contacting us at PO Box 1381 Binghamton, NY 13902-1381 however, we retain the right to use any information obtained under your authorization prior to your revocation. I have had read to me the Conditions Relating to the Application and the Authorization & Acknowledgment. I acknowledge review of the Information Practices Relating to Underwriting Your Application. I have had read to me the fraud warning in this application. I consent to the use of my voice signature, and

understand that my voice signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, claim that my voice signature is not legally binding or that I did not intend my voice signature to be legally binding.

I understand that no agent is allowed to permit me to answer any question inaccurately, untruthfully, or incompletely, nor has the agent coached me to answer any questions in a way other than I intended.

8. *[Name of Proposed Insured], please state that you agree after the following statement:
"I [Name of Proposed Insured], agree to this authorization as read on [today's date]"*

If the Proposed Insured is Payor, read the following Payor Authorization:

- 1. Do you authorize the payment of debits drawn on your account payable to Columbian Life Insurance Company?*
- 2. Do you agree that if any such debit is dishonored, the Company shall be under no liability in the event the dishonored debit results in forfeiture of insurance?*
- 3. If applicable: Do you authorize the Company to adjust the date of withdrawal from your bank account to match your Social Security benefit deposit?*

Any requirement for giving notice of premiums due will be waived as long as the Electronic Funds Transfer Plan is in effect. No premium will be deemed to have been paid until the Company receives actual payment. The use of this plan will in no way change the provisions of the policy with respect to the termination of such policy upon nonpayment of premium due. This plan will continue in effect until terminated by the Company or by you by thirty days written notice to the other party. The Company may terminate the EFT plan if any check or electronic fund transfer is not paid on presentation. Upon termination of the Electronic Funds Transfer plan, premiums due under the policy after such termination will be payable directly to the Company at the minimum modal premium available at the time.

If someone other than the Proposed Insured will be owner of the policy:

Please pass the phone to the Policyowner.

- 1. Please state your name and your relationship to the individual applying for life insurance.*
- 2. Please verify the last four digits of your Social Security number or tax ID.*
- 3. Is it your intent for this recording to represent your signature?*
- 4. Is it your intent to be owner of this policy?*
- 5. If the Owner is also Payor: Read the Payor Authorization text at the top of this page.*

If Payor is other than the Proposed Insured or Policyowner:

Please pass the phone to the bank account holder whose account will be drafted.

- 1. Please state your name and your relationship to the individual applying for life insurance.*
- 2. Is it your intent for this recording to represent your signature?*
- 3. Read the Payor Authorization text at the top of this page.*

For each proposed insured child age 15 or older if the application is being taken in Pennsylvania or each proposed insured child age 18 in North Carolina:

Please pass the phone to [Proposed Insured Child Name].

- 1. Please state your name and your relationship to the individual applying for life insurance.*
- 2. Is it your intent for this recording to represent your signature?*
- 3. Have you answered all application questions truthfully and to the best of your knowledge?*