



APPASSIST ONBOARDING.

EVERY DAY MATTERS.®
BANNER. WILLIAM PENN.



LEARNING AGENDA.

1. AppAssist **OVERVIEW** and Guidelines
2. Setting **EXPECTATIONS** for the Client
3. Agent **CONTRACTING**
4. How To **SUBMIT** Business
5. Interview **PROCESS** and Case Management
6. **VOICE SIGNATURE** Option and Benefits
7. Electronic Policy **DELIVERY**
8. **EFT** Commissions
9. Questions and Answers

A woman with dark hair, wearing a headset, is smiling warmly. She is in a call center environment, with other people and computer monitors visible in the blurred background. A semi-transparent green banner is overlaid on the bottom half of the image, containing text.

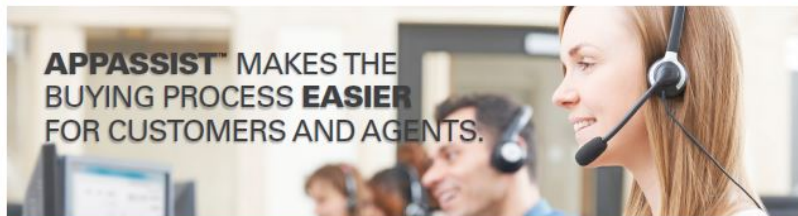
APPASSIST.

Our agency-applauded program designed to easily facilitate the sale of our value-priced life insurance for America's families.

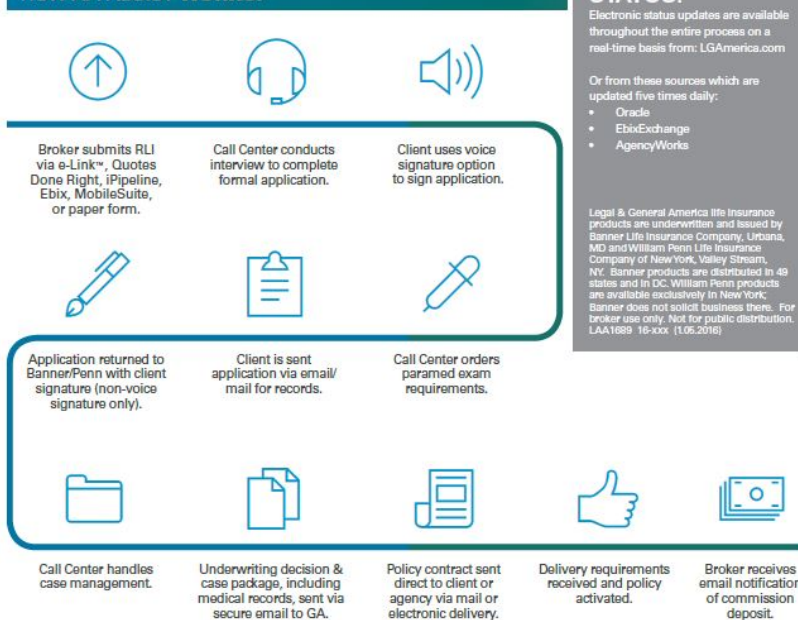
APPASSIST FLOW CHART.

AppAssist transfers the administrative burden to us, allowing the agent more time to sell and meet with prospective clients.

Case management is handled by LGA, too!



HOW APPASSIST WORKS:





Clients can schedule the application interview at their **CONVENIENCE** and can ask questions during the process.



NO PAPERWORK for agent.



FULL COMMISSION.

THE BENEFITS.

98 PERCENT of completed interviews become formal applications.
75 PERCENT of cases are placed.

ISSUE AGE
20 to 70*

COVERAGE AMOUNT
Up to \$10 million

71 and older

Up to \$500,000

OPTerm: \$100,000 minimum face amount
Life Step UL: \$50,000 minimum face amount
*not to exceed maximum age



THE GUIDELINES.

APPASSIST. IT'S IN THE DETAILS.

- Available for all products.
- Agents have the ability to split commission.
- Agent pre-appointment is not necessary, unless agent is registering as a first time user on e-Link.
- AppAssist shouldn't be used for cases that require special handling, such as:
 - Large buy-sell policies/group coverage (more than 3 applicants/policies).
 - High profile applicants who are not easily reached.
 - Cases where a translator would be needed.
 - States where agent is not licensed.
 - **The issue state of a policy and the related forms are determined by the proposed owner's resident state. Agent must be licensed in that state to conduct business.**

NOT ELIGIBLE FOR APPASSIST, IF...

The proposed insured:

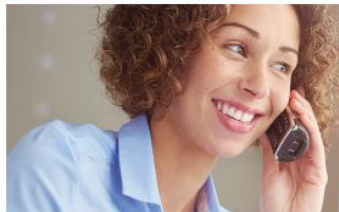
- Has immune deficiency disorder/AIDS.
- Is a non US citizens without an acceptable VISA (greencard, H1B; work permit, H4, political asylum, or refugee status).
- Is an active duty military members, except as permitted by law.
- Was Convicted/charged with DUI within the past 3 months or 2 or more in the last 5 years or currently on parole or probation.
- Is over the age of 61 and have not seen a doctor or had a physical exam in the past 24 months.

If a client is not eligible for AppAssist, we will refer him or her back to the agent to discuss further options. The general agency is notified via email and policy status will be posted on the Partner Dashboard.

WHAT TO EXPECT.

