

# eApp User Guide

**MINNESOTA LIFE**



## Table of Contents

Recent Changes .....	3
Introduction .....	3
Background .....	3
e-Signature.....	3
Requirements.....	3
Register for eApp.....	4
New Cases .....	5
Start New Case .....	6
Proposed Insured.....	7
Proposed Insured Continued.....	8
Beneficiaries.....	9
Plan Information .....	10
Policy Date .....	11
Additional Agreements .....	12
Existing Insurance .....	13
Existing Insurance Details .....	14
Child Medical Information.....	15
STOLI and Premium Financing.....	16
Representative Information .....	17
Representative Report .....	18
Representative Comments.....	19
Financial Services and Product Summary.....	20
Premium and Billing .....	21
Underwriting Requirements.....	22
Validate and Lock Data .....	23
Validate and Lock Data .....	24
e-Signatures .....	24
e-Signature Method.....	25
Signing Parties are Present.....	26
Signing Parties are Present.....	27
cont. ....	27
Signing Parties are Present.....	28
cont. ....	28
Signing Parties are NOT present .....	29
Proposed Insured's .....	30
e-Signature.....	30
e-Signature Process – Email(s) Sent .....	32
Client Notification .....	33
e-Signature – Client Process .....	33
Client Log In .....	33
Application Review .....	34
Signature Verification .....	35
Thank You.....	36

## Quick App User Guide

---

e-Signature – Advisor Process .....	37
Advisor Notification .....	37
Advisor .....	38
Log In .....	38
Application Review .....	39
Signature Verification .....	40
Thank You.....	41
Existing Cases .....	42
My Cases .....	43
Alerts.....	44
Case Details.....	45
Pending e-Signature Cases .....	46
View My Cases .....	46
e-Signer Status – Resend e-mail .....	47
Frequently Asked Questions.....	48

## Recent Changes

---

## Introduction

---

### Background

Minnesota Life's eApp, facilitated by iPipeline, is a process where all the application information is entered electronically, allowing you to spend more time selling and less time on paperwork.

eApp minimizes the amount of information that you need to gather from your client. This dynamic electronic tool populates the necessary forms based on the client's coverage needs. Redundancy in entering information is completely eliminated by this technology. There also is no need to determine which forms are necessary as the tool will generate the proper state and product specific forms based on the answers.

eApp transfers the management of the requirements to Minnesota Life. There is no longer the need for you or your assistant(s) to schedule medical exams, labs, or Tele-Interviews.

### e-Signature

eApp utilizes technology for the capture of an electronic signature (e-Signature). You will no longer be asked to go back to your client to obtain a signature on a form that was missed. A few quick clicks on the information you have entered previously and you either e-sign immediately or generate a secure email to your client and/or respective owners to gather the necessary signatures in all of the appropriate places.

Once the e-Signatures are secured by the respective parties, the application is instantaneously submitted to Minnesota Life and ExamOne to facilitate the application and medical requirement ordering process via secure channels.

### Requirements


The following requirements are needed to use eApp:

- Internet connection
- PC
- Advisor and client email (if client is not present) addresses
- Pop-ups need to be enabled

## Register for eApp

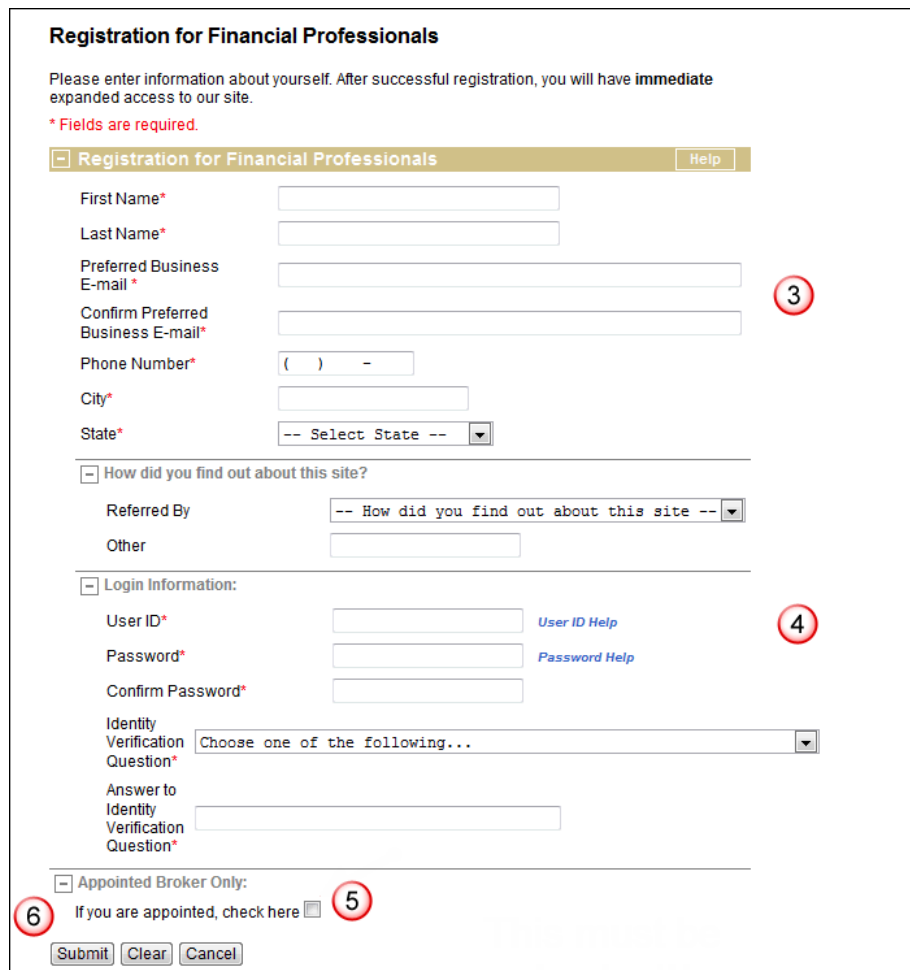
The advisor needs to register to start using eApp on SecurianAdvisor or LifeCenter.

1. Click on "Register" in the corner of the login box.



The image shows a login box with a yellow background. At the top, it says "Login". Below that, there is a link "Register now to get a User ID and Password for expanded access to our site." A red arrow points to this link. Below the link are two input fields: "User ID" and "Password". Below these fields is a "Login" button. At the bottom, there are two links: "Forgot User ID" and "Forgot Password".

2. Accept the terms of use and legal notice
  3. Enter personal information
  4. Enter login and verification information
  5. Check to indicate appointment
- NOTE:** This box must be checked in order to proceed with registration
6. Click "submit"



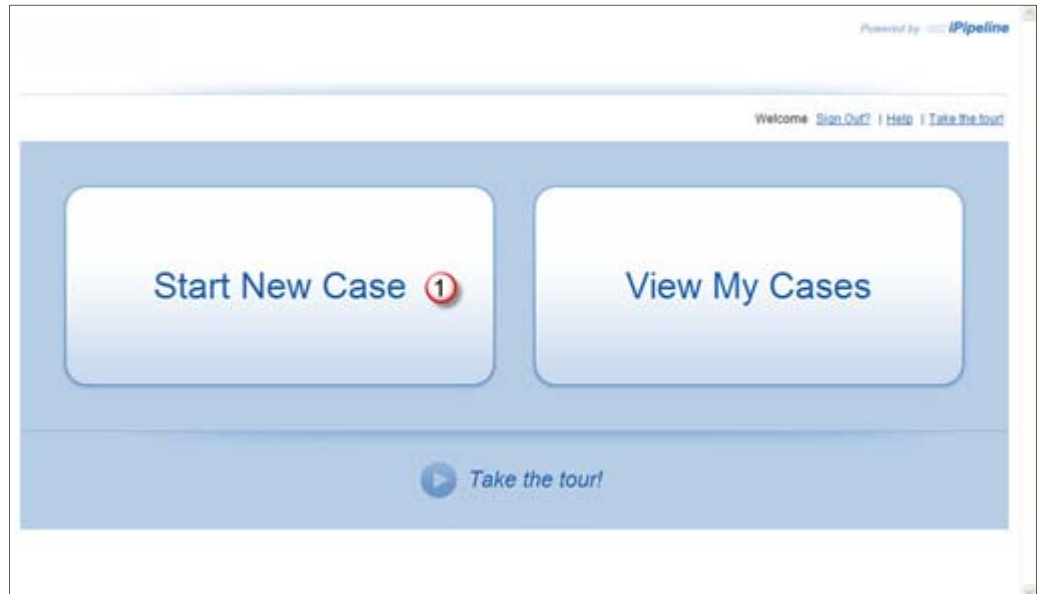
The image shows a registration form titled "Registration for Financial Professionals". It includes a "Help" button. The form has several sections with required fields marked with an asterisk (\*). The fields are: First Name\*, Last Name\*, Preferred Business E-mail\*, Confirm Preferred Business E-mail\*, Phone Number\*, City\*, State\* (a dropdown menu), How did you find out about this site? (a dropdown menu), Referred By (a dropdown menu), Other (a text field), Login Information: User ID\*, Password\*, Confirm Password\*, Identity Verification Question\* (a dropdown menu), Answer to Identity Verification Question\*, and Appointed Broker Only: (a checkbox). There are three red circles with numbers 3, 4, and 5 next to the Preferred Business E-mail\*, Password\*, and Appointed Broker Only: fields respectively. At the bottom, there is a "Submit" button, a "Clear" button, and a "Cancel" button. A red circle with the number 6 is next to the "Submit" button.

### New Cases

---

The Welcome Page allows you to start with a new application.

