

# Term eSubmit Process

**INSURANCE - BANKING - ASSET MANAGEMENT**



# Where do I find Term e-Submit?

## On the ING for Professionals Site...

The screenshot shows the ING for Professionals website interface. At the top, there are navigation tabs for 'ING Product Center' and 'Administration Center'. Below these are sub-tabs for 'Annuities', 'Life Insurance', and 'Retirement/Rollover'. A left-hand navigation menu lists various sections: Life Insurance Home, My Business, Products, Forms, Marketing, Compliance & Reference, News & Events, Education & Training, Tools & Calculators, and Quotes & Charts. The main content area features a large 'ING UL VUL ECV Early Growth Potential' banner. Below the banner is a 'Quick Links' section with a list of links, including 'ING Term eSubmit', which is circled and pointed to by a large orange arrow. Other sections include 'Life Insurance' with promotional text, 'Highlights' with 'Executive Benefits' and 'Pinnacle Club - Vancouver 2009', and a 'News' section with articles about hurricane response and insurance requirements. A 'Stocks & Markets' section at the bottom right shows market data for DJIA and S&P 500.

**ING Product Center** **Administration Center**

Annuities Life Insurance Retirement/Rollover

→ Life Insurance Home  
→ My Business  
→ Products  
→ Forms  
→ Marketing  
→ Compliance & Reference  
→ News & Events  
→ Education & Training  
→ Tools & Calculators  
→ Quotes & Charts

**ING**  
**UL VUL ECV**  
Early Growth Potential

**Life Insurance**  
ING VUL-ECV & ING UL-ECV  
Get an EARLY start on growth potential.  
[learn more >](#)

**Life Insurance Awareness Month (LIAM) is September**  
Learn more about LIAM and use this award-winning series of emotion-based ads in Sept. and beyond to help prospective clients understand the need for life insurance.  
[learn more >](#)

**Quick Links**

- Performance Center >
- ING Compensation >
- App Wizard >
- **ING Term eSubmit >**
- ING Presents >
- Life Illustration Express >
- Status of Pending New Business >
- Inforce Policy Access >
- Underwriting >
- ING Life PromoCenter >

**Highlights**

**Executive Benefits**  
Resources for all of your Executive Benefits needs.  
[learn more >](#)

**Pinnacle Club - Vancouver 2009**  
Pinnacle Club - Vancouver 2009  
[learn more >](#)

**News**

**ING's Response to Hurrican Gustav**  
September 24, 2008  
List of affected Louisiana counties.  
[read more >](#)

**Arkansas Department of Insurance Requires Agent Number Printed on all Marketing**  
September 24, 2008  
Get all of the details here including what

**Stocks & Markets**  
Quoted at 4:08 PM, ET

DJIA	10,851	+485.21
S&P 500	1,165	+58.32

# How do I access Term e-Submit?

One log-in ID and Password gives you access to ING Pro and Term eSubmit.

The screenshot displays the ING Administration Center interface. At the top, there are navigation tabs for 'ING Product Center' and 'Administration Center'. Under 'Administration Center', there are sub-tabs for 'Annuities', 'Life Insurance', and 'Retirement/Rollover'. The 'Life Insurance' tab is active. On the left side, there is a vertical menu with links: 'Life Insurance Home', 'My Business', 'Products', 'Forms', 'Marketing', 'Compliance & Reference', 'News & Events', 'Education & Training', 'Tools & Calculators', and 'Quotes & Charts'. The main content area features a 'Quick Links' section with a 'back to previous page' link. Below this is a promotional banner for 'ING Term eSubmit' with the text 'Term applications are now easier!' and an orange arrow graphic. To the right of the banner is a dark box with the text 'Get started with ING Term eSubmit >>' and an image of a hand holding a pen. Below the banner, there is a section titled 'Who to call' with the text 'If you have questions about ING Term eSubmit, please contact:' and a bullet point for 'Sales Desk - 1866-464-7355, Option 3'. Further down, there is a paragraph of text: 'Just enter all of the necessary information into Term eSubmit. Our new system will produce the term insurance application and any other forms needed to submit your business.' followed by 'Then just add your electronic signature...and electronically submit to the ING Service Center.' and 'Or you can print... sign... and send. Simple.' Below this is a section titled 'Employees Only' with the text: 'To access this application, you must login with your ING Pro external username and password. If you do not have an external username and password, follow the instructions on the external login page to request one.' At the bottom of the main content area, there is a link: 'get started with ING Term eSubmit >'. The ING logo is visible in the bottom right corner of the page.

# First screen of Term eSubmit: Client Screen

Note: Turn off all pop-up blockers or you will not be able to access the iGO e-App site. Once all pop-up blockers are disabled, the first screen you will see is the Client screen.

**Current Case**

**Current User:**

**Client:**

**Product Type:**

**Product:**

**State:**

[Continue to Application](#)

**Current Client Case**

[Create New Client](#)   [e-Signature](#)    [Open Existing Cases](#)

Browser Capability - Please note that Safari and Firefox browsers are not currently supported by the E-Submit Term Application for use during the interview process. When you send the application to your clients for review and electronic signature, they must use Internet Explorer 6.0 or 7.0 or Safari.