“What to Expect From Your Life Insurance Interview” flyer should be given to clients to let them know what they can expect from their interviews with us. LAA1692 (04.16)

Thank you for your interest in life insurance from Legal & General America.



WHAT TO EXPECT FROM YOUR LIFE INSURANCE INTERVIEW.

Here's what you need to know about the interview, the short exam, and any documents you'll need.

OVERVIEW OF THE INTERVIEW PROCESS

A telephone interview will be conducted by an experienced insurance professional, whenever possible, on the day and time you requested. If we can't accommodate your request, we'll immediately reschedule for another convenient time. The interviewer will ask questions that will be used to complete an application for life insurance. You may be asked to schedule a short medical exam after the call. The information on your application will ultimately be reviewed to determine whether you qualify for the insurance coverage requested.

YOUR INFORMATION WILL BE KEPT CONFIDENTIAL

Your privacy is important to us. All of the information you provide will be kept confidential in accordance with our privacy policy and will be used only for consideration of the insurance coverage for which you apply. Our corporate privacy policy can be found at www.LGAmerica.com.

DOCUMENTS YOU'LL NEED FOR THE INTERVIEW

The interview will take about 35-45 minutes and you'll need to have these documents on hand to complete the interview process:

- your driver's license number
- names, addresses and phone numbers of doctors, hospitals/clinics you've visited in the past 10 years
- reasons for and dates of medical treatment
- names of any prescription medicines you are taking
- other life insurance policies including company names and coverage amounts
- financial information including income, assets, liabilities and net worth

POLICY COVERAGE

Life insurance coverage is not in effect until your application is approved, and any outstanding policy requirements and your first premium payment have been received. Approval is not guaranteed.

THE APPLICATION:

During the interview you will have the option to give verbal approval for us to begin reviewing your policy. This option eliminates the need for the application to be sent to you for your signature. If you elect to use the voice signature option, you will need to provide the call center with your social security number and valid email address. A copy of your completed application will be sent to you via email for your records. If you elect NOT to use the voice signature option, the completed application and further instructions will be sent to you via two-day mail service.

THE SHORT MEDICAL EXAM

We may arrange for you to have a brief, no-cost medical exam to be performed by a trained medical examiner in your home or office. In some cases your exam can be scheduled right after your interview is completed. If not, the examiner will contact you within 48 hours to schedule the 2 exam. The exam will take 20-30 minutes.

WHAT'S INCLUDED IN YOUR EXAM

- height, weight, blood pressure and pulse rate
- collection of blood and urine
- in some cases, an EKG and/or medical history report

HOW TO PREPARE FOR YOUR EXAM

- sleep well and avoid strenuous exercise the day before the exam
- do not eat solid foods or drink alcoholic beverages eight hours prior to the exam
- avoid tobacco or caffeine products and drink a glass of water at least one hour prior to the exam

IF YOU HAVE QUESTIONS

Call us at 800.839.5960 or 800.526.5568
M-F, 8:30 am - 11:00 pm ET

About Legal & General America

Legal & General America life insurance products are underwritten and issued by Banner Life Insurance Company, Urbana, MO and William Penn Life Insurance Company of New York, Valley Stream, N.Y. Banner products are distributed in 49 states and in D.C. William Penn products are available exclusively in New York; Banner does not solicit business there. LAA1692 (04.11.16) 15-xx

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PREPARE THE CLIENT.

For the interview, the client will need:

- 45 minutes to complete the interview
- Driver's license number and social security number
- Names, addresses and phone numbers of doctors, hospitals/clinics visited in the past 10 years
- Reasons for and dates of medical treatment
- Names of any prescription medicines being taken
- Other life insurance policies including carrier names, coverage amounts and policy numbers
- Financial information including income, assets, liabilities and net worth

PARAMED EXAM OPTION.

The client should be advised that:

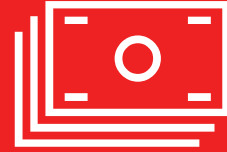
- A paramedical technician will call within 48 hours after the call center interview has been completed to schedule the exams.
- In some cases the exam can be scheduled right after the interview is completed.
- Abbreviated exam includes blood, urine, height, weight, pulse and blood pressure measurements. EKG if required.
- Lab results will be sent to the client by LGA once the case has been formally submitted.



Agent drops a ticket via e-Link™, Partner Dashboard, MobileSuite, agency management system vendors or paper form.



Call Center conducts detailed medical history interview and client can voice sign application. An abbreviated paramedical exam usually ordered and underwriting begins within 24 hours.



Policy contract sent to client or general agency. Delivery requirements received and policy activated. Agent receives commission.

HOW APPASSIST WORKS.

SUBMITTING BUSINESS.

Submit your business via e-Link™, Partner Dashboard, MobileSuite, or various agency management system vendors.



e-LINK.

To begin as a first-time user, register to obtain a password. You'll need your agent number unless you use the agency-specific URL . Select **REQUEST FOR LIFE INSURANCE INTERVIEW**. If you are new to AppAssist, you can download PDFs of our marketing materials in the blue box.

Make selections based on your client's insurance specifications.

APPASSIST[®]

AppAssist Login

Welcome to Legal & General America's leading teleapp program.

Contact Us Security

Please enter your User ID and Password. Then click the Login button.

User ID:

Password:

- If you are a new user, please click [here](#) to get a User Identification and Password.
- If you have forgotten your User Identification and/or Password, please click [here](#).

New to AppAssist? Read these.