1. Click on Start New Case.



## Start New Case

The first page of starting a new case appears. To start a case:

- a. Enter proposed insured's name, date of birth, and gender.

Note: Insured's age will prepopulate based on birth date entered.

Note: Yellow fields are required throughout eApp.

- b. Enter a Case Description. This is not a required field but may help identify the case more easily.
- c. Select Issue State.
- d. Select Product Type.
- e. Click Find Available Products. The products that are available based on your selection appear below.
- f. Select the check box of the product.
- g. Use Save Changes button to save the case.

The screenshot displays the 'Start New Case' interface. At the top, there's a 'My Cases' button and a 'Welcome' message. The main section is titled 'Sample, Johnny' with a '500,000 policy'. Below this, there are tabs for 'Case Information' and 'Application'. The 'Case Information' tab is active, showing 'Proposed Insured' details: First Name (Johnny), Last Name (Sample), Date of Birth (06/01/1970), Age (40), and Gender (Male). The 'Case Description' field contains '500,000 policy'. The 'Carrier and Product' section shows 'State: Minnesota' and 'Product Type: Indexed Universal Life'. The 'Find Available Products' button is highlighted. Below, a table lists available products: 'Eclipse Indexed Life' (checked) and 'Eclipse Protector Indexed Life' (unchecked). The 'Save Changes' button is at the bottom.

Note: The My Cases button takes you to a list of all your cases throughout the eApp process.

## Proposed Insured

Application Tab appears which provides access to complete the electronic app.

1. Click the Application tab.

The Proposed Insured page appears. The following information is available on this page:

- a. A menu of each page of the application. It identifies completed pages with a green check mark or uncompleted pages with a red question mark. This menu also provides navigation to each page.

Note: The application can be completed in any page order.

- b. Previously entered information is saved on each page of the eApp.
- c. Next buttons take you to the next page in the application.
- d. Save button saves the information as data is entered into the application.
- e. View Forms button provides a view of the actual application.
- f. As noted previously, yellow highlighted fields are required.
- g. Special activities questions are required and may trigger additional application forms.
- h. Start a new case

The screenshot shows the 'Proposed Insured' page of an application. The page is titled 'Sample, Johnny' with a '500,000 policy' amount. The 'Application' tab is selected and highlighted with a red circle '1'. On the left, a 'Case Information' sidebar contains a menu with items like 'Proposed Insured', 'Beneficiaries', 'Policy Date', etc., with a red circle 'a' next to 'Proposed Insured'. The main form area is titled 'Proposed Insured' and contains various input fields. Fields for 'First', 'Middle', 'Last', and 'Suffix' are under 'Proposed Insured Legal Name'. 'Date of Birth' is '06/01/1960', 'Age Nearest' is '52', and 'Gender' is 'Male'. 'Birth Country' is 'USA' and 'Birth State' is a dropdown. 'Citizenship' is a dropdown. 'SSN/Tax ID #' is a yellow highlighted field with a red circle 'f'. 'Income' and 'Net Worth' are yellow highlighted fields. 'Primary Phone Number' and 'Secondary Phone Number' are yellow highlighted fields. At the bottom, there are four questions with 'Yes'/'No' radio buttons: 'Will the Insured be the Owner?', 'Is the Proposed Insured an active duty member of the U.S. Armed Services?', 'Has the proposed insured ever smoked cigarettes?', and 'Has the proposed insured ever used tobacco, other than cigarettes, in any form?'. A red circle 'g' is next to the third question. Navigation buttons 'Next' (with a red circle 'c'), 'Save' (with a red circle 'd'), and 'View Forms' (with a red circle 'e') are on the right. A 'Case Actions...' dropdown is at the top right with a red circle 'h'. A 'Next' button is at the bottom right with a red circle 'c'.



## Proposed Insured Continued

Proposed Insured page continues. The following information is available on this page:

- a. Contact Information.
- b. Driver's License Information.

Note: Additional information is needed if you answer "Yes" to this question.

- c. Employment Information.

Note: Additional information is needed if you answer "Yes" to this question.

My Cases

Welcome [Sign Out?](#) | [Help](#) | [Take the tour!](#)

Sample, Johnny  
500,000 policy

Case Information

Application

Proposed Insured

Back Next

Save

View Forms

☒ Proposed Insured

☒ Proposed Insured Contd.

☐ Beneficiaries

☐ Plan Information

☐ Policy Date

☐ Family Term Agreement

☐ Existing Insurance

☐ Child Medical Questions (1)

☐ Child Medical Questions (2)

☐ Child Medical Questions (3)

☐ Child Medical Questions (4)

☐ Illustration Certification

☐ Allocation Options

☐ STOLI and Premium Financing

☐ Lifestyle and Part II Options

☐ Underwriting Info

☐ Underwriting Info (cont'd)

**Contact Information**

Street Address (no P.O. box)

City

State

Zip Code

E-mail address

*Email address will be needed if using e-Signature*

**Driver's License Information**

Does the Proposed Insured have a driver's license?

☒ Yes ☐ No

License number

Issue state

Expiration Date

**Employment Information**

Is the Proposed Insured currently employed?

☒ Yes ☐ No

Is the Proposed insured self-employed?

☐ Yes ☒ No

Occupation

Years in occupation

Back Next

## Beneficiaries

The Beneficiaries page provides steps to add:

- a. Primary beneficiaries.
- b. Contingent beneficiaries.

Follow the steps in eApp to add the beneficiaries.

Note: If there are more than six primary beneficiaries, enter the extra beneficiaries as contingent. In the Additional Information section of the Representative's Report, indicate that all beneficiaries listed are to be primary beneficiaries and include the percentages.

My Cases

Welcome [Sign Out?](#) | [Help](#) | [Take the tour!](#)

**Sample, Johnny**  
500,000 policy

**Application**

**Case Information**

- ☒ Proposed Insured
- ☒ Proposed Insured Contd.
- ☒ **Beneficiaries**
- ☐ Plan Information
- ☐ Policy Date
- ☐ Family Term Agreement
- ☐ Existing Insurance
- ☐ Child Medical Questions (1)
- ☐ Child Medical Questions (2)
- ☐ Child Medical Questions (3)
- ☐ Child Medical Questions (4)
- ☐ Illustration Certification
- ☐ Allocation Options
- ☐ STOLI and Premium Financing
- ☐ Lifestyle and Part II Options
- ☐ Underwriting Info
- ☐ Underwriting Info (cont'd)

**Beneficiaries**

Please enter your Primary Beneficiaries.

Name	Relationship to Insured	%
Click here to add...		

Would you like to designate a contingent beneficiary? ☒ Yes ☐ No

Please enter your Contingent Beneficiaries.

Name	Relationship to Insured	%
Click here to add...		

Back Next

Save

View Forms

## Plan Information

The Plan Information page provides steps to add:

- Amount of Insurance.
- Type of insurance – personal, business, other.
- Death benefit option
- Death benefit test option.
- Total annual planned premium.
- Additional Agreements. Agreements are shown based on the product and client information.
- Additional products. If “yes” is selected, an additional field appears requesting the product name(s) and information.

**Note:** Additional information is needed if you select additional agreements to the policy.

My Cases

Welcome | [Sign Out?](#)

Sample, Johnny  
500,000 policy

MINNESOTA LIFE | SECURIAN

Eclipse Indexed Life

Case Notes

Case Actions...

Case Information

Application

☒ Proposed Insured  
☒ Proposed Insured Cont  
☒ Beneficiaries  
☒ **Plan Information**  
☐ Policy Date  
☐ Existing Insurance  
☐ Illustration Certification  
☐ Allocation Options  
☐ Client Account Information  
☐ Client Account Info Cont  
☐ STOLI and Premium Financing  
☐ Premium and Billing Info  
☐ Premium and Billing Info Cont  
☐ Representative Information  
☐ Representative Report

Plan Information: (Eclipse Indexed)

Amount of insurance applied for

Amount must be between \$100,000-\$65,000,000

This is an Application for

insurance.

Death Benefit Option

☐ Level

☐ Increasing

☐ Sum of Premiums

Death Benefit Test

☐ Guideline Premium Test (GPT)

☐ Cash Value Accumulation Test (CVAT)

Total Annual Planned Premium

Additional Agreements

☐ Accelerated Benefit Agreement  
  
☐ Child Term Agreement  
☐ Death Benefit Guarantee Agreement  
☐ Early Values Agreement  
☐ Guaranteed Insurability Option  
☐ Inflation Agreement  
☐ Long Term Care Agreement  
☐ Overloan Protection Agreement  
☐ Premium Deposit Account Agreement  
☐ Surrender Value Enhancement Agreement  
☐ Term Insurance Agreement  
☐ Waiver of Charges Agreement  
☐ Waiver of Premium

Additional Product Information

Do you want to add another product for the Proposed Insured at this time?

☐ Yes

☐ No

Back

Next

Save

View Forms

## Policy Date

The Policy Date page provides steps to select:

- a. Additional applications.

Note: Additional information is needed if you select additional applications.

- b. Policy Date.

Note: Additional information is needed if you select a specific policy date.

My Cases

Welcome [Sign Out?](#) | [Help](#) | [Take the tour!](#)

**Sample, Johnny**  
500,000 policy

Minnesota Life | SECURIAN | Eclipse Indexed Life

**Case Information**

- ☒ Proposed Insured
- ☒ Proposed Insured Contd.
- ☒ Beneficiaries
- ☒ Plan Information
- ☒ **Policy Date**
- ☐ Family Term Agreement
- ☐ Existing Insurance
- ☐ Child Medical Questions (1)
- ☐ Child Medical Questions (2)
- ☐ Child Medical Questions (3)
- ☐ Child Medical Questions (4)
- ☐ Illustration Certification
- ☐ Allocation Options
- ☐ STOLI and Premium Financing
- ☐ Lifestyle and Part II Options
- ☐ Underwriting Info

**Application**

[Back](#) [Next](#)

**Specify Policy Date Request**

Are there any other Minnesota Life applications associated with this application? **a** ☐ Yes ☒ No

☐ Date to save age **b** ☒ Specific Date ☐ Neither

Specify Date  (cannot select 29th, 30th, or 31st of month)

[Back](#) [Next](#)

[Save](#)

[View Forms](#)

Note: The menu highlights completed sections with a green check mark.