First Name  Last Name

Carrier

State

Product Type

Product

Notes

[Open Existing Cases](#)

**Existing Client Cases**

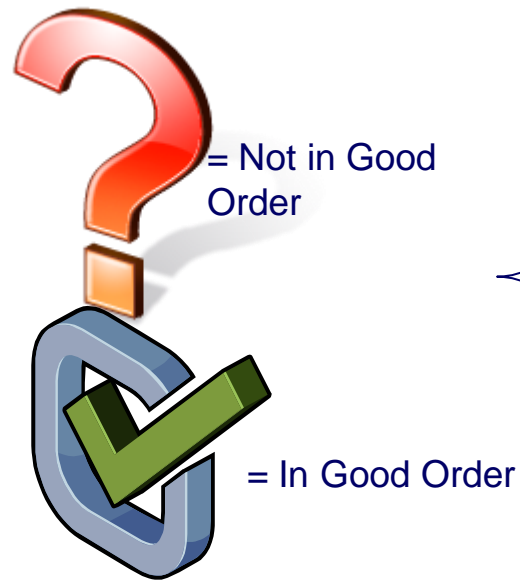
Select name to open existing client case.

<input type="checkbox"/>	<a href="#">Saved</a>	<a href="#">Last Name</a>	<a href="#">First Name</a>	<a href="#">Age</a>	<a href="#">State</a>	<a href="#">Agent</a>	<a href="#">Product</a>	<a href="#">Plan</a>	<a href="#">Case</a>
<input type="checkbox"/>									12/01/2009

[Logout](#)  
[Help](#)

- All yellow fields are required. The application will not be In-Good-Order if you do not answer all required fields.
- If required fields are not answered, you will not be allowed to utilize the e-Signature and e-Submit functionality.
- Capture the clients required information and click on **“Continue to Application”**

# Questionnaire Tab – Proposed Insured Screen



Client      Questionnaire

Save | View Form | Next

### Proposed Insured

Please provide information about the Proposed Insured below

#### Personal Information

First Name  Middle Initial  Last Name

Name Suffix  Date of Birth  Age Nearest

Birth Country  Birth State

Gender  Male  Female Marital Status

SSN  - or - Government Issued ID

Phone Number  Email Address

Is Proposed Insured the Owner?  Yes  No

Does Proposed Insured have a Driver's License?  Yes  No

Current Case      Sign Out

Agent:

Client: Test Three

- E-Application**
- Proposed Insured
  - Proposed Insured Continued
  - Proposed Insured Continued
  - Proposed Insured Continued
  - Personal History
  - Beneficiary Information
  - Product/Rider Information
  - Payment
  - Agent's Report
  - Agent's Report Continued
  - Agent's Report Continued
  - Agent's Report Continued
  - Agent's Report Continued
  - Validate and Lock Data

**Must enter a valid SSN.**

**•Consecutive numbers will not work.**

**Important for e-Signature.**

•Capture the proposed insured's required information and click on "Next"



# Questionnaire Tab – Proposed Insured Screen Continued: Address

•Capture the proposed insured’s required information and click on “Next”



# Questionnaire Tab – Proposed Insured Screen Continued: Employment

Client | Questionnaire

Save | View Form | Back | Next

### Proposed Insured Continued

*Employment*

Occupation

Is Proposed Insured employed?  Yes  No

**If “Yes”, we can answer additional questions or click “Next”.**

**If “No”, we click on “Next”.**

**Employer**

Name

Address

City  State  Zip

Phone Number

Back Next

•Capture the proposed insured’s required information and click on “Next”



# Questionnaire Tab – Proposed Insured Screen Continued: Income & Tobacco

Client      Questionnaire

Current Case      Sign Out      Save | View Form |      Back | Next

**Proposed Insured Continued**

Proposed Insured Annual Earned Income  **Required**

Annual Interest and Other Income

Total Net Worth  **Optional**

Has the Proposed Insured ever used tobacco or nicotine products of any type or does the Proposed Insured currently use tobacco or nicotine products of any type?  Yes  No **Required**

If "No", click "Next".

**E-Application**

- Proposed Insured
- Proposed Insured Continued
- Proposed Insured Continued
- Proposed Insured Continued
- Personal History
- Owner (Payor)
- Owner (Payor) Cont'd
- Beneficiary Information
- Product Rider Information

•Capture the proposed insured's required information and click on "Next"



# Questionnaire Tab – Proposed Insured Screen Continued: Tobacco, cont.

**Current Case** | Sign Out

**Agent:**

**Client:** Test Three

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**E-Application**

- Proposed Insured
- Proposed Insured Continued
- Proposed Insured Continued
- Proposed Insured Continued
- Personal History
- Owner (Payor)
- Owner (Payor) Cont'd
- Beneficiary Information
- Product/Rider Information
- Payment
- Replacement Information
- Replacement Verification
- Agent's Report
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Health Info Authorization
- Validate and Lock Data

Save | View Form | Back | Next

## Proposed Insured Continued

Proposed Insured Annual Earned Income

Annual Interest and Other Income

Total Net Worth

Has the Proposed Insured ever used tobacco or nicotine products of any type or does the Proposed Insured currently use tobacco or nicotine products of any type?  Yes  No

**If "Yes", answer the remaining Tobacco Use questions.**

*(Please check all that apply)*

Indicate Type	Currently Use	Amount and Frequency	Month/Year Last Used <small>MM/YYYY</small>
<input checked="" type="checkbox"/> Cigarettes	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	
<input checked="" type="checkbox"/> Cigars	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	
<input checked="" type="checkbox"/> Pipe	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	
<input checked="" type="checkbox"/> Chewing Tobacco	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	
<input checked="" type="checkbox"/> Nicotine Gum	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	
<input checked="" type="checkbox"/> Nicotine Patch	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	

•Capture the proposed insured's required information and click on "Next"



# Questionnaire Tab – Personal History

**Proposed Insured Personal History**

Has the Proposed Insured ever declared bankruptcy?  Yes  No

Is the Proposed Insured, or do they intend to become a member of the armed forces, including the Reserves or National Guard?  Yes  No

In the next 5 years does the Proposed Insured intend to travel or reside outside the US or Canada (other than a two week or less vacation to Western Europe or the Caribbean)?  Yes  No