- AppAssist At A Glance
- AppAssist Flow Chart
- AppAssist Broker Guide
- AppAssist Appointment Instructions
- For Your Client: What to Expect From Your Interview

Legal & General
AMERICA

Banner. William Penn. Your Company for Life.

RLLoginPw



Banner Life Insurance Company
AppAssist Program

Contact Us Options

First Name

Middle Name or Initial

Last Name

Birth Date Month Day Year (yyyy)

Save Age No Yes

Gender

Zip Code

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September 17, 2012 - Op_Nav1



Banner Life Insurance Company
AppAssist Program

Contact Us Options

Address 1 3275 Bennett Creek Avenue

Address 2

City FREDERICK

State MD

Zip Code 21704

Skip Risk Evaluation Questions? No Yes

New to AppAssist? Read these.

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Banner. William Penn. Your Company for Life.

September 17, 2012 - Op_RUNav2



Banner Life Insurance Company
AppAssist Program

Contact Us Options

Have you ever used any form of tobacco or nicotine based products? No Yes

Do you or have you ever consumed any type of alcoholic beverage? No Yes

Do you have a history of alcohol abuse? No Yes

Have you had any DUI's in the past 5 years? No Yes

Do you or have you ever used any types of illegal drugs? No Yes

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- AppAssist Appointment Instructions
- For Your Client: What to Expect From Your Interview



Banner. William Penn. Your Company for Life.

September 17, 2012 - Op_RiskNav1



Banner Life Insurance Company
AppAssist Program

Contact Us Options

Have you had more than two moving violations in the past three years? No Yes

What is your height and weight? Feet 5 Inches 7 Weight 150

Has any parent or sibling had a history of cardiovascular disease or cancer before age 60? No Yes

New to AppAssist? Read these.

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- AppAssist Appointment Instructions
- For Your Client: What to Expect From Your Interview



Banner. William Penn. Your Company for Life.

September 17, 2012 - Op_RiskNav2

Fill in with client's information.

Make selections based on client's specifications.

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Banner Life Insurance Company
AppAssist Program

Contact Us Options

Product OPTerm

Term Period 10 Year

Amount of Life Insurance 250,000

Waiver of Premium Rider No Yes

Billing Frequency Quarterly

Method of Payment

Is this prospective policy to replace any existing insurance? No Yes

What is the purpose of this insurance?

Buy/Sell
 Keyman
 Family Protection
 Income Replacement
 Other (Explain Below)

No Yes

Temporary Insurance Application & Agreement (TIAA). Note: Eligibility determined during the AppAssist Interview.

If the owner of this this policy is not the proposed insured, please provide the Owner Name, City, State and Zip.

NOTE: The issue state of a policy and the related forms are determined by the policy owner's resident state. Please ensure that the agent is licensed in that particular state to conduct business.

Owner Name

City

State Zip

This screen displays the estimated premium quote for the client.

Note, the quote is based upon the information provided. The additional information reviewed during the underwriting process could result in a higher or lower premium.

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AppAssist Program

Contact Us Options


Estimated Premium Quote

Nearest Age	46		
Sex	Female		
Underwriting Class (Subject to Underwriting)	Preferred Plus		
Waiver of Premium Rider	No		

Plan	Face Amount	Quarterly Premium	Annual Premium
10 Year Term	\$250,000	\$52.65	\$210.60
First Year Values	\$250,000	\$52.65	\$210.60

New to AppAssist? Read these.

- [AppAssist At A Glance](#)
- [AppAssist Flow Chart](#)
- [AppAssist Broker Guide](#)
- [AppAssist Appointment Instructions For Your Client: What to Expect From Your Interview](#)


Banner. William Penn. Your Company for Life.

September 17, 2012 - Op_RIIQuote

Schedule a time for the call center to contact the client to arrange the phone interview.

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Banner Life Insurance Company
AppAssist Program

Contact Us Options

A representative from Banner Life Insurance Company will be contacting you within 2 hours of the designated time.

Contact Date: October 17, 2012

Contact Time: 10:00 am

Primary Telephone No. (Area) Prefix Number Ext. Home Work Cell
301 555 5555

Secondary Telephone No. (Area) Prefix Number Ext. Home Work Cell
301 555 3155

E-Mail Address * iwantlifeinsurance@email.com

Remarks You may enter up to 250 characters
250 characters left

* Please note that Banner Life does not sell, share or disclose your email address to any third parties. The email address will only be used for the purpose of communicating with the proposed insured regarding their application for insurance.

Continue Back

If you choose, enter the name of the primary beneficiary, and click “Add Beneficiary” to designate more than one.

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Banner Life Insurance Company
AppAssist Program

Contact Us Options

Primary Beneficiaries

Primary Beneficiary 1

First Name MI Last Name
Want I Insurance

Clear all Fields

Add Beneficiary

Continue Back

New to AppAssist? Read these.

[AppAssist At A Glance](#)
[AppAssist Flow Chart](#)
[AppAssist Broker Guide](#)
[AppAssist Appointment Instructions](#)
[For Your Client: What to Expect From Your Interview](#)

- Current paramed vendors available:
- APPS
 - EMSI
 - ExamOne
 - Superior Mobile Medics
 - Portamedic

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AppAssist Program

Contact Us Options

Paramedical Vendor

Select Paramedical Vendor for this case.

New to AppAssist? Read these.

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Banner. William Penn. Your Company for Life.