## Additional Agreements

If additional agreements are selected, eApp provides the pages which require completion. These pages provide the specific steps for agreements. Family Term Agreement is shown as an example.

- a. Additional information.

Note: Additional information is needed if you select additional agreements.

Follow the steps on eApp to complete the required information.

Note: Specific instructions can be found in red text throughout eApp.

The screenshot displays the eApp interface for a user named Johnny Sample with a 500,000 policy. The left sidebar lists various sections, with 'Family Term Agreement' highlighted. The main content area is titled 'Family Term Agreement' and includes a table for entering child information. A red circle with the letter 'a' highlights the 'Click here to add...' link in the table. A red error message at the bottom states 'At least one child must be specified.' The interface also includes navigation buttons like 'Back', 'Next', 'Save', and 'View Forms'.

My Cases

Welcome [Sign Out?](#) | [Help](#) | [Take the tour!](#)

Sample, Johnny  
500,000 policy

MINNESOTA LIFE SECURITIAN Eclipse Indexed Life

Case Information

Application

Back Next

Save

View Forms

☒ Proposed Insured  
☒ Proposed Insured Contd.  
☒ Beneficiaries  
☒ Plan Information  
☒ Policy Date  
☒ Family Term Agreement  
☐ Existing Insurance  
☐ Illustration Certification  
☐ Allocation Options  
☐ STOLI and Premium Financing  
☐ Lifestyle and Part II Options  
☐ Underwriting Info  
☐ Underwriting Info (cont'd)  
☐ Additional Remarks  
☐ Premium and Billing Info  
☐ Representative Information  
☐ Representative Report

**Family Term Agreement**

Please enter information regarding each child being included in the Family Term Agreement-Child, up to a maximum of 3.

FullName	Age
Click here to add...	

At least one child must be specified.

Back Next

## Existing Insurance

The Existing Insurance step is to determine if the client is replacing any other insurance policies.

- Select if client has existing or replacing policies.
- Complete information on existing policies.

Note: Additional information is needed if you select existing insurance.

Follow the steps on eApp to complete the required information.

My Cases

Welcome [Sign Out?](#) | [Help](#) | [Take the tour!](#)

**Sample, Johnny**  
500,000 policy

**Case Information**

- ☒ Proposed Insured
- ☒ Proposed Insured Contd.
- ☒ Beneficiaries
- ☒ Plan Information
- ☒ Policy Date
- ☒ Family Term Agreement
- ☒ Existing Insurance
- ☐ Child Medical Questions (1)
- ☐ Child Medical Questions (2)
- ☐ Child Medical Questions (3)
- ☐ Child Medical Questions (4)
- ☐ Illustration Certification
- ☐ Allocation Options
- ☐ STOLI and Premium Financing
- ☐ Lifestyle and Part II Options
- ☐ Underwriting Info
- ☐ Underwriting Info (cont'd)

**Application**

**Existing Insurance**

Does the Proposed Insured have any life insurance or annuity in force or pending, including life insurance sold or assigned to, or is in the process of being sold or assigned to, a life settlement, viatical or secondary market provider? ☒ Yes ☐ No **a**

Has there been, or will there be, replacement of any existing life insurance or annuity, as a result of this application? (Replacement includes, but is not limited to, a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) ☒ Yes ☐ No

**Existing Insurance**

Insurer	Policy/Contract No.	Amount of Coverage
Click here to add...	<b>b</b>	

Please list at least one existing insurance policy

This replacement was initiated by ☐ Policyowner ☐ Representative

Is this a Life to Life Replacement? ☐ Yes ☐ No

[Back](#) [Next](#)

[Save](#)  
[View Forms](#)

## Existing Insurance Details

The Existing Insurance Detail window appears if the client is replacing existing insurance, whether with Minnesota Life or another carrier.

- c. Select type of coverage.
- d. Replaced carrier information.
- e. Complete amount of coverage.
- f. Select if it's a 1035 exchange.
- g. Additional information required on a 1035 exchange.
- h. Select purpose of insurance.
- i. Select if policy will be replaced or used as a source to fund new policy.
- j. Buttons to save or delete information, or close window.

Existing Insurance Details

Type of Coverage **c** ☒ Individual ☐ Group

Is this a Minnesota Life or Securian policy? ☐ Yes ☒ No **d**

Insurer / Company Name

Policy/Contract Number

Amount of Coverage **e**

Year Issued

Is this a 1035 Exchange? ☒ Yes ☐ No **f**

What are the estimated funds from the 1035

Is the policy being exchanged a Modified Endowment Contract? ☐ Yes ☒ No

I understand that if Minnesota Life approves the applications at any of the following underwriting classes, then Minnesota Life will surrender the **g** policy for its cash surrender value and the old policy will no longer be in force or effect as of the surrender date.

Check Acceptable Underwriting Classes

☐ Standard Non-Tobacco ☐ Preferred Select ☐ Preferred Tobacco ☐ Preferred Non-Tobacco ☐ Non-Tobacco Plus ☐ Standard Tobacco ☐ Other

☐ I certify that my old policy is lost or was destroyed

Purpose Of Insurance **h** ☒ Personal ☐ Business

Will this policy be replaced or used as a source of funding?  **i**

Save **j** Delete Close

14



## Child Medical Information

Medical questions appear when the Family Term Agreement is selected.

- a. Answer the specific medical questions.

Note: Additional information is needed if you answer "Yes" to any of these medical questions.

Follow the steps on eApp to complete the required information.

Note: There may be more than one page of medical questions.

**My Cases** Welcome [Sign Out?](#) | [Help](#) | [Take the tour!](#)

**Sample, Johnny**  
500,000 policy

**Case Information** **Application**

**Child Medical Questions (1)**

*NOTE: Provide details for "Yes" answers. Please include child's name, date, details and duration, as well as names and addresses of attending physicians.*

Has any child listed ever had or been treated, diagnosed or given medical advice by a member of the medical profession for any disease or abnormality of:

Heart or blood vessels, including heart murmur, or heart defect? ☒ Yes ☐ No

Details

Lungs, including asthma, chronic cough, pneumonia, frequent bronchitis or cystic fibrosis? ☒ Yes ☐ No

Details

Stomach, liver, intestines or rectum, including hepatitis? ☒ Yes ☐ No

Details

Kidneys, bladder or urinary tract, including frequent bladder infections or abnormal urine findings? ☒ Yes ☐ No

Details

**Back** **Next**

**Save**  
**View Forms**



## STOLI and Premium Financing

Questions appear on STOLI and Premium Financing.

- a. List of specific STOLI and premium financing questions.


Note: Additional information may be needed if you answer "Yes" to any of these questions.

- b. Reasons for purchase.

My Cases

Welcome | [Sign Out?](#)

**Sample, Johnny**  
 500,000 policy



**Eclipse Indexed Life**

[Case Notes](#)

Case Actions...

**Case Information**

Application

Back

Next

**STOLI and Premium Financing**

Will the Proposed Owner and/or beneficiary, and/or any entity on the Proposed Owner's behalf, receive any compensation, whether via the form of cash, property, an agreement to pay money in the future, a percentage of the death benefit, or otherwise if this policy is issued? ☐ Yes ☒ No

Has the Proposed Owner been involved in any discussion about the possible sale or assignment of this policy or beneficial interest in a trust, LLC, or other entity created on the Owner's behalf? ☒ Yes ☐ No

Details [Text Area]

*Please provide a copy of the applicable entity's controlling documents.*

Is this policy being funded via a premium financing loan or with funds borrowed, advanced, or paid from another person or entity? ☒ Yes ☐ No

Name of Proposed Bank or Lender [Text Area]

Why is the client purchasing life insurance? [Text Area]

Have you had a life expectancy report or evaluation done by an outside entity or company? ☒ Yes ☐ No

Please explain why the expectancy report was obtained. [Text Area]

Is this policy in accordance with your insurance objectives and your anticipated financial needs? ☐ Yes ☒ No

Has the representative discussed whether this policy is suitable for you? ☐ Yes ☒ No

Reason for purchasing policy: **b**

Accumulation <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>	Business Planning/Key Person <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>
Charitable Giving <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>	Death Benefit Protection <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>
Estate Planning <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>	Retirement/Deferred Compensation <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>
Other <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>	

Save

View Forms

☒ Proposed Insured

☒ Proposed Insured Cont

☒ Beneficiaries

☒ Plan Information

☒ Policy Date

☒ Existing Insurance

☒ Illustration Certification

☒ Allocation Options

☒ Client Account Information

☒ Client Account Info Cont

☒ **STOLI and Premium Financing**

☐ Premium and Billing Info

☐ Premium and Billing Info Cont

☐ Representative Information

☐ Representative Report

**STOLI and Premium Financing**

Will the Proposed Owner and/or beneficiary, and/or any entity on the Proposed Owner's behalf, receive any compensation, whether via the form of cash, property, an agreement to pay money in the future, a percentage of the death benefit, or otherwise if this policy is issued? ☐ Yes ☒ No

Has the Proposed Owner been involved in any discussion about the possible sale or assignment of this policy or beneficial interest in a trust, LLC, or other entity created on the Owner's behalf? ☒ Yes ☐ No

Details [Text Area]

*Please provide a copy of the applicable entity's controlling documents.*

Is this policy being funded via a premium financing loan or with funds borrowed, advanced, or paid from another person or entity? ☒ Yes ☐ No

Name of Proposed Bank or Lender [Text Area]

Why is the client purchasing life insurance? [Text Area]

Have you had a life expectancy report or evaluation done by an outside entity or company? ☒ Yes ☐ No

Please explain why the expectancy report was obtained. [Text Area]

Is this policy in accordance with your insurance objectives and your anticipated financial needs? ☐ Yes ☒ No

Has the representative discussed whether this policy is suitable for you? ☐ Yes ☒ No

Reason for purchasing policy: **b**

Accumulation <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>	Business Planning/Key Person <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>
Charitable Giving <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>	Death Benefit Protection <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>
Estate Planning <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>	Retirement/Deferred Compensation <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>
Other <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>	

16

## Representative Information

The Representative Information page is where you provide your information.