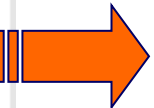
Does the Proposed Insured anticipate flying a plane (other than a commercial pilot), racing motor boats, automobiles, motorcycles, or participating in sky-diving, hang-gliding or other hazardous activities.  Yes  No

Please check all that apply to complete the appropriate questionnaire(s):

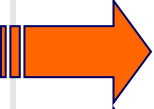
<input type="checkbox"/> Aviation	<input type="checkbox"/> Powerboat/Motorboat	<input type="checkbox"/> Motorsports
<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> Avocation and Professional Sports	<input type="checkbox"/> Ballooning

Except for traffic violations, has the proposed insured been the subject of or convicted in a criminal proceeding?  Yes  No

Has the Proposed Insured in the last five years had any motor vehicle accidents, alcohol or drug related convictions, or other moving violations while operating a motor vehicle?  Yes  No



**If “Yes”, must enter date Discharged and details**



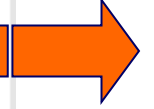
“Yes” triggers Military Questionnaire



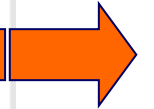
“Yes” triggers Foreign Travel Questionnaire



“Yes” triggers Agent to choose activities.  
Activities trigger questionnaires on left navigation bar.



**If “Yes”, must enter an explanation.**



**If “Yes”, must enter an explanation.**

•Capture the proposed insured’s required information and click on “Next”



# Questionnaire Tab – Owner (Payor)

Save | View Form | Back | Next

### Policy Owner (Payor) Information

Owner type: Individual

First Name: [Redacted] Middle Initial: [Redacted] Last Name: [Redacted]

Relationship to Proposed Insured: [Redacted]

Is Residence Address the same as the Proposed Insured Address?  
 Yes  No

**Residence Address**  
Address: [Redacted]  
*P.O. Box is not permitted.*  
City: [Redacted] State: [Redacted] Zip: [Redacted]

Is Residence Address the same as Billing Address?  
 Yes  No

**Billing Address**  
Address: [Redacted]  
City: [Redacted] State: [Redacted] Zip: [Redacted]

Phone Number: [Redacted]

SSN: [Redacted] - or - Government Issued ID: [Redacted]

Back Next

If "Yes", proceed to Billing Address.

If "No", fill in required information.

If "Yes", click on "Next".

If "No", fill in required information.  
Then click "Next".

Important for e-Signature.



# Questionnaire Tab – Owner (Payor) Continued

Client      Questionnaire

Current Case      Sign Out      Save | View Form |      Back | Next

Agent:

Client: Test Three

**E-Application**

- ✓ Proposed Insured
- ✓ Proposed Insured Continued
- ✓ Proposed Insured Continued
- ✓ Proposed Insured Continued
- ✓ Personal History
- ✓ Owner (Payor)
- ? Owner (Payor) Cont'd
- Beneficiary Information
- Product/Rider Information

**Policy Owner (Payor) Information Continued**

Does Owner have a Driver's License?       Yes     No

Driver's License Number      [Yellow Box]      License State      [Yellow Box]

Date of Birth      [Yellow Box]      Age Nearest

MM/DD/YYYY

If "Yes", fill in required information.

If "No", enter Date of Birth, then click "Next".



# Questionnaire Tab – Beneficiary Information

Client | Questionnaire

Save | View Form | Back | Next

### Beneficiary Information

Please enter Primary Beneficiary(ies), up to a maximum of 10, by clicking on grid. Total percentage of Primary Beneficiaries' shares must equal 100%. If no percentages are entered, beneficiaries' shares will be distributed equally.

Primary Beneficiary Name	Relationship	% Share
Click here to add...		

**Please enter at least one Primary Beneficiary**

#### Enter Primary Beneficiary's Information

Type:

Relationship to Proposed Insured:

Percentage:  %

Total percentage of Primary Beneficiaries' shares must equal 100%. If no percentages are entered, beneficiaries' shares will be distributed equally.

Save | Delete | Cancel

Can enter a maximum of 10 Primary Beneficiaries.

Details for 2<sup>nd</sup> – 10<sup>th</sup> beneficiaries listed will appear on Overflow page of pdf file.

**Total Percentage must equal 100% for all Primary Beneficiaries**



Total percentage of Primary Beneficiaries' shares must equal 100%. If no percentages are entered, beneficiaries' shares will be distributed equally.



# Questionnaire Tab – Beneficiary Information

Would you like to designate a Contingent Beneficiary(ies)?  Yes  No

*Please enter Contingent Beneficiary(ies), up to a maximum of 10, by clicking on grid. Total percentage of Contingent Beneficiaries' shares must equal 100%. If no percentages are entered, beneficiaries' shares will be distributed equally.*

Contingent Beneficiary Name	Relationship	% Share
Click here to add...		

**Please enter at least one Contingent Beneficiary**

**If “Yes”, you are allowed to add up to 10 Contingent Beneficiaries.**

**Details for 2nd – 10th beneficiaries listed will appear on Overflow page of pdf file.**

**If “No”, Click on “Next”.**



# Questionnaire Tab – Product/Rider Information

Current Case | Sign Out

Save | View Form | Back | Next

### Product\Rider Information

Agent:  
Client: Test Three

**E-Application**

- Proposed Insured
- Proposed Insured Continued
- Proposed Insured Continued
- Proposed Insured Continued
- Personal History
- Owner (Payor)
- Owner (Payor) Cont'd
- Beneficiary Information
- Product/Rider Information**
- Payment
- Replacement Information
- Replacement Verification
- Health Info Authorization
- Agent's Report
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Validate and Lock Data

Initial Term Period: 20 | Face Amount: \$50,000  
*Minimum Face Amount is \$100,000.00*