April 15, 2016 - Op_RIPmed

Enter agent name and SSN or TIN. Up to 10 agent splits can be listed on one application.

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AppAssist Program

Contact Us Options

Agents Worksheet

	Agent Name (First, Middle, Last)	Split %	SSN/TaxID	Broker Number
1.	Insurance Agent	100	010101010	00010
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Split Evenly Across All Agents

New to AppAssist? Read these.

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- AppAssist Appointment Instructions
- For Your Client: What to Expect From Your Interview

ALMOST DONE.

When all required information has been entered, click “Submit” and the results will be sent to the call center within four business hours.

After you submit your RLI, a summary screen will confirm your submission, provide a confirmation number, and provide the ability to send the "What to Expect From Your Life Insurance Interview" one page PDF flyer.

We need a minimum of four hours lead time if the interview must be scheduled the same day.

The screenshot shows a web interface for the Banner Life Insurance Company AppAssist Program. At the top, the logo 'APPASSIST.' is displayed in blue. Below it, the text 'Banner Life Insurance Company' and 'AppAssist Program' is shown. A navigation bar contains 'Contact Us' and 'Options'. The main content area is titled 'Request for Life Insurance completed for' and 'I Want Insurance'. It contains a disclaimer: 'By clicking the I AGREE/SUBMIT button below, I state the following: I am a duly licensed life insurance agent in the state in which the prospective policy owner resides; (2) the plan and amount of insurance identified is suitable in view of the policy owner's insurance needs and financial objectives; (3) the information provided is complete, accurate, and correctly recorded; (4) all forms required to be delivered at time of solicitation have been delivered and all other required forms (including privacy notices, if necessary) have been or will be provided in a timely manner to the Applicant; and (5) if I am not currently appointed, I understand that I will need to be appointed by Banner Life before the policy, if one is issued, can be delivered. I authorize the Banner Life Life Insurance Company representative to obtain such administrative information as may be necessary to complete any life insurance application resulting from this lead submission, provided, however, that any item of information or question from the policy owner or the Applicant requiring the act or advice of a licensed life insurance agent will be referred to me for action before the application can be completed. I acknowledge that clicking the I AGREE/SUBMIT button below constitutes my signature on the form and has the same effect as if I personally signed the form and I authorize Banner Life Insurance Company to affix my signature to the life insurance application and all other required forms, once the tele-underwriting interview is completed and prior to delivery of the policy.' A 'NOTE' at the bottom states: 'The issue state of a policy and the related forms are determined by the policy owner's resident state. Please ensure that the agent is licensed in that particular state to conduct business.' At the bottom right, there is a 'Submit' button and a 'Back' link.

APPASSIST.
Banner Life Insurance Company
AppAssist Program

Contact Us Options

Request for Life Insurance completed for
I Want Insurance

By clicking the I AGREE/SUBMIT button below, I state the following:

I am a duly licensed life insurance agent in the state in which the prospective policy owner resides; (2) the plan and amount of insurance identified is suitable in view of the policy owner's insurance needs and financial objectives; (3) the information provided is complete, accurate, and correctly recorded; (4) all forms required to be delivered at time of solicitation have been delivered and all other required forms (including privacy notices, if necessary) have been or will be provided in a timely manner to the Applicant; and (5) if I am not currently appointed, I understand that I will need to be appointed by Banner Life before the policy, if one is issued, can be delivered.

I authorize the Banner Life Life Insurance Company representative to obtain such administrative information as may be necessary to complete any life insurance application resulting from this lead submission, provided, however, that any item of information or question from the policy owner or the Applicant requiring the act or advice of a licensed life insurance agent will be referred to me for action before the application can be completed.

I acknowledge that clicking the I AGREE/SUBMIT button below constitutes my signature on the form and has the same effect as if I personally signed the form and I authorize Banner Life Insurance Company to affix my signature to the life insurance application and all other required forms, once the tele-underwriting interview is completed and prior to delivery of the policy.

NOTE: The issue state of a policy and the related forms are determined by the policy owner's resident state. Please ensure that the agent is licensed in that particular state to conduct business.

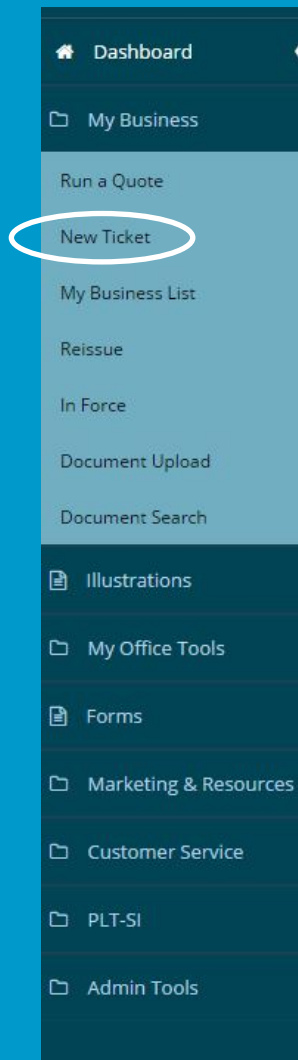
Submit Back

DROP A TICKET ON THE DASHBOARD.

Log in to the Partner Dashboard:
partner.lgamerica.com

Click on My Business > New Ticket to begin.

Optional Risk Evaluation and Quote Calculator
tools available at the top of the New Ticket screen.



CLIENT INFO.