- Enter **commission split percentage**, if applicable.
- Enter **first and last name**.
- Enter **firm and rep code number**.
- Enter **business phone number** and **email address**.
- Select **other agents** on the policy if the commission is split.

Note: Additional information is needed if you answer “Yes” to this question.

My Cases

Welcome [Sign Out?](#) | [Help](#) | [Take the tour!](#)

**Sample, Johnny**  
500,000 policy

**Case Information**

- ☒ Plan Information
- ☒ Policy Date
- ☒ Family Term Agreement
- ☒ Existing Insurance
- ☒ Child Medical Questions (1)
- ☒ Child Medical Questions (2)
- ☒ Child Medical Questions (3)
- ☒ Child Medical Questions (4)
- ☒ Illustration Certification
- ☒ Allocation Options
- ☒ STOLI and Premium Financing
- ☒ Lifestyle and Part II Options
- ☒ **Representative Information**
- ☐ Representative Report
- ☐ Representative Comments
- ☐ Money Submitted
- ☐ Validate And Lock Data

**Application**

**Representative Information**

Please indicate the Servicing Representative first. Additional representatives may be indicated at the bottom of this screen by setting the Commission Split to less than 100%.

Commission Split %

**Representative's Name**

First Name  Middle Name

Last Name

Firm/Rep code  If you are submitting appointment paperwork with this application, put Pending in the firm/rep code field

Business Phone Number

E-mail address

Are there additional Representatives? ☒ Yes ☐ No

If there are additional producers, the total split % must equal 100%.

Are you related to the Proposed Insured? ☐ Yes ☒ No

Back Next

Save

View Forms

## Representative Report

The Representative Report page provides privacy notice certification, along with questions on underwriting, replacement and ERISA.


- Select **Your Privacy is Important to Us** notice certification.
- Answer **the additional questions**, if applicable.
- Indicate whether the owner's ID was verified.
- Include **any additional instructions**, e.g. additional beneficiaries.

Note: Additional information may be needed if you answer "Yes" to any of these questions.

- Indicate Captive Insurance, rebate of premium, or premium financing if applicable.

My Cases
Welcome | [Sign Out?](#)

**Sample, Johnny**  
500,000 policy



**Eclipse Indexed Life**

[Case Notes](#) Case Actions...

**Case Information**

**Application**

Back
Next

**Representative Report**

**a** ☒ I certify that I left the Your Privacy is Important To Us notice with the Proposed Insured.  
Please note, a copy of the Your Privacy is Important will be included in the clients form packet.

I explained to this customer that I represent Minnesota Life with respect to the sale and service of this product. ☐ Yes ☒ No

Do you know anything not disclosed which might affect the underwriting of this risk? ☐ Yes ☒ No

Is replacement of existing life insurance or annuities involved in this sale? ☐ Yes ☒ No

**b**

Is the purpose of this insurance to provide an Employee Benefit Plan as defined under ERISA? ☐ Yes ☒ No

**Owner Identity Verification c**

☐ I certify that I personally met with the applicant and reviewed the identification documents. To the best of my knowledge the documents accurately reflect the identity of the individual.

☐ I did not meet in person with the individual or was otherwise unable to personally review the identification documents.

**Additional Information**

d

Does this sale involve the use of a Captive Insurance Company concept? ☐ Yes ☒ No

Will there be a rebate of any kind (i.e. rebate of premium) to the applicant or proposed insured? ☐ Yes ☒ No **e**

Will financing (payments by a third party, other than persons or entities related to the Applicant or insured) of premium payments to be used at any time in the next two years? ☐ Yes ☒ No

Back
Next

Save  
  
View Forms

- ☒ Proposed Insured Cont
- ☒ Beneficiaries
- ☒ Plan Information
- ☒ Policy Date
- ☒ Existing Insurance
- ☒ Illustration Certification
- ☒ Allocation Options
- ☒ Client Account Information
- ☒ Client Account Info Cont
- ☒ STOLI and Premium Financing
- ☒ Premium and Billing Info
- ☒ Premium and Billing Info Cont
- ☒ EFT Enrollment
- ☒ Representative Information
- ? **Representative Report**

### Representative Comments

The Representative Comments page provides the opportunity to designate a Case Manager and provide additional information to the home office.

- a. Select **Case Manager**, if applicable.
- b. Enter **Case Manager's name and email address**, if applicable.
- c. Select to **include additional information**, if applicable.

Note: Additional information may be needed if you answer "Yes" to any of these questions.

The screenshot shows the 'Representative Comments' page within an application. The page is titled 'Sample, Johnny' with a '500,000 policy' and 'Eclipse Indexed Life' insurance. The left sidebar lists various sections, with 'Representative Comments' highlighted. The main content area has a 'Representative Comments' header. Below it, there are two questions: 'Do you want to designate a case manager to receive future correspondence?' and 'Do you want to provide Minnesota Life with any additional information about this application?'. The first question has a 'Yes' radio button selected, and the second question has a 'Yes' radio button selected. Below the first question, there are two text input fields for 'Case Manager Name' and 'Case Manager Email address'. Below the second question, there is a large yellow text area for additional information. The page includes 'Back' and 'Next' buttons at the bottom and 'Save' and 'View Forms' buttons on the right.

My Cases

Welcome [Sign Out?](#) | [Help](#) | [Take the tour!](#)

Sample, Johnny  
500,000 policy

MINNESOTA LIFE SECURIAN Eclipse Indexed Life

Case Information

Application

Back Next

Save

View Forms

Representative Comments

Do you want to designate a case manager to receive future correspondence? **a** ☒ Yes ☐ No

Case Manager Name **b**

Case Manager Email address

Do you want to provide Minnesota Life with any additional information about this application? **c** ☒ Yes ☐ No

Back Next

Plan Information

Policy Date

Family Term Agreement

Existing Insurance

Child Medical Questions (1)

Child Medical Questions (2)

Child Medical Questions (3)

Child Medical Questions (4)

Illustration Certification

Allocation Options

STOLI and Premium Financing

Lifestyle and Part II Options

Representative Information

Representative Report

**Representative Comments**

Money Submitted

Validate And Lock Data

## Financial Services and Product Summary

Select the relevant licensing designation, if prompted. Doing so will open additional selection options.

[My Cases](#)

Welcome | [Sign Out?](#)

**Sample, Johnny**

MINNESOTA LIFE | SECURIAN

Advantage Elite Select Term

[Case Notes](#)

Case Actions...

Case Information

Application

☒ Proposed Insured

☒ Proposed Insured Cont

☒ Beneficiaries

☒ Plan Information - Term

☒ Policy Date

☒ Existing Insurance

☒ STOLI and Premium Financing

☒ Premium and Billing Info

☒ Premium and Billing Info Cont

☒ Representative Information

☒ Representative Report

☒ Representative Comments

☒ **Financial Services and Product Summary Disclosure**

☒ Exam Vendor Choice

☐ Validate And Lock Data

**Financial Services and Product Summary Disclosure**

Please choose one or more of the following:

☒ I am an investment advisor representative in this state representing one or more investment advisors

☐ I am a licensed agent in this state

☐ I am a CRI Securities, LLC Advisor

☐ I am a Securian Financial Services Advisor

☒ I am a securities registered representative in this state representing one or more broker dealers

☐ Securian Financial Services

☐ CRI Securities

☐ Series 6: variable life insurance, variable annuities, mutual funds, unit investment trusts

☐ Series 52: municipal bonds

☐ Series 62: corporate securities, including stocks and bonds

☐ Series 7: general securities (all offerings of Series 6, 52 and 62)

☒ I am a licensed agent in this state with various companies

I represent the following local firm(s) when I conduct my insurance business:

Back

Next

Save

View Forms

## Premium and Billing

The Premium and Billing page records payment and billing preferences and provides the opportunity to draft for temporary insurance or initial premium via electronic funds transfer.

- Select payment method: annual, semi-annual, quarterly, or monthly.
- Indicate whether temporary insurance is desired (payment required).
- If temporary insurance is desired, select payment method: check or electronic funds transfer (EFT).
- Enter check or draft amount.
- Enter how amount was determined. Example: one month, preferred non-tobacco.
- Enter any additional premium, if applicable.
- Select the source of payment.

My Cases

Welcome | [Sign Out?](#)

UL, Accumulator  
Skeleton Case

MINNESOTALIFE SECURIAN

Accumulator UL

Case Notes

Case Actions...

Case Information

Application

☒ Proposed Insured  
☐ Proposed Insured Cont  
☐ Beneficiaries  
☐ Plan Information  
☐ Policy Date  
☐ Existing Insurance  
☐ Illustration Certification  
☐ STOLI and Premium Financing  
☒ **Premium and Billing Info**  
☒ Premium and Billing Info Cont  
☐ Representative Information  
☐ Representative Report  
☐ Representative Comments  
☐ Exam Vendor Choice  
☐ Validate And Lock Data

Back

Next

Save

View Forms

Premium and Billing Information

Payment Method

Annual **a**

Does the client wish to receive coverage under the Life Receipt and Temporary Insurance Agreement?