Health Class Quoted: [dropdown]

- Waiver of Premium Rider
- Children's Insurance Rider
- Accidental Death Benefit Rider
- Accelerated Benefit Rider
- Return of Premium - Enhanced Version

**Per product guidelines.**

**Choose the riders to add to the application,**

**Initial Term Periods and Riders may vary depending on Proposed Insured's issue age (age nearest) or state availability.**



# Questionnaire Tab – Payment Information

## Choose Payment Methods – Initial and Subsequent

Save | View Form | Back | Next

**Payment Information**

*If any questions will be answered YES or LEFT BLANK on the Conditional Receipt\Temporary Insurance Receipt, you are not authorized to collect premium at the time of application.*

Initial Payment Method  Initial Payment Amount

Frequency of Subsequent Payments  Subsequent Payment Amount

Would you like to backdate your policy to save age?  Yes  No

Will this be a list bill?  Yes  No

**\*\*Only allowed to enter whole numbers at this time.**

**Note: Voided check/deposit slip is not required for e-submitted cases.**

**If EFT is chosen for the initial Payment, Subsequent payments default to EFT.**

**Please also make note of request for EFT draft for initial premium in the 'Remarks' section of the Agent Report Page.**

**Payment Information**

*If any questions will be answered YES or LEFT BLANK on the Conditional Receipt\Temporary Insurance Receipt, you are not authorized to collect premium at the time of application.*

Initial Payment Method  Initial Payment Amount

*EFT will also be the payment method for all subsequent payments.*

Premium Received From

Frequency of Subsequent Payments  Subsequent Payment Amount

Would you like to backdate your policy to save age?  Yes  No

Will this be a list bill?  Yes  No



# Questionnaire Tab – Payment Information Continued

## Payment Information

*If any questions will be answered YES or LEFT BLANK on the Conditional Receipt\Temporary Insurance Receipt, you are not authorized to collect premium at the time of application.*

Initial Payment Method  Initial Payment Amount

Premium Received From

Frequency of Subsequent Payments  Subsequent Payment Amount

Would you like to backdate your policy to save age?  Yes  No

Will this be a list bill?  Yes  No

### Credit Card Payment Authorization

Is the Cardholder the same as the Policy Owner?  Yes  No

Full Name *(Enter as it appears on card)*

Credit Card Type  Billing Zip Code  Account Number

Expiration Date  Payment Amount

**Please enter initial payment amount.**

**Credit card payment method is not provided as an option if not allowed in the state the application was taken.**

**If 'Check with App' is selected, it is assumed that the payment will be submitted immediately under separate cover.**

**If Credit Card is chosen, additional information is required.**



# Temporary Insurance Receipt Tab

Current Case | Sign Out

Agent:

Client: Test Three

Save | View Form | Back | Next

## Temporary Insurance Receipt

*If any questions are answered YES or LEFT BLANK, you are not authorized to collect premium at the time of application.*

**You are not authorized to collect premium at the time of application.**

- E-Application**
- Proposed Insured
- Proposed Insured Continued
- Proposed Insured Continued
- Proposed Insured Continued
- Personal History
- Owner (Payor)
- Owner (Payor) Cont'd
- Beneficiary Information
- Product/Rider Information
- Payment
- ? Temporary Insurance Receipt**
- Replacement Information
- Replacement Verification
- Health Info Authorization
- Agent's Report
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Validate and Lock Data

Has the Proposed Insured:

in the past 10 years had unintentional weight loss, or any symptoms of a disease \*  Yes  No  
or an impairment for which the Proposed Insured(s) has not consulted a physician?

ever had, or now have, any type of heart disease, stroke, or other vascular disease?  Yes  No

ever had, or now have, any type of cancer, leukemia, malignant tumor, or disorder of the immune system?  Yes  No

attained age 70?  Yes  No

Back Next

**If any of these questions are answered "Yes", you are not authorized to collect premium at the time of application.**

**If answered "No", the Temporary Insurance Receipt will be included in the completed application packet.**

**Click on "Next".**



# Questionnaire Tab – Replacement Information & Agent Replacement Verification

Client | Questionnaire

Save | View Form | Back | Next

### Replacement Information

	Proposed Insured	Proposed Owner
Do you have an existing or pending life insurance policy or annuity contract?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are you considering using funds from an existing policy or contract to pay premiums on the policy you are applying for?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you discontinued making premium payments, surrendered, forfeited, assigned to the insurer, or otherwise terminated an existing policy or contract or are you considering doing so?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

If any of these questions are “Yes”, additional questions will populate and trigger the required replacement forms.

Client | Questionnaire

Save | View Form | Back | Next

### Agent Replacement Verification

To the best of your knowledge and belief, will coverage under an existing life insurance policy or annuity contract be replaced, lapsed, surrendered, or borrowed against in relation to this application for insurance?  Yes  No

Is the Owner or the Proposed Insured considering using funds from an existing policy or contract to pay premiums on the policy being applied for?  Yes  No

Has the Owner or the Proposed Insured discontinued making premium payments, surrendered, forfeited, assigned to the insurer, or otherwise terminated an existing policy or contract or are they considering doing so?  Yes  No

Back | Next

If any of these questions are answered “Yes”, the required replacement forms are triggered.