[← Back to Search Results](#)

[Risk Evaluation](#) [Quote Calculator](#)

[← Previous](#) [Save/Update](#) [Delete](#) [Next >](#)

Client Info

Product Info

Contact Info

Broker Info ✓

Case Details

First Name

Middle Name

Last Name

Birth Month

Birth Day

Birth Year

Save Age ?

No Yes

Age: 0 Age Nearest: 0

Gender

Last 4 digits of SSN

Address 1

Address 2

City

State

Zip Code

If the owner of this this policy is not the proposed insured, please provide the Owner Name, City, State and Zip.

NOTE: The issue state of a policy and the related forms are determined by the policy owner's resident state. Please ensure that the agent is licensed in that particular state to conduct business.

Is the owner the same as the insured?

Yes No

Sorry, we need more information from you before we can provide a quote.

Fill in with client's information.

PRODUCT INFO.

[← Back to Search Results](#)

[Risk Evaluation](#) [Quote Calculator](#)

[← Previous](#) [Save/Update](#) [Delete](#) [Next >](#)

Client Info

Product Info

Contact Info

Broker Info

Case Details

Product

OPTerm 10

Amount of Life Insurance

\$.00

Underwriting Class

Preferred Plus

Billing Frequency

Monthly

Waiver of Premium Rider

Yes No

Child Rider

None

(per child)

Purpose of Insurance

Method of Payment

EFT

Is this prospective policy to replace any existing insurance?

Yes No

Temporary Insurance Application & Agreement (TIAA). Note: Eligibility determined during the AppAssist Interview.

Yes No

Sorry, we need more information from you before we can provide a quote.

Fill in based on client's specifications.

CONTACT INFO.

[← Back to Search Results](#)

[Risk Evaluation](#) [Quote Calculator](#)

[← Previous](#) [Save/Update](#) [Delete](#) [Next →](#)

Client Info Product Info **Contact Info** Broker Info ✓ Case Details

AppAssist Interview Contact Date

AppAssist Interview Contact Time -

We'll do our best to call your client at the designated time and no more than two hours later.

Primary Telephone Ext Location

Secondary Telephone Ext Location

Email Address

Remarks

Paramedical Vendor

Sorry, we need more information from you before we can provide a quote.

Schedule a time for the call center to contact the client to arrange the phone interview.

BROKER INFO.

[← Back to Search Results](#)

[👤 Risk Evaluation](#)
[💰 Quote Calculator](#)

[← Previous](#)
[⬇️ Save/Update](#)
[🗑️ Delete](#)
[Next >](#)

Client Info
Product Info
Contact Info
Broker Info ✓
Case Details

Broker Worksheet

	Broker Name (First, Middle, Last)	Split Percent	SSN/Tax Id	Broker Number
0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sorry, we need more information from you before we can provide a quote.

Case Manager Name

Case Manager Email

Schedule a time for the call center to contact the client to arrange the phone interview.

AGENT ATTESTATION.

Client Info 

Product Info 

Contact Info 

Broker Info 

Case Details

Request for Life Insurance completed for:

Megan Morris

By clicking the I AGREE button below, I state the following:

I am a duly licensed life insurance agent in the state in which the prospective policy owner resides; (2) the plan and amount of insurance identified is suitable in view of the policy owner's insurance needs and financial objectives; (3) the information provided is complete, accurate, and correctly recorded; (4) all forms required to be delivered at time of solicitation have been delivered and all other required forms (including privacy notices, if necessary) have been or will be provided in a timely manner to the Applicant; and (5) if I am not currently appointed, I understand that I will need to be appointed by Banner Life before the policy, if one is issued, can be delivered.

I authorize the Banner Life Life Insurance Company representative to obtain such administrative information as may be necessary to complete any life insurance application resulting from this lead submission, provided, however, that any item of information or question from the policy owner or the Applicant requiring the act or advice of a licensed life insurance agent will be referred to me for action before the application can be completed.

I acknowledge that clicking the I AGREE/SUBMIT button below constitutes my signature on the form and has the same effect as if I personally signed the form and I authorize Banner Life Insurance Company to affix my signature to the life insurance application and all other required forms, once the tele-underwriting interview is completed and prior to delivery of the policy.

NOTE: The issue state of a policy and the related forms are determined by the policy owner's resident state. Please ensure that the agent is licensed in that particular state to conduct business.

Previous


I AGREE, Submit RLI to AppAssist


Select "I AGREE, Submit RLI to AppAssist"


CONFIRMATION.


Congratulations! Your case has successfully been submitted to AppAssist®.

Client Info 

Product Info 

Contact Info 

Broker Info 

Case Details 

Congratulations on your decision to submit a Request For Life Insurance for:

Megan Morris

Your confirmation number is: Dashboard-101728

A copy of this ticket has been emailed to your General Agency for their records.

 Print

 View Ticket

DONE.

SUBMIT VIA MOBILESUITE.