☒ Yes
 ☐ No **b**

A copy of the Life Receipt and Temporary Insurance Agreement will be included in the forms packet.

NOTE: Money can not be accepted by the Representative if:

1. The Proposed Insured has ever been diagnosed, treated, tested positive or been given medical advice by a member of the medical profession for heart disease, stroke, cancer or diabetes,  
 2. The Proposed Insured has been rated or declined for life insurance coverage in the past,  
 3. The application exceeds \$1,000,000, or the total coverage inforce with Minnesota Life, including this application, exceeds \$1,000,000

Do they wish to authorize a one time withdrawal via EFT or Pay by Check?

☐ Check
 ☒ EFT **c**

What is the amount they authorize?

**d**

Money collected should be greater than or equal to 1/12 of the requested annual premium based on Standard rates or the minimum initial premium on applicable products.

How was the amount determined?

**e**

Universal Life Additional Premium (excluding 1035)

**f**

Source of Funds **g**

☒ Earnings
 ☐ Existing Insurance
 ☐ Gift/Inheritance  
☐ Retirement Funds
 ☐ Sale of Investments
 ☐ Savings  
☐ Other

Back

Next

## Underwriting Requirements

If the medical requirements are to be electronically ordered at the time of application, varying vendor options *may* be available.

- a. Indicate whether the insured has completed an exam within the last 6-9 months.
  - a. If either of these boxes are selected, the client will still need to complete the Tele Interview, however they will not need to complete the exam.
- b. Exam will automatically be ordered through Exam One unless Portamedic, or EMSI is selected
- c. Click next to move forward.

**Note:** Nothing needs to be completed on this screen for it to be in good order. If no boxes are selected on this screen, the order will automatically be placed through Exam One and based on the insured's age and face amount, the necessary underwriting requirements will be ordered.

**My Cases** Welcome | [Sign Out?](#)

**Rose, Purple** Secure Protector Whole Life [Case Notes](#) Case Actions

**Case Information** Back Next Save View Forms

**Application**

**Underwriting Requirements**

With E-app all underwriting requirements are automatically ordered for you. Exam One will be contacting your client to complete the interview.

**a** If an exam has been completed in the last 6-9 months, please check the appropriate box below:

☐ Exam already completed for Minnesota Life in the last 9 months (6 months of ages 70 and older).

☐ Exam already completed for another carrier in the last 9 months (6 months if ages 70 and older). You are responsible for getting Minnesota Life a copy of the exam.

**b** **Note:** The decision to require a new exam is at the discretion of the underwriter.

During the phone interview, if an exam is needed, it will be scheduled with Exam One, unless you would prefer to use another of our approved exam vendors.

☐ Portamedic

☐ EMSI

**c** Back Next

### Validate and Lock Data

The Validate and Lock Data page means the application is in good order, can be locked and sent to your client via e-Signature.

- a. Click the **Lock the Application** button.

Note: Application can be unlocked prior to receiving your client's signature.

Application is now ready for all signatures.

The screenshot shows the 'Validate And Lock Data' page of the application. The top navigation bar includes 'My Cases', 'Welcome', 'Sign Out?', 'Help', and 'Take the tour!'. The main header area displays 'Sample, Johnny', '500,000 policy', 'MINNESOTA LIFE', 'SECURITARIAN', and 'Eclipse Indexed Life'. A 'Back' button is located below the header. The left sidebar, titled 'Case Information', lists various application components with checkboxes, all of which are checked: Plan Information, Policy Date, Family Term Agreement, Existing Insurance, Child Medical Questions (1), (2), (3), and (4), Illustration Certification, Allocation Options, STOLI and Premium Financing, Lifestyle and Part II Options, Representative Information, Representative Report, Representative Comments, Money Submitted, and 'Validate And Lock Data' (which is highlighted). The main content area has a blue header 'Application' and a sub-header 'Validate And Lock Data'. It features a large green checkmark icon and the text: 'Congratulations! Your application is complete and In Good Order'. Below this, a yellow star icon is followed by the text: 'You now qualify for our Electronic Signature process.' and 'Please click the "Lock Application" button below'. A button labeled 'Lock Application and Proceed to Signature Process' is centered, with a red circle containing the number '1' next to it. A 'Back' button is at the bottom right. On the far right, there are 'Save' and 'View Forms' buttons.



## e-Signatures

### Validate and Lock Data

Once the application is in good order, it is ready for signatures. This page provides:

- A lock icon on each page of the application.
- A button to unlock the application.

The screenshot shows the 'Validate And Lock Data' screen. On the left is a navigation tree with a lock icon next to each item. A red circle with the letter 'a' highlights the lock icon next to 'Validate And Lock Data'. The main content area has a blue header 'Validate And Lock Data' with a lock icon. Below this, a green message states 'The application has been locked!'. Text explains that the application is locked to protect client data and that unlocking will cancel all signatures. A button labeled 'Unlock Application Data and Cancel Signature Process' with a red circle and letter 'b' is shown. Other buttons include 'Back', 'Save', 'View Forms', and 'Next'.

My Cases

Welcome [Sign Out?](#) | [Help](#) | [Take the tour!](#)

Sample, Johnny  
500,000 Term

MINIVITALIFE SECURITIAN Eclipse Indexed Life

Case Information

Application

Back

Validate And Lock Data

The application has been locked!

Your application has been digitally locked 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 re-collect all signatures.

If you need to edit the application you may do so by clicking the [Unlock Application Data 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.

This information will remain on iPipeline for 120 days.

[Unlock Application Data and Cancel Signature Process](#)

Next

Save

View Forms

Proposed Insured Contd.

Beneficiaries

Plan Information - Term

Policy Date

Family Term Agreement

Existing Insurance

Child Medical Questions (1)

Child Medical Questions (2)

Child Medical Questions (3)

Child Medical Questions (4)

STOLI and Premium Financing

Lifestyle and Part II Options

Representative Information

Representative Report

Representative Comments

Money Submitted

☒ Validate And Lock Data

## e-Signature Method

The e-Signature Method page appears. This page provides:

- Statement to use the e-Signature process.
- Indication of whether the signing parties are present or not present during the signature process.
- Buttons to go back or proceed on with the process.

The screenshot displays the 'e-Signature Method' page within the Quick App interface. The page is titled 'Signature Method' and includes a 'Back' button. The 'Electronic Signature' option is selected, indicated by a red circle 'a' and a checked checkbox. Below this, the instruction 'Please specify the location of all signing parties' is followed by a table with the following data:

Proposed Insured	Johnny Sample
	<input checked="" type="radio"/> Present <input type="radio"/> Not Present

The 'Present' radio button is selected, indicated by a red circle 'b'. At the bottom of the page, there are 'Back' and 'Next' buttons, with the 'Next' button highlighted by a red circle 'c'. The left sidebar contains a list of menu items, and the right sidebar has 'Save' and 'View Forms' buttons.

Note: If not all the signing parties are present, you may complete some signatures face-to-face and others via email.

## Signing Parties are Present


If the signing parties are present at the completion of the eApp, the e-signature may be completed immediately.

- Acknowledgement that steps 1-4 were read aloud to the client.
- Verification of identity: select form of ID, State, and number.
- The next button will activate once "yes" is selected.

My Cases Welcome | [Sign Out?](#)

---

**Sample, Johnny**  
500,000 policy




Eclipse Indexed Life


[Case Notes](#)


Case Actions... ▾


Case Information


Application


 eSignature Disclosures


 Client Account Information


 Client Account Info Cont


 STOLI and Premium Financing


 Premium and Billing Info


 Premium and Billing Info Cont


 EFT Enrollment


 Representative Information


 Representative Report


 Representative Comments

 Financial Services and Product Summary Disclosure

 Exam Vendor Choice

 Validate And Lock Data

 Signature Method

 eSignature Disclosures

Back

Save

View Forms

**eSig Disclosures**

**Agent Instructions: Please read aloud to client.**

During this process....

Step 1. You will agree to review all documents and disclosures.

Step 2. You will agree to read the Terms of Use and eSignature consent.

Step 3. You will acknowledge that you are the Proposed Insured, Owner, Payor, or Principal Agent of the insurance contract.

Step 4. You will agree to show proof of identification to me.

Proposed Insured

I, Johnny Sample, Proposed Insured, acknowledge that I have agreed to steps 1-4 read aloud by my Agent a ☒ Yes ☐ No

The proof of identification I gave to my agent, John Rep, was b

Drivers License ▾

State Issued 

MN ▾

 Drivers License No. 

G651651651

Back

c Next

## Signing Parties are Present

cont.

- The first agreements must be checked by the Insured, Owner, and Payer.
- The last agreement should be checked by the agent.
- The city in which the application was signed.
- Apply signature to the policy when the above fields are complete.
- Click back at any time prior to applying the signature to regress one screen.

My Cases

Welcome | [Sign Out?](#)

Sample, Johnny  
500,000 policy

MINNESOTALIFE

SECURIAN

Eclipse Indexed Life

Case Notes

Case Actions...