← Click “Next”



# Questionnaire Tab – Health Info Authorization

Client      Questionnaire

Save | View Form |      Back | Next

### Health Info Authorization

This will authorize:

(Physician, Clinic or Hospital Name)

to release medical information to  (the Life Insurance Agent/Agency)

Authorized Life Insurance Carrier(s)

Description of Personal Representative's Authority or Relationship to Patient

Back      Next

**ING does not require any of these fields to be filled out.**

**Note: This page concludes the client portion of the application. All remaining pages are specific to agent information and the submission of the case.**



# Questionnaire Tab – Agent Report

Current Case | Sign Out | Save | View Form | Back | Next

Agent:  
Client: Test Three

**Agent's Report**

*Writing Agent's Information*

Agent Type  Individual  Agency

**If agent contracting is pending, please enter GA #.  
Agent ID # is required prior to policy issue.**

Agent Address: City [ ] State [ ]

Agent ID # [ ] State License # [ ]

Agent Phone Number [ ]  
(xxx) xxx-xxxx

Agent Email Address [ ]

Agent SSN # [ ]  
xxx-xx-xxxx

Back Next

At any time, you can save the application and come back to it, and/or view/download the pdf forms.

Additional information will be required for either selection.

If agent contracting is pending, please enter GA #.  
Agent ID # is required prior to policy issue.

Important for e-Signature.

\*Will not print on the agent report.

Click "Next".



# Questionnaire Tab – Agent Report

Client | Questionnaire

Save | View Form | Back | Next

### Agent's Report Continued

Contact Name for Requirements

Contact Email Address

Contact Fax   
(XXX) XXX-XXXX

*General Agent's Information*

General Agent Type  Individual  Agency

General Agent's #

Are there additional agents associated with this contract?  Yes  No % Split   
*Must be at least 1%.*

*Please enter information for at least one additional agent associated with this contract, up to a maximum of 5, by clicking on grid.*

Agent Name	Agent ID #	% Split
<a href="#">Click here to add...</a>		

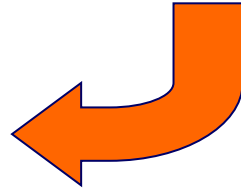
**Please enter at least one Agent above.**

Although these are not required fields, it is **highly recommended** that you enter your preferred method of contact information.

**No = Default to 100%**

**Yes = Enter additional agents**

*Note: Additional agent information will populate on Overflow page of pdf forms.*



# Questionnaire Tab – Agent Report Continued

Save | View Form | Back | Next

### Agent's Report Continued

*Compliance Information*

Have you delivered the Consumer Privacy Notice to the Proposed Insured(s) or Proposed Owner?  Yes  No

Did you obtain the Proposed Insured's Medical Declarations, in person and record them in the presence of the Proposed Insured? (If "No" , explain in Remarks why and arrange for an exam.)  Yes  No

Did you meet personally with the Proposed Owner and review their Government issued ID?  Yes  No

If Premium was accepted, was the Conditional Receipt completed and delivered to the Proposed Insured or Proposed Owner?  Yes  No

All Sales materials used during the sales process were approved by the Company. The following are the approved sales materials used in my sales presentation:

Copies of all sales materials were left with the applicant no later than the time of application. (Electronically presented sales materials will be provided to the policyowner no later than at the time of the policy delivery.)

Our Company requires that all replacement sales are made in accordance with the Company's corporate policy. If this particular sale is NOT in accordance with the Company's corporate replacement policy, please check here and fax explanations to: Shared Services: 866-308-7743.

Back Next

Included in pdf file electronically delivered to the client for e-submitted cases.

If "No", you are required to explain.

What ING sales materials did you use?

Click "Next"



# Questionnaire Tab – Agent Report Continued

## Agent's Report Continued

Will there be a rebate of any kind, such as a rebate of premium, to the Proposed Insured or Proposed Owner?  Yes  No

Have there been any discussions in which the Proposed Owner has been solicited to directly or indirectly sell, assign, settle or otherwise transfer the proposed policy (or the rights to its death benefit), or an ownership or beneficial interest in an entity that will own the proposed policy, to a life settlement company or other third party?  Yes  No

Will the proposed policy on the life of the Proposed Insured(s) replace a policy that has been sold, assigned, or settled to or with a settlement or viatical company or any other person or entity?  Yes  No

If yes, please explain

Will the premiums, now or in the future, be financed?  Yes  No

If yes, provide lender information

If no, provide source of funds

All questions are required.

### Proposed Insured/Owner Information

How long have you known the Proposed Insured?

Are you related?  Yes  No

If yes, tell us how you are related.

Back Next



# Questionnaire Tab – Agent Report Continued

Current Case Sign Out
Save | View Form | Back | Next

**Agent:**

**Client:** Test Three

**E-Application**

- Proposed Insured
- Proposed Insured Continued
- Proposed Insured Continued
- Proposed Insured Continued
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- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Validate and Lock Data

**Agent's Report Continued**

How much insurance does the Proposed Insured's spouse own payable to the Proposed Insured or other dependents?

Is this application for a juvenile?  Yes  No

Please indicate the amount of life insurance in force on each parent or sibling.

Father \$     Mother \$     Sibling \$

Please check the Underwriting requirements ordered:

<input type="checkbox"/> Blood Profile/HOS	<input type="checkbox"/> Inspection Report	<input type="checkbox"/> MD Exam
<input type="checkbox"/> Treadmill EKG	<input type="checkbox"/> EKG	<input checked="" type="checkbox"/> Paramedical Exam

**Paramed Company**

APPS    Phone: (800) 727-2999    Link: <http://www.appsnational.com/>     ExamOne

PortaMedic     EMSI

**Remarks**

Use this area to request alternates/optionals, including the section of alternative commissions structures, where available.

Please draft initial premium via EFT.