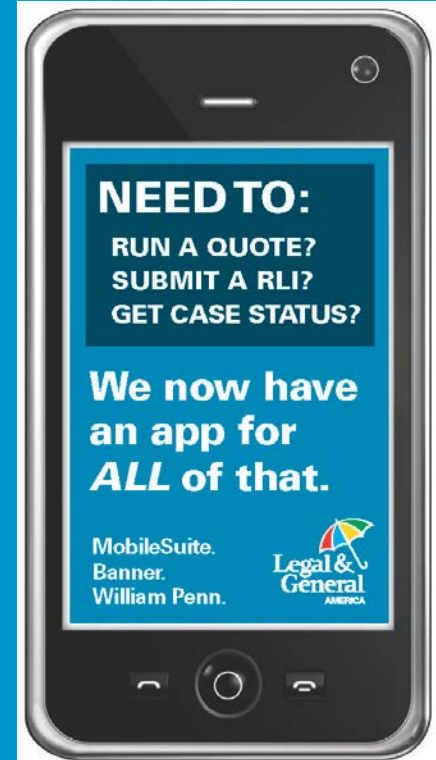
Use MobileSuite to:
Run a quote
Submit an RLI
Check case status

Droid users –

In the Market, search for Legal & General America or MobileSuite.

BlackBerry or iPhone users –

Enter the following URL into your browser:
<http://www.lgamerica.com/immobilesuite.htm>.




SUBMIT VIA PAPER RLI.

Fax, email, mail or use eDocuments to send the completed request to Banner or William Penn.


Email: Banner-Submit@LGAmerica.com
 Fax: 301.294.6960
 Mail: 3275 Bennett Creek Ave.,
 Frederick, MD 21704

Email: Penn-Submit@LGAmerica.com
 Fax: 516.526.5568
 Mail: 3275 Bennett Creek Ave.
 Frederick, MD 21704



Banner Life Insurance Company
 3275 Bennett Creek Avenue
 Frederick, Maryland 21704
 (800) 438-8424

Date of Request: _____



Request for Life Insurance Interview

* ALL FIELDS MANDATORY

PROPOSED INSURED

 (First Name, Middle, Last Name) XXX-XX-_____
 (Last 4 digits S.S.#) Date of Birth _____ / _____ / _____
 (Month) (Day) (Year)

RISK EVALUATION

If answer to question is not known, please leave blank.
 Criteria Questions Check One Classification For Each Question

1	1a. Do you have a history of alcohol or substance (drug) abuse? 1b. Has there been any abuse in the past 10 years?	If No... Check P+ and go to question 2.	If Yes... Go to question 1b.
2	2a. 5 years? 2b. 3 years?	If No... Check P+ and go to question 3. Check S+ and go to question 3.	
3	Have you had more than two motor vehicle moving violations in the past three years?	If No... Check P+ and go to question 4.	
4	4a. Has either parent or a sibling had a history of cardiovascular disease before age 60? 4b. Has either parent died as a result of cardiovascular disease before age 60? 4c. Have both parents died as a result of cardiovascular disease before age 60?	If No... Check P+ and go to question 5. Check P+ and go to question 5. Check S+ and go to question 5.	
5	What is your height? _____ weight? _____. Based on height and weight, select the according to the built chart below. If weight meets or exceeds limit for standard (S) class, of		
6	Have you used any nicotine-based products in the past 6a. 36 months? 6b. 24 months? 6c. 12 months?	If No... Check P+ and go to question 7. Check P+ and go to question 7. Check S+ and go to question 7.	
7	What is the lowest (on a scale where P+ is highest) underwriting class answers to questions 1-6?		

Age	Sex
15-17	M
15-17	F
18-19	M
18-19	F
20-24	M
20-24	F
25-29	M
25-29	F
30-34	M
30-34	F
35-39	M
35-39	F
40-44	M
40-44	F
45-49	M
45-49	F
50-54	M
50-54	F
55-59	M
55-59	F
60-64	M
60-64	F
65-69	M
65-69	F
70-74	M
70-74	F
75-79	M
75-79	F
80-84	M
80-84	F
85-89	M
85-89	F
90-94	M
90-94	F

The questionnaire is designed to provide a tentative premium classification based on a portion of the criteria used to determine final premium classification. Final approval, classification, and actual rates will be subject to and based upon the entire underwriting process, your medical history, information developed during your interview with the Banner Life Call Center representative and/or any specific underwriting requirements and criteria. Please refer to the policy form for full disclosure of benefits and limitations, terms and policy provisions may vary by state. Not available in all states.

Class	Description
P+	Preferred Plus
P	Preferred
S+	Standard Plus
S	Standard
PF	Preferred Tobacco
ST	Standard Tobacco

PROPOSED INSURED INFORMATION

Quoted Premium \$ _____ Face Amount \$ _____
 Product (Please check only one.) OP Term 10 15 20 30
 Term Rider 10 15 20
 Child Rider 5K 10K
 Other
 Payment method Direct Bill Electronic Funds Transfer (EFT)
 Frequency of premium payment Annual Semi-Annual Quarterly Monthly (EFT Only)
 Gender Male Female
 Is this prospective policy to replace existing insurance? Yes No
 If yes to replacing, the existing policy or contract is being replaced because:
 What is the purpose of this insurance? Buy/Sell Keyman Family Protection Income Replacement
 Other _____
 Policy Owner (if other than Proposed Insured) Name _____
 City, State _____ Zip _____
 Date to Save Age Yes No
 Waiver of Premium Yes No
 TAA - If your client is eligible, would you like us to offer temporary insurance coverage? Yes No
 Exam Provider APPS-Portamedic EMSI ExamOne Superior Mobile Medic

(Available Interview Hours: Monday - Friday, 9:00 a.m. to 10:30 p.m. ET)

Please contact me: Date _____ Local time: _____ AM PM The Banner Life Call Center will contact you within two hours of the designated time.