Case Information

Application

STOLI and Premium Financing

Premium and Billing Info

Premium and Billing Info Cont

EFT Enrollment

Representative Information

Representative Report

Representative Comments

Financial Services and Product Summary Disclosure

Exam Vendor Choice

Validate And Lock Data

Signature Method

eSignature Disclosures

Terms of Use and eSignature Consent

eSignatures

Back

Save

View Forms

eSignature - Primary Insured/Owner/Payor/Agent

I have read, or had read to me the statements and answers recorded on my application. They are given to obtain this insurance and are, to the best of my knowledge and belief, true and complete and correctly recorded. I understand that any false statement or misrepresentation on this application may result in loss of coverage under this policy subject to the incontestability provision. I agree that they will become part of this application and any policy issued on it. The insurance applied for will not take effect unless the policy is issued and delivered and the full first premium is paid while the health of the Proposed Insured remains as stated in the application. If such conditions are met, the insurance will take effect as of the earlier of the Policy Date specified in the policy or the date the policy is delivered to me; the only exception to this is provided in the Life Receipt and Temporary Insurance Agreement, issued if the premium is paid in advance.

☒ Johnny Sample, Proposed Insured

I understand that omissions or misstatements in this application could cause an otherwise valid claim to be denied under any contract issued from this application.

☒ Johnny Sample, Proposed Insured

I understand any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of fraud.

☒ Johnny Sample, Proposed Insured

**a**

I certify that to the best of my knowledge and belief the answers on the application and in the statement are true and correct; and  
I am signing the Replacement Notice, if any; and  
I am the agent who solicited the application and hereby sign it.

☒ John Rep, Agent

**b**

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

Signed at City: **c** Saint Paul Signed at State: MN

**d**

Apply eSignature

**e**

Back

## Signing Parties are Present cont.

- Submit the application to Minnesota Life.
- Print a copy of the signed application.
- Regress to a previous page or view "Application Complete" page.

My Cases

Welcome | [Sign Out?](#)

Sample, Johnny

500,000 policy

MINNESOTALIFE | SECURIAN

Eclipse Indexed Life

[Case Notes](#)

Case Actions...

Case Information

Application

STOLI and Premium Financing

Premium and Billing Info

Premium and Billing Info Cont

EFT Enrollment

Representative Information

Representative Report

Representative Comments

Financial Services and Product Summary Disclosure

Exam Vendor Choice

Validate And Lock Data

Signature Method

eSignature Disclosures

Terms of Use and eSignature Consent

eSignatures

Back

Save

View Forms

eSignature - Primary Insured/Owner/Payor/Agent

I have read, or had read to me the statements and answers recorded on my application. They are given to obtain this insurance and are, to the best of my knowledge and belief, true and complete and correctly recorded. I understand that any false statement or misrepresentation on this application may result in loss of coverage under this policy subject to the incontestability provision. I agree that they will become part of this application and any policy issued on it. The insurance applied for will not take effect unless the policy is issued and delivered and the full first premium is paid while the health of the Proposed Insured remains as stated in the application. If such conditions are met, the insurance will take effect as of the earlier of the Policy Date specified in the policy or the date the policy is delivered to me; the only exception to this is provided in the Life Receipt and Temporary Insurance Agreement, issued if the premium is paid in advance.

☒ Johnny Sample, Proposed Insured

I understand that omissions or misstatements in this application could cause an otherwise valid claim to be denied under any contract issued from this application.

☒ Johnny Sample, Proposed Insured

I understand any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of fraud.

☒ Johnny Sample, Proposed Insured

I certify that to the best of my knowledge and belief the answers on the application and in the statement are true and correct; and  
I am signing the Replacement Notice, if any; and  
I am the agent who solicited the application and hereby sign it.

☒ John Rep, Agent

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

Signed at City:  Signed at State:

**You MUST click the button below to submit your application.**

Submit IGO Application **a**

**b**

Print Signed Application

Back

Next **c**

### Signing Parties are NOT present

If the client is not present during the e-Signature process, the Instructions page appears. This page provides:

- Proposed Insured's name (pre-populated).
- Field to enter your Personal Identification Number (PIN). This will be used later for you to log in and complete the e-signature process.
- Field for your email address (pre-populated if previously entered).
- Field to confirm your email address.
- Buttons to go back or proceed on with the process.

My Cases

Welcome [Sign Out?](#) | [Help](#) | [Take the tour!](#)

**Sample, Johnny**  
500,000 Term

**Case Information**

- Plan Information - Term
- Policy Date
- Family Term Agreement
- Existing Insurance
- Child Medical Questions (1)
- Child Medical Questions (2)
- Child Medical Questions (3)
- Child Medical Questions (4)
- STOLI and Premium Financing
- Lifestyle and Part II Options
- Representative Information
- Representative Report
- Representative Comments
- Money Submitted
- ☒ Validate And Lock Data
- ☒ Signature Method
- ☒ e-Signature Instructions

**Application**

**e-Signature Instructions**

e-Signature emails will be sent to the signing parties below:

Proposed Insured Johnny Sample **a**

Principal Agent

The e-Signature process requires each e-Signer to review the application online and agree to a series of disclosure and disclaimer statements, insert the city where he/she is located, and apply this as his/her signature.

Upon careful review of all information, each e-Signer will be instructed to click a number of "I Agree" statements. This will serve as his/her electronic signature. A secure process has been put in place to ensure his/her personal information and the signature process is confidential and secure.

**Agent e-Signature Information**

Rich Agent, please enter a 4 digit pin below that you, as the agent, will use to sign in to your agent signature process once all other parties have signed.

AGENT PIN **b**

Please also enter and confirm your E-Mail address where all e-Signature notifications will be sent.

E-Mail Address **c**

Confirm E-Mail Address **d**

Back **e** Next

Save

View Forms

## Proposed Insured's e-Signature

The e-Signature page appears. This page provides:

- Message that the email has not been sent.
- Send Message buttons.
- Your client's email address.

Note: Client's email address is pre-populated if entered earlier in the application process.

- Your email address is pre-populated.
- Field for a personalized message to your client.

My Cases

Welcome [Sign Out?](#) | [Help](#) | [Take the tour!](#)

**Sample, Johnny**  
500,000 Term

**Case Information**

**Application**

**Proposed Insured's e-Signature**

**This signature email has not yet been sent!**

**Send Message**

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.

**To Proposed Insured:** Johnny Sample

**E-Mail Address:** johnnysample@yahoo.com

**Agent's E-Mail Address:** myname@hotmail.com

**Subject:** Complete your Minnesota Life Application

**E-mail Message:**

Thank you for choosing Minnesota Life Life Insurance.

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

[Click here](#) to be directed to the on-line signature process.

If you have any questions, please contact me.

You may type a personalized E-Mail message below and click "Send Message."

**Send Message**



The Proposed Insured's e-Signature page with email status appears. This page provides:

- a. Message that the email(s) were or were not sent successfully.
- b. Next button to continue with the process.
- c. Resend message buttons to resend the email, if needed.

**My Cases** Welcome [Sign Out?](#) | [Help](#) | [Take the tour!](#)

**Sample, Johnny**  
500,000 Term

**Case Information**

- Policy Date
- Family Term Agreement
- Existing Insurance
- Child Medical Questions (1)
- Child Medical Questions (2)
- Child Medical Questions (3)
- Child Medical Questions (4)
- STOLI and Premium Financing
- Lifestyle and Part II Options
- Representative Information
- Representative Report
- Representative Comments
- Money Submitted
- ☒ Validate And Lock Data
- ☒ Signature Method
- ☒ e-Signature Instructions
- ☒ e-Sig: Insured

**Application**

**Proposed Insured's e-Signature**

**Your E-Mail was successfully sent!** **a**

Click 'Next' to move forward or 'Resend Message' if needed

**Next** **b**

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.

To Proposed Insured: Johnny Sample

E-Mail Address: johnnysample@yahoo.com **c** Resend Message

Agent's E-Mail Address: yourname@hotmail.com

Subject: Complete your Minnesota Life Application

E-mail Message:

Thank you for choosing Minnesota Life Life Insurance.

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

[Click here](#) to be directed to the on-line signature process.

If you have any questions, please contact me.

You may type a personalized E-Mail message below and click "Send Message."

Resend Message **c** Back Next



## e-Signature Process – Email(s) Sent

The e-Signature Process – Email(s) Sent page appears. This page provides:

- Message that the email(s) were or were not sent successfully.
- Client name, email address, and date sent.
- Important information on the e-Signature process.

My Cases

Welcome [Sign Out?](#) | [Help](#) | [Take the tour!](#)

**Sample, Johnny**  
500,000 Term

**Case Information**

- Family Term Agreement
- Existing Insurance
- Child Medical Questions (1)
- Child Medical Questions (2)
- Child Medical Questions (3)
- Child Medical Questions (4)
- STOLI and Premium Financing
- Lifestyle and Part II Options
- Representative Information
- Representative Report
- Representative Comments
- Money Submitted
- ☒ Validate And Lock Data
- ☒ Signature Method
- ☒ e-Signature Instructions
- ☒ e-Sig: Insured
- ☒ E-Mail Sent

**Application**

**e-Signature Process - E-Mail(s) Sent**

**All required signature emails have been sent!**

You have successfully sent E-Mail(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.

Signing Party Name	E-Mail Address	MM/DD/YYYY
Johnny Sample	johnnysample@yahoo.com	09/10/2010

You will be notified of the following via E-Mail message:

- e-Signer fails to login within 7 days of your E-Mail being sent
- e-Signer makes three failed attempts to login using their assigned passwords (last 4 digits of Social Security Number)
- e-Signer successfully e-Signs application
- e-Signer declines to e-Sign application

Your electronic signature will be required after all other e-Signatures have been captured. After e-Signing you will be able to send the completed Application to Minnesota Life for processing.

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

This completes the agent portion of the e-Signature process, with the exception of your e-Signature after all other e-Signatures are captured. You may logout by clicking on the Case Information tab at the top of this page, or click the [Logout](#) link in the upper right margin.