Back    Next

**If yes, you must provide parent and sibling in-force insurance information.**

**If you choose to order the paramedical exam, ING's preferred vendors will populate.**

**If you choose one of those vendors, the phone number and web-site information will populate.**

**Note: Parameds are not automatically ordered through this tool at this time.**



# Questionnaire Tab – Lock the Application & Proceed to the Signatures

Client      Questionnaire

Save | View Form |      Back | Next

**Current Case**      Sign Out

**Agent:**


**Client:** Test Three


---

**E-Application**

- ✓ Proposed Insured
- ✓ Proposed Insured Continued
- ✓ Proposed Insured Continued
- ✓ Proposed Insured Continued
- ✓ Personal History
- ✓ Owner (Payor)
- ✓ Owner (Payor) Cont'd
- ✓ Beneficiary Information
- ✓ Product Rider Information
- ✓ Payment
- ✓ Replacement Information
- ✓ Replacement Verification
- ✓ Agent's Report
- ✓ Agent's Report Continued
- ✓ Agent's Report Continued
- ✓ Agent's Report Continued
- ✓ Agent's Report Continued
- ✓ Health Info Authorization
- ? Validate and Lock Data


**Validate and Lock Data**

 **In Good Order - Congratulations, your application is complete!**

 **You now qualify for our electronic application submission processing.**

Please click **View Form** at the top of this page to review your application then click the button below to lock the application and proceed to the signature process. If you need to edit the application before locking, you may do so by going back to any screens on the left navigation tree, then come back here to the Validate and Lock Data screen using the same navigation tree.

Once application is locked, no changes can be made without unlocking the application.

**Lock Application and Proceed to Signature Process** 

**Thank you for using our Electronic Application!**

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



# Questionnaire Tab – The Application is Locked

Client      Questionnaire

Save | View Form |      Back | Next

**Current Case**      Sign Out


Agent:

Client: Test Three

**E-Application**

- Proposed Insured
- Proposed Insured Continued
- Proposed Insured Continued
- Proposed Insured Continued
- Personal History
- Owner (Payor)
- Owner (Payor) Cont'd
- Beneficiary Information
- Product/Rider Information
- Payment
- Replacement Information
- Replacement Verification
- Agent's Report
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Agent's Report Continued
- Health Info Authorization
- Validate and Lock Data

**Validate and Lock Data**


 **Your application is locked!**

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

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

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

**You can only make changes to the application if you unlock it.**



**If you unlock the application, you will cancel the e-Signature process.**

**Only the agent has the ability to unlock and edit the application.**

# Questionnaire Tab – Agent Instructions

Client | Questionnaire

Save | View Form | Back | Next

### Agent Instructions

Please read, print or save the Agent Instruction document for reference by clicking the [Agent Instructions](#) button.

I have provided the Proposed Insured with the following forms:

- Consumer Privacy Notice
- Valuable Information About Your Term Life Insurance Purchase
- Conditional Receipt/Temporary Insurance Receipt

**ING has provided a generic reminder sheet for our Agents.**

**Opening the document is required before you can proceed.**



# Questionnaire Tab – Signature Options

Client      Questionnaire

Save | View Form |      Back | Next

### Signature Method

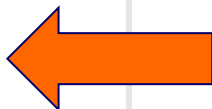
Please choose a signature method:

- Wet Signature:** Print, review, wet sign and mail
  
- eSignature:** Review, electronically sign and electronically submit via the internet

*To eSign the following criteria must be met:*

- 1. Agent must collect the email address for each Signer*
- 2. All signers must have access to the internet and have their own email address*
- 3. All signers must agree to use the eSignature process*
- 4. All eSignatures must be obtained within 5 calendar days*

Back      Next



**eSignature is a secure, easier way to submit your application, and it reaches ING faster!**



# Questionnaire Tab – eSignature Instructions

Client | Questionnaire

Save | View Form | Back | Next

### eSignature Instructions

The eSignature process requires each eSigner to review the application on-line and agree to a series of disclosure and disclaimer statements. Upon careful review of all information, each eSigner will be instructed to click a number of "I Agree" statements. This will serve as their electronic signature. A secure process has been put in place to ensure your client's personal information is confidential and secure. By completing the information on the following screens, each eSigner will receive a personalized email with instructions on how to gain access to their electronic application and the steps necessary to collect their electronic signature.

To begin this process, please click "Next."

Please use the last 4 digits of your Social Security Number (SSN) to login to the application for eSignature.

SSN/TIN:

Back | Next

**This is the PIN number used by the Agent to access the application AFTER the proposed insured has signed and apply his/her signature electronically.**

**The agent is the last individual to apply their signature.**



# Questionnaire Tab – Proposed Insured’s eSignature Email

Client | Questionnaire

Save | View Form | Back | Next

### Proposed Insured's eSignature

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

Proposed Insured: Test Three

Application will be eSigned by:

Last 4 digits of eSigner's Social Security Number:

*Email Message to Client for eSignature*

To:   
(Enter eSigner's name as it will appear on the application.)

E-mail Address:   
(Enter eSigner's Email)

From: Jon Doe

Agent's E-mail Address:

E-mail Message:

Thank you for applying for ING's term life insurance.

To complete the application we need your electronic signature (eSignature). Please review your application by clicking on the link below. You will be asked to acknowledge your acceptance of the application and disclosures and consents prior to eSigning.

[Click here](#) to be directed to your on-line application.

If you have any questions, please contact me.

You may type a personalized e-mail message here to include with the above email before clicking "Send Message to Client."

Client's pin number to log in and apply their eSignature.

A page like this will produce for each person that needs to sign the application.

For example, the Proposed Insured, Proposed Owner, Proposed Payor, etc. if they are all different people, they will each receive an email from the agent to review the application packet and apply their signature.

Generic email text

Click here to send the email to the Client, then click "Next".



# Questionnaire Tab – Proposed Insured’s eSignature Email

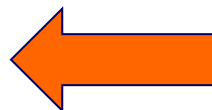
Resend Message to Client

**Your e-mail was successfully sent to your client!**

If you need to change any of this data or resend this e-mail, you may do so by returning to this screen, making any necessary changes and clicking the "Resend Message to Client" button.