Primary Telephone No. _____ Home Work Call
 Secondary Telephone No. _____ Home Work Call
 Address _____
 City _____ State _____ Zip Code _____
 E-Mail Address _____
 Remarks: _____

AGENT INFORMATION

I hereby authorize the Company to affix my electronic signature to all life insurance applications and related forms submitted by the undersigned. I will immediately notify the Company should this authorization for use of this signature or any prior signature authorization be terminated or revoked in any jurisdiction.

X. Signature of Agent _____ Date Signed _____
 Agent Name _____ Agent # _____ S.S. # _____
 Telephone # _____ Share of Commission _____

Additional Agent

Agent Name _____ Agent # _____ S.S. # _____
 Telephone # _____ Share of Commission _____

Brokerage General Agent (BGA) _____ BGA Number _____
 Case Manager _____ Case Manager E-Mail Address _____

DISCLAIMER

This is not an application for life insurance coverage. Signing or completing this form will in no way serve to create or commence life insurance coverage. Signing or completing this form does NOT mean that coverage is effective.

Please send the completed form to 3275 Bennett Creek Avenue, Frederick, MD 21704, fax to 301-294-6960 or email to Banner-Submit@lga.com.

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LA1297 (7-15)
Page 2 of 2



eDOCUMENTS.

Upload PDFs or scanned documents to our website from your computer. Doc Upload puts your documents in our queue immediately! It's free to use and eliminates postage costs and vendor fees. Visit the microsite: www.lgamerica.com/edocuments

APPASSIST PREFERENCES.



AppAssist	Licensing	New Business	Policy Search	Preferences	Select A Broker		
Home	Forms	Commissions	Marketing Materials	Go-To Resources	Contact Us	Illustrations	New

Preferences

Change Password

New Password

Re-Enter

Change Preferences

1. New Business Requirements Notification at Login

Do you want to be automatically notified of the "Latest Activity" on your new business when you log into the website? This activity is updated on a real-time basis every few seconds.

Yes

2. Broker Access

Would you like the brokers that report directly to you to be able to view their own policy and commission information and to be able to change their preferences?

Yes

3. New Business Requirements Notification via email

If you want to receive your daily new business status reports (which report the status at the end of the prior working day), please indicate your media preference and email address.

E-Mail

4. Commission Statements

Send a copy of EFT Commission Statements to:

5. AppAssist™ e-Link Notification

Send a file copy of the completed Request for Life Insurance to:

Please specify the format:

Adobe PDF

6. AppAssist™ Case Package Notification

Send a copy of medical records for all AppAssist cases to:

INTERVIEW PROCESS.

- Our call center is staffed by insurance professionals who make every effort to complete the interview on the day and time your client requested. The information on the application will ultimately be reviewed by an underwriter to determine qualification for the coverage requested.
- If we're unable to reach the client, the call center will leave five voicemail messages and make seven attempts after a busy signal or no answer before a case is terminated.
- Terminated cases can be reopened at the request of the applicant or general agency if he or she contacts the call center directly.

Banner 800.839.5960

William Penn 800.526.5568



VOICE SIGNATURE.

Voice Signature enables us to collect the proposed insured's signature using only his or her voice. The application is submitted to underwriting within **24 HOURS**. It eliminates mailing delays and shaves nearly three weeks off the application process. **9 OUT OF 10** consumers opt for Voice Signature.

VOICE SIGNATURE ELIGIBILITY.

- For Voice Signature, the proposed insured provides the call center with his or her Social Security Number and email address.
- Prior to the end of the interview, the proposed insured listens to a two-minute recording to authorize us to use his or her verbal approval as signature on the application documents.
- At the conclusion of the interview the proposed insured is provided with an access code and is sent an email containing a secure link from which a copy of the completed application documents can be downloaded.

SIGNATURE BY MAIL.

- If the client opts to sign the application or is not eligible for voice signature the application and detailed instructions are mailed to the client via 2-day delivery.
- A postage paid, first class return envelope is included in the application package sent to the client.
- The call center will follow up every five days, up to one month, or until the returned application is received.

CASE MANAGEMENT.

- Dedicated case managers will obtain any and all missing information directly from the client.
- The call center will make attempts to reach the client via phone, by mail or email.
- Banner / William Penn orders all exams, Attending Physician Statements (APS), Motor Vehicle Reports, MIB Reports, Inspection Reports, etc.
- Banner / William Penn realizes that it is important to your office to retain a full case file.
 - Once an underwriting decision has been made, all medical records and the full application package will be shared with the general agency.
 - An email notification will be sent providing a link to a secure site to access the case file. From this site, each document can be viewed, printed and saved.

POLICY DELIVERY OPTIONS.

Contact a marketing coordinator to set the default option:

- Electronic policy delivery
- Policies issued as applied for or better will be mailed directly to the client and policies issued higher than applied for are mailed to the general agency
- Send all policies to the general agency
- Send all policies directly to the client

Call 800.638.8428. Press 1 followed by 3 then 1.

PARAMETERS: ELECTRONIC DELIVERY.

- Policy must be issued as applied for.
- Client must opt for voice signature.
- Proposed insured, policy owner and payor must be the same person.
- General agencies who elect to use eDelivery have the flexibility to turn off this option for particular clients and/or agents and have paper policies mailed.

Visit the microsite: www.lgamerica.com/edelivery

eDELIVERY.



Visit LGAmerica.com

GET ON BOARD WITH eDELIVERY.

eDelivery is now available for Banner and William Penn policies.