[Save](#) [View Forms](#)

### e-Signature – Client Process

#### Client Notification

Clients receive notification when the e-Signature email is sent. This notification includes:

- a. Standard message.
- b. Personalized message.
- c. Link to view the online application and submit the e-Signature.

**Note:** E-Mail signature links are valid for 14 Days.

Thank you for choosing Minnesota Life to help you with your life insurance needs. **a**

Before we can complete the signature application process for your new life insurance policy, we need your electronic signature. Just click on the link below to review your application and all other forms. You then will be asked to acknowledge your acceptance of the application, disclosures and consents. Follow the prompts to add your electronic signature to the document.

Thank you for your business! **b**

Please [click here](#) to view your on-line application and sign the document. **c**

#### Client Log In

When clicking on the link in the email, the clients are taken to a login page. Clients must enter:

- a. The last four digits of the Social Security number or Taxpayer ID.

Sign In

Last 4 Digits of Client SSN/TIN  **a**

Sign In

MINNESOTA LIFE

### Application Review

The Application Review page appears. This page provides:

- a. Button to review their completed application.

Note: Clients must review their application before it can be eSigned.

- b. Statement to agree to proceed with the e-Signature process.
- c. Buttons to decline or agree to proceed.

**Application Review**

Step 2 of 4

Please review your application and all other forms in their entirety for accuracy and to make sure you completely understand and agree with what they say.

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

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

**a**

Review Your Application

**b**

☒ I have reviewed the application and read each of the pages that are to be e-Signed

I Decline

**c**

I Agree

Note: Pop-up blockers must be disabled so the client can review the application

### Signature Verification

The Signature Verification page appears. This page provides:

- a. Client's agreement.
- b. Content of agreement.
- c. State where application is signed.

Note: The client cannot sign in the state of New York.

- d. City where application is signed.
- e. Last four digits of the client's SSN/TIN.
- f. Buttons to decline or approve the process.

**Signature Verification**Step 3 of 4

☒ I, Johnny Sample, **a**

have read, or had read to me the statements and answers recorded on my application. They are given to obtain this insurance and are, to the best of my knowledge and belief, true and complete and correctly recorded. I understand that any false statement or misrepresentation on this application may result in loss of coverage under this policy subject to the incontestability provision. I agree that they will become part of this application and any policy issued on it. The insurance applied for will not take effect unless the policy is issued and delivered and the full first premium is paid while the health of the Proposed Insured remains as stated in the application. If such conditions are met, the insurance will take effect as of the earlier of the Ppolicy Date specified in the policy or the date the policy is delivered to me; the only exception to this is provided in the Life Receipt and Temporary Insurance Agreement, issued if the premium is paid in advance.

**b**

understand that omissions or misstatements in this application could cause an otherwise valid claim to be denied under any contract issued from this application.

understand any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of fraud.

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

Signed at State

MN **c**

Signed at City

**d**

Last 4 Digits of SSN/TIN

**e**

Decline e-Signature Process **f**

Apply e-Signature

### Thank You

The Thank You page appears after the client's e-Signature has been applied. This page provides:

- a. Button to view, print or save the completed e-Signature application.
- b. Close the window.

Client's e-Signature process is complete. You are notified when this step is complete.

**Thank You**

**Thank You!**

Your application review and e-Signature process are now complete and your e-Signature has been applied to the document(s) that you reviewed. An E-Mail has been sent to your Representative advising him/her that you have completed the e-Signature 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 e-Signed application for your records by clicking on the button below.

If you have any questions or need another copy of the e-Signed application, please contact your Representative.

*Thank you again for using our Electronic Application!*

View/Print/Save e-Signed Application **a**

Close Window **b**

### e-Signature – Advisor Process

---

The advisor's process to obtain e-Signatures is similar to the client's process.

#### Advisor Notification

You receive an email when your client has completed their e-Signature process.

Your client Johnny Sample has successfully reviewed and esigned all necessary forms.

**Please do not reply to this email.**

In addition, you receive an email when your e-Signature is required. This notification includes:

- a. Standard message.
- b. Link to view the online application with your client's signatures.

All eSignatures, except for yours, have now been completed on the Minnesota Life **a** Insurance Application for Johnny Sample. You now need to review, eSign, and electronically submit the application to Minnesota Life.

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

**Please do not reply to this email.**

### Advisor Log In

When clicking on the link in the email, you are taken to a login page. You must enter:

- a. The four-digit PIN entered when creating the case.



The image shows a login interface for the Minnesota Life Advisor app. At the top, there is a tab labeled "Sign In". Below the tab, the text "Enter 4 digit PIN" is displayed next to a text input field. Below the input field is a green button labeled "Sign In". At the bottom of the screen, the "MINNESOTA LIFE" logo is visible.



### Application Review

The Application Review page appears. This page provides:

- a. Button to review your client's eSigned application.

Note: The application must be reviewed before it can be eSigned.

- b. Statement to agree to proceed with the e-Signature process.
- c. Buttons to decline or agree to proceed.

**Application Review**

Step 2 of 4

Please review your application and all other forms in their entirety for accuracy and to make sure you completely understand and agree with what they say.

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

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

**a**

Review Your Application

**b**

☒ I have reviewed the application and read each of the pages that are to be e-Signed

I Decline

**c**

I Agree



### Signature Verification

The Signature Verification page appears. This page provides:

- Your agreement.
- Content of agreement.
- Your 4-digit PIN.
- Buttons to decline or approve the process.

**Signature Verification**Step 3 of 4

☒ I, James Smith, hereby agree that: **a**

I certify that to the best of my knowledge and belief the answers on the application and in this statement are true and correct; and

I am signing the Replacement Notice, if any; and **b**

I am the agent who solicited the application and I hereby sign it.

4 digit PIN  **c**

**d**

### Thank You

The Thank You page appears after you have applied your e-Signature. This page provides:

- Content of page.
- Button to view, print or save the completed e-Signature application.
- Button to submit the application to the home office.

e-Signature process is complete.

**Thank You**

**Thank You!** Step 4 of 4

Your application review and e-Signature process are now complete and your e-Signature has been applied to the application. **a**

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 e-Signed application for your records by clicking on the button below.

*Thank you again for using our Electronic Application!*

**View/Print/Save e-Signed Application** **b**

**Submit iGO Application** **c**

**Close Window**

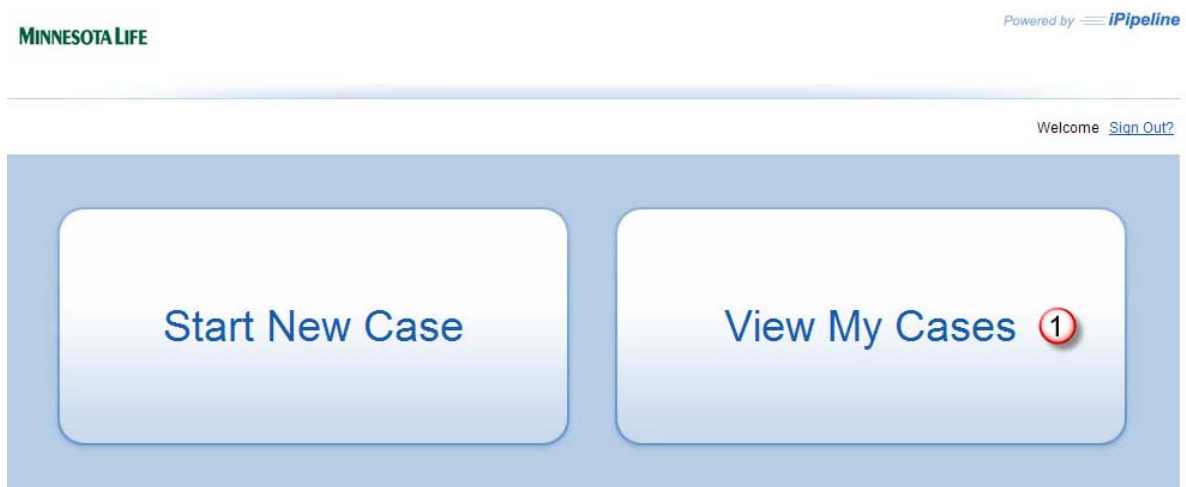
### Existing Cases

---

The eApp Welcome Page appears after clicking on the eApp button.

The Welcome Page allows you to open a case and view details of a case that you have already started.

1. Click on **View My Cases**.



## My Cases

My Cases provides a summary of all your applications and the following functionality and information:

- a. Search by client's last and first names.
- b. Button or drop down to start a new case.
- c. Name of your client(s). Click on the name to open the case.
- d. Link to see the status of cases and resend e-mail.
- e. Application status.
  - a. Started: case has been opened.
  - b. Locked – Ready to Sign: application has been locked but not sent for e-Signatures.
  - c. Awaiting Consumer e-Signature: application has been sent for e-Signatures. Application e-Submitted: all signatures have been received and application submitted to Home Office
  - d. Complete: all e-Signatures have been received.
- f. Name of the carrier.
- g. Product
- h. Date application was last revised.
- i. View Forms/Application
- j. Case Actions – Open Case

Note: Click on Column Headers to sort by a specific category.