Back    Next

If your client did not get the email, you can resend the message to your client.



After the email has been sent to the Proposed Insured, a confirmation message appears on the Email page.



# Questionnaire Tab – Proposed Insured’s eSignature Email

Current Case | Sign Out | Save | View Form | Back

**Agent:**  
**Client:** Test Three

### eSignature Process - E-mail(s) Sent

You have successfully sent email(s) to the following individual(s), instructing them how to gain access to their electronic application and the necessary steps that must be completed to collect their electronic signature.

Name(s)	Email Address	MM/DD/YYYY
Test Three	heather.mayer@us.ing.com	12/01/2009

*You will be notified of the following via e-mail message:*

1. eSigner fails to login within 5 days of your email being sent
2. eSigner makes three failed attempts to login using their assigned passwords (last 4 digits of Social Security Number)
3. eSigner successfully eSigns application
4. eSigner declines to eSign application

Your electronic signature will be required after other eSignatures have been captured. After eSigning you will be able to transmit the completed application to ING for processing.

*Thank you for using our Electronic Application!*

List of emails sent to obtain e-Signatures.

List of emails agent can expect to receive through the e-Signature process.



# Customer Receives Email & Logs In



↑ Customer receives their email from you, the Agent.

Thank you for applying for an ING term life insurance policy.

To complete the application we need your electronic signature. Please review your application and all other forms by clicking on the link below. You will be asked to acknowledge your acceptance of the application, disclosures and consents prior to signing.

Please [click here](#) to be directed to your on-line application.

← Customer clicks on the link to log into the tool.

If you have any questions, please contact me.

DO NOT REPLY TO THIS MESSAGE.

Last 4 Digits SSN/TIN

← Customer enters the last 4 digits of their SSN or Government issued ID to sign in.

Sign In



# eSignature: Terms of Use & Electronic Signature Disclosure



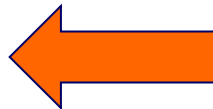
Welcome - Terms of Use and Electronic Signature Disclosure

Welcome, Test Three!

To begin the eSignature process, please read the **Terms of Use** and **Electronic Signature Disclosure** by clicking on each of the buttons below. You may print and retain a copy of these documents for future reference.

After reading both documents, please check the box indicating you have read them and then select either "I Agree" or "I Decline."

I have read the **Terms of Use**



**\* Make sure to tell the Customer to turn off pop up blockers.**

Electronic Signature Disclosure

You are applying for an insurance product using electronic processes which include the use of electronic signatures. By using this web site and electronically signing the application, you agree to the use of electronic transactions and agree that your electronic signature will be legally binding and enforceable and the legal equivalent of your handwritten signature. As with your handwritten signature, it must be applied personally by you - in other words, not by your spouse, secretary, business associate, agent, etc.

By applying your electronic signature, you are attesting that the answers/information you have provided herein are accurate to the best of your knowledge.



**The Customer must open and read the Terms of Use before they can check the box and continue.**

**Once the Customer checks the Terms of Use box, they choose to Decline or Agree to proceeding with e-Signature process.**

**If the Customer agrees, they will proceed to the next page.**



# eSignature: Application Review

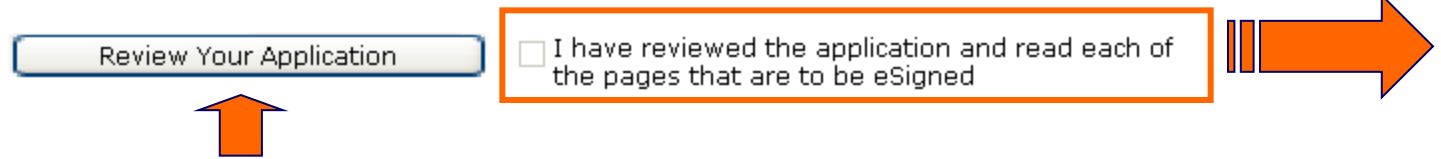


## Application Review

Please review your application and all other forms in their entirety for accuracy, understanding and agreement. This application contains multiple pages and forms.

If you need to change or update any information or if you have questions, please contact your agent.

After reviewing your application and reading each of the pages that are to be eSigned, please check the box indicating you have read it and then select either "I Agree" or "I Decline."



**Customer must click on the 'Review Your Application' button.**

**Once the Customer has reviewed their application, they click the "I have reviewed the application and read each of the pages that are to be eSigned" box and proceed.**



**Customer has another opportunity to Decline or Agree to proceeding with the e-Signature process.**



# eSignature: Apply eSignature

The Customer “checks” all four boxes.

## Apply eSignature

- I, Test Three, hereby agree that:
- A. I have read the statements and answers given in this application and affirm that they are true and complete to the best of my knowledge and belief. I understand that the Company may seek to rescind or cancel the insurance coverage if there is any material misrepresentation.
- B. This application consists of Part I, appendices and supplemental questionnaires, and will be the basis for any coverage issued on this application. Any coverage issues on this application will take effect only upon satisfaction of all the Company's requirements, except as otherwise provided in the Conditional Receipt, if issued, with the same date as this application. Except where permitted expressly by statute or regulation, no agent or medical examiner has the authority to waive the answer to any question in the application, to pass on insurability, to make or alter an contract or waive any of the Company's rights or requirements. No change in the amount, classification, age at any issue, plan of insurance or benefits on this application shall be effective unless agreed to in writing by the Proposed Insured and Owner.
- C. I certify, under penalty of perjury, that my Social Security/Tax Identification Number(s) is (are) shown and is(are) correct and that I am not subject to back-up withholding.

Please enter the city and state where you are signing the application.

Signed at State

Signed at City

Customer enters the city that the application is being signed at.