Welcome | [Sign Out?](#)

Display Cases with Activity in All

Check box(es) below to: Case Actions


**Alerts (6) Show**

**Cases (139)** Start New Case



<input type="checkbox"/>	Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
<input type="checkbox"/>	Sample, Johnny Child Policy <b>Face Amount:</b> \$2,034,909 <a href="#">Case Details...</a>	Application e-Submitted	MINNESOTALIFE   SECURIAN	Accumulator UL	6/5/2013		Case Actions
<input type="checkbox"/>	Sample, Angela Term, Perm Combo <b>Face Amount:</b> \$239,587 <a href="#">Case Details...</a>	Application e-Submitted	MINNESOTALIFE   SECURIAN	Accumulator VUL	6/3/2013		Case Actions
<input type="checkbox"/>	Sample, Gloria Business Policy <b>Face Amount:</b> \$1,000,000 <a href="#">Case Details...</a>	Awaiting Consumer e-Signature	MINNESOTALIFE   SECURIAN	Advantage Elite Select Term	6/3/2013		Case Actions
<input type="checkbox"/>	Sample, Joe <b>Face Amount:</b> \$100,000 <a href="#">Case Details...</a>	Started	MINNESOTALIFE   SECURIAN	Accumulator UL	6/3/2013		Case Actions


## Alerts



Alerts provides a summary of the cases that action is needed

























- k. Select the Drop Down to only show cases for s specific time period
- l. Hide or Show the Alert Section
- m. Hover over the  to show the action that is needed and to clear the alert
- n. Case Details Link to resend the e-mail link
- o. Application Status – what action is needed

Welcome | [Sign Out?](#)

Display Cases with Activity in: All   k

Check box(es) below to: Case Actions 

 **Alerts (6)** Hide  l

	 Name	 Status 	Carrier	Product	Date Modified	View Forms	Case Actions
	 <b>m</b> <b>Sample, Joe</b> <b>Face Amount: \$100,000</b> <a href="#">Case Details...</a>  <span>n</span>	 <b>o</b> Awaiting Agent e-Signature	 	Accumulator UL	6/3/2013		Case Actions 
	 <b>Sample, Gloria</b> <b>Face Amount: \$250,000</b> <a href="#">Case Details...</a>	Awaiting Agent e-Signature	 	Advantage Elite Select Term	6/3/2013		Case Actions 
	 <b>Guy, Guyson</b> <b>Face Amount: \$500,000</b> <a href="#">Case Details...</a>	Awaiting Consumer e-Signature	 	Eclipse Indexed Life	2/26/2013		Case Actions 

## Case Details

Provides an overview of the application and the ability to resend an e-mail for the client to e-sign.

- p. Button to return to My Cases screen
- q. View and/or Print the Forms/Application
- r. Details of the Case
- s. Details of what action is needed
- t. Status of the e-signature process. Also provides the PIN/TIN/SSN that is required to e-sign
- u. Button to Resend the e-mail to e-sign
- v. History of the activity on the case

[Back to My Cases](#)
p

Actions for this case: Case Actions

### Case Details

**Document:**

q

**Case Summary:**
r

Case Description	Business Policy
Insured Name	Johnny Sample
Insured Email	myemail@gmail.com
Insured Date of Birth	05/05/1960
Phone Number	(102) 397-2309
Address	1st Main Street, Oklahoma City, OK
Carrier	Minnesota Life
State	OK
Product Type	Indexed Universal Life
Product Name	Eclipse Protector Indexed Life
Face Amount	\$1,204,970

**Alerts and Messages:**
s

The e-Signature link has expired. Please send a new link, or contact support for further assistance.

**e-Signer Status:**
t

Consumer	Role	PIN/TIN/SSN	e-Signature Status	Action
Johnny Field	Field Principal Agent	1234	Completed Accepted Signature	<span>u</span> Resend
	Agent		Pending Awaiting Signature	

**Activity History:**
v

6/3/2013 7:34 PM	Johnny Sample has successfully logged into the e-Sign process
6/3/2013 7:29 PM	e-Signature email notification sent to June Link
6/3/2013 7:27 PM	Electronic Signature method selected
6/3/2013 7:27 PM	Case Locked
6/3/2013 7:27 PM	Case Locked
6/3/2013 6:16 PM	Case started

## Pending e-Signature Cases

### View My Cases

eApp provides detailed information on your e-Signature cases. This is a great place to see a summary of the status of your cases. You can see whether the case is complete, pending, expired, or awaiting your signature.

1. Click on **View My Cases** from the eApp main page.



My Cases page appears. This page shows the eApp policies including those that are using the e-Signature process.

2. Click **Case Details** link for the client you want to view the e-signature status and to resend an e-mail.

Welcome | [Sign Out?](#)

Display Cases with Activity in

Check box(es) below to:

**Alerts (6)** [Show](#)


**Cases (139)** [Start New Case](#)

	Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
	Sample, Gloria Business Policy <b>Face Amount:</b> \$1,000,000 <a href="#">Case Details...</a>	Awaiting Consumer e-Signature		Advantage Elite Select Term	6/3/2013		<a href="#">Case Actions</a> <input type="button" value="v"/>
	Sample, Joe <b>Face Amount:</b> \$100,000 <a href="#">Case Details...</a>	Started		Accumulator UL	6/3/2013		<a href="#">Case Actions</a> <input type="button" value="v"/>

## e-Signer Status – Resend e-mail

3. Name of person where the e-mail was sent to
4. Role of the e-signer
5. PIN/TIN/SSN for the client to e-sign
6. Status of the e-Signature
7. Select the Resend Button.


**Case Details**

**Document:**


**Case Summary:**

Case Description	Business Policy
Insured Name	Johnny Sample
Insured Email	myemail@gmail.com

**Alerts and Messages:**

 The e-Signature link has expired. Please send a new link, or contact support for further assistance.

**e-Signer Status:**

Consumer	Role	PIN/TIN/SSN	e-Signature Status	Action
Johnny Field	Field Principal Agent	1234	Completed Accepted Signature	
	Agent		Pending Awaiting Signature	<div>Resend</div>

8. Verify and/or edit where the e-mail is to be sent
9. Add Custom Text if desired
10. Select the Resend Email button

A new email is sent to the designated parties at the email address shown

**Note:** The client must use this new e-mail to e-sign

**Resend e-Signature Email**

Check the box corresponding to the individual(s) you wish to resend emails to. You may adjust the email address as necessary, then click Resend Email.

Note: Updates to email addresses will only be saved if the notification is sent.

**To:**

<input type="checkbox"/>	Recipient	Email	Role	e-Signature Status	Expiration Date
<input checked="" type="checkbox"/>		myagent@gmail.com	Agent	Pending Awaiting Signature	1/17/2013

**From:**

**Custom Text:**

Resend Email

Cancel



### Frequently Asked Questions

---

**What is eApp?**

Minnesota Life's eApp is an application process where all the application information is entered electronically, allowing you to spend more time selling and less time on paperwork. With an electronic signature and submission process, this process results in a faster turnaround time while ensuring the application is 'In Good Order.'

**What type of situations work best with eApp?**

All situations work with eApp. eApp uses an electronic signature process. If the client is not present at the time the application is filled out, you will want to make sure you have a client who has an email address and is comfortable with online transactions.

**Who can use e-Signature to sign their eApp?**

Anyone who has a valid email address or is present at the filling out of the application can use e-Signature.

**Will I be notified when they have eSigned it?**

You will be notified when the client views the application as well as when the application has been eSigned by the client. You will also be notified when clients are unsuccessful in logging in to get their electronic application. Once you have completed the e-Signature process, the application will automatically be sent to the Home Office for processing.

**Do I have to use eApp?**

At this time, eApp is optional, although we do believe you will gain efficiency and accuracy in your applications by using this process.

**How do I access eApp?**

You can access the eApp directly from forms website for approved products and states. Click on the eApp button and you will be automatically sent into the system. No additional sign-on required.

**What is the process for submitting an eApp?**

Once you have obtained all your clients e-Signatures and you have applied your e-Signature, you will see a button that says Send to Carrier. Click that button and the rest is up to us.

**How is the Part 2 of the application completed?**

Part 2 of the life insurance application is completed using the Tele-Interview. This process takes on average 20-25 minutes to complete. Please refer to the Tele-Interview Checklist for a list of information your client should have available during the call.

**Do I still need to order the medical information for underwriting?**

If you use Quick eApp, you have the option of either electronically ordering the medical requirements or you may order them yourself. If you choose to electronically order the medical requirements, they will be managed by Minnesota Life. If you use the full app, you will be responsible for ordering them.

### **How do I know if I've submitted all of the required information?**

This process prevents you from submitting an application unless all of the required information is entered. eApp will ensure that your application is complete by displaying green checkmarks next to the required information. You will then be able to submit the application.

### **How do I track the application while it's being processed?**

You may track submissions for your clients' application status or for their e-Signature status when you log in to the eApp system.

- Click on the View My Cases button. You will be presented with a list of your active cases.
- In order to check the application status of any submission, simply click on your client's name.
- For applications that have been sent to the client for e-Signature, you can check the status by clicking on the e-Signature button.
- All submitted applications will generate updates automatically when a client e-signs the application.

Errors in the e-sign process will also generate and update automatically.

### **How do I print an application once it has been submitted to Minnesota Life?**

You may print a copy of the application at any time during the e-application process.

- Click on the View My Cases button. You will be presented with a list of your active cases.
- In order print the application of any submission, simply click on your client's name.
- Click on the Application Tab
- On the right hand side, select the View Forms button. A new screen will appear with all the forms that were completed.
- You can either print or save the application.

### **How do I make changes once the e-application has been locked?**

On the Validate and Lock Data screen of the client's e-application, select the Unlock Application Data and Cancel Signature Process.

You may then go back and make any necessary changes. Unlocking the application cancels any existing e-signatures for the case. The client will need to e-sign again with the changes that were made.

### **How long are cases viewable in the My Cases screen?**

Cases are viewable for 120 days. After 120 days of inactivity, you will no longer be able to view a case on e-application.

### **How long is the e-mail valid to e-sign?**

E-mail links are valid for 14 days. After 14 days, the link will expire. Once expired, a new e-mail link will need to be resent so the client can e-sign.