The Customer has a final opportunity to Decline or Apply their eSignature and Submit to Agent.



# Customer eSignature Complete



## Application Review And eSignature Are Complete

### Thank you!

Your application review and eSignature process are now complete and your eSignature has been applied to the document(s) that you reviewed. An email has been sent to your agent advising him/her that you have completed the eSignature process.

After closing this screen, you will not be able to access this site again to view your application. Please take a moment to print and/or save a copy of the eSigned application for your records by clicking on the button below.

View eSigned application



**The Customer can view/download the e-Signed application.**

If you have any questions or need another copy of the eSigned application, please contact your agent.

*Thank you again for using our Electronic Application!*

Close iGO Forms

**Customer closes iGo Forms once complete.**



# Agent Receives Email & Logs In

Date: Today

ING - eSignature ... Test Three has completed e-Signature. Please use the link to Sign an... Tue 11/04/2008 8:11... 7 KB

↑ Agent receives an email stating Customer has completed the application, and now the Agent's signature is needed.

All eSignatures, except for yours, have now been completed on the ING Life Insurance Application for Test Three. You now need to review, eSign, and electronically submit the application to ING.

Please [click here](#) to be directed to your on-line application and enter the 4 digit SSN or PIN code you created to login.

Agent clicks on the link to log into the tool.

Please do not reply to this email.

Last 4 Digits SSN/TIN

Agent enters the last 4 digits of their SSN to sign in.

Sign In



# eSignature: Terms of Use & Electronic Signature Disclosure



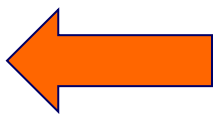
Welcome - Terms of Use and Electronic Signature Disclosure

Welcome, John Smith!

To begin the eSignature process, please read the **Terms of Use** and **Electronic Signature Disclosure** by clicking on each of the buttons below. You may print and retain a copy of these documents for future reference.

After reading both documents, please check the box indicating you have read them and then select either "I Agree" or "I Decline."

I have read the **Terms of Use**



Electronic Signature Disclosure

You are applying for an insurance product using electronic processes which include the use of electronic signatures. By using this web site and electronically signing the application, you agree to the use of electronic transactions and agree that your electronic signature will be legally binding and enforceable and the legal equivalent of your handwritten signature. As with your handwritten signature, it must be applied personally by you - in other words, not by your spouse, secretary, business associate, agent, etc.

By applying your electronic signature, you are attesting that the answers/information you have provided herein are accurate to the best of your knowledge.



The Agent must open and read the Terms of Use before the box can be checked.

Once the Agent checks the Terms of Use box, they choose to Decline or Agree to proceeding with the e-Signature process.

If the Agent agrees, they will proceed to the next page.



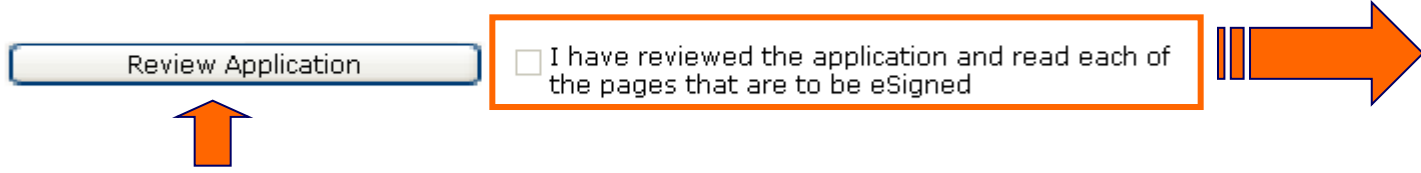
# eSignature: Application Review



## Application Review

All the necessary eSignatures have been successfully applied.

After reviewing your application and reading each of the pages that are to be eSigned, please check the box indicating you have read it and then select either "I Agree" or "I Decline."



The Agent must click on the 'Review Your Application' button and verify all signatures applied to the application.



The Agent has another opportunity to Decline or Agree to proceeding with the e-Signature process.

Once the Agent has reviewed the application, they click the "I have reviewed the application and read each of the pages that are to be eSigned" box and proceed.



# eSignature: Apply eSignature



## Apply eSignature

The Agent “checks” both boxes.



I, John Smith, hereby agree that:

By signing below, I acknowledge my receipt and acceptance of the terms of the current ING Life Companies General Agent or Producer Agreement ("Agreement"), whichever is applicable, including but not limited to any compensation schedules. I agree to be bound by the terms and conditions of that Agreement, unless I am an employee/registered representative of a Broker/Dealer and do not hold an Agreement such that this language is inapplicable.

I understand that I may receive an additional copy of my Agreement and/or current compensation schedule, from the Company, by contacting Distributor Services at 877-882-5050.



The Agent has a final opportunity to Decline or Apply their eSignature.



# Agent eSignature Complete & Submit to ING



Application Review And eSignature Are Complete

*Thank you!*

Your application review and eSignature process are now complete and your eSignature has been applied to the application.

After closing this screen, you will not be able to access this site again to view your application. Please take a moment to print and/or save a copy of the eSigned application for your records by clicking on the button below.

View eSigned application

**The Agent can view the eSigned Application.**

**It is highly recommended that the Agent download the file for future reference.**

The last step is to click the button below to submit your application to ING.

Submit to ING

**Critical Step:**  
**The Agent clicks "Submits to ING".**

*Thank you again for using our Electronic Application!*

AD10800203

**After the application is submitted to ING, the Policy Number is 'stamped' onto the application.**

Life

## TERM APPLICATION

ReliaStar Life Insurance Company, Minneapolis, MN

### A. PRODUCT INFORMATION

1. Initial Term Period:  10 Year  15 Year  20 Year  30 Year  Other \_\_\_\_\_