Legal & General America has created a flexible eDelivery solution that will save your agency time and money. We've partnered with DocuSign, the global leader in eSignature, to bring you eDelivery for your Banner and William Penn policies.

eDelivery Advantages:

It's fast. Cycle time is reduced by more than 2 weeks!
It's easy. The DocuSign portal is easy for your agency to manage. No broker training required. PayPal lets applicants pay online.

It's free. No cost for an agency to start using eDelivery. Reduce/eliminate mailing costs for your agency.

It's money. If daily EFT is used, we process BGA commissions the same day, and send funds to the bank within 24 hours.

It's complete. We collect all documents necessary to place the case (including payment) in good order.

MARKETING & TRAINING MATERIALS

Get Started

[eDelivery Registration Form](#)

Flowcharts & FAQ

Understand how eDelivery works:

[Frequently Asked Questions \(FAQ\)](#)

[eDelivery Payment Form Banner Sample](#)

[eDelivery Payment Form Penn Sample](#)

Flowcharts

[Nonstop Option](#)

[Layover Option](#)

Promotional Materials

Learn the benefits of eDelivery:

[General Information flyer \(for agencies\)](#)

Personalize the PDF below with your agency's contact information to promote eDelivery to your brokers:

[General Information flyer \(for brokers\)](#)

Training Links/ eDelivery Authorization Form

Click on one of the links below to learn more about the eDelivery process and what the agency/customer sees in the DocuSign portal for managing eDelivery:

[Take a Tour of the eDelivery Process](#)
[Training \(Agency View - Nonstop Option\)](#)
[Training \(Agency View - Layover Option\)](#)
[Training \(Customer View\)](#)

Authorization Form

[eDelivery Authorization Form \(Banner\)](#)

[eDelivery Authorization Form \(Penn\)](#)

Got questions? Email your marketing coordinator at marketing@lgamerica.com

Legal & General America Life Insurance products are underwritten and issued by Banner Life Insurance Company, Urbana, MD and William Penn Life Insurance Company of New York, New York, NY. Banner products are distributed in 48 states and in DC. William Penn products are available exclusively in New York. Banner does not solicit business there. For agent/broker use only. 14216 (06.17.2014)

A hand is shown touching the screen of a tablet. The background is blurred, suggesting motion. A semi-transparent blue and green overlay covers the bottom half of the image, containing text.

IN THE KNOW.

Get electronic status updates in real time on the Partner Dashboard or through other vendors.



EFT AND COMMISSION.

Full commission paid. Commission processed within 24 hours of policy activation. Paid daily. Email commission statement confirms case is active and money is on its way. Avoid trips to the bank, postal delays, lost checks and commission cut-off-dates. Frees your time for more productive activity!

CONTACT US.

- For inquiries or to provide additional information, the general agency can send an email to AIS@BannerLife.com
- Call center is available for interviews
Mon-Fri 9:00 am – 10:30 pm, EST
- Call center is available for general agency inquiries
Mon-Fri 8:30 am – 11 pm, EST
- Call center toll free numbers
800.839.5960 for Banner
800.526.5568 for William Penn

A red pushpin is pinned to the top edge of a yellow sticky note. The sticky note is placed on a brown corkboard. The word "HELP!" is written in orange marker on the sticky note.

HELP!

The bottom half of the image features a green and blue gradient background. The text "QUESTIONS? ANSWERS." is written in white, bold, sans-serif font, centered horizontally.

QUESTIONS?
ANSWERS.

KEY TAKEAWAYS.

- **APPASSIST** is our agency-applauded program designed to easily facilitate the sale of our value-priced life insurance for America's families.
- It **TRANSFERS** the administrative burden to LGA, allowing the agent more time to sell and meet with prospective clients.
- Clients can schedule the application interview at their **CONVENIENCE** and can ask questions during the process.
- It's **FAST**. Initial tele-interview call typically completed within 48 hours of ticket receipt. Voice signature option speeds up cycle time by three weeks.
- Electronic status updates are available in **REAL TIME** on our website or through other vendors.

THE END.

DISCLOSURE

Legal & General America life insurance products are underwritten and issued by Banner Life Insurance Company, Urbana, MD and William Penn Life Insurance Company of New York, Valley Stream, NY. Banner products are distributed in 49 states and in DC. William Penn products are available exclusively in New York; Banner does not solicit business there.

This presentation is not intended for publication or public distribution. Policy descriptions provided here are not a statement of contract.

The Request for Life Insurance Interview (RLI) is not an application for life insurance coverage. Signing or completing the RLI form will in no way serve to create or commence life insurance coverage. Signing or completing the RLI form does NOT mean that coverage is effective. Credit card information is for administrative convenience only. Providing credit card information does not bind, commence, or create life insurance coverage. Any application for life insurance coverage will be subject to underwriting qualification by Banner Life Insurance Company or William Penn Life Insurance Company of New York. Coverage will become effective only if an application is completed in accordance with the terms of the application or Conditional Receipt, if issued.

Voice signature and eDelivery for AppAssist is not available in Connecticut.

All forms shown are available on the Banner Life Insurance Company or William Penn Life Insurance Company of New York website in the AppAssist forms section.

OPTerm policy form # ICC12OPTN and state variations. In New York, OPTerm policy form # OPTN-NY.

Life Step UL is a flexible premium universal life insurance plan. Banner policy form # ICC12 UL13 and state variations. William Penn policy form # UL13S-NY. This product offers a coverage guarantee to maturity at age 121 if the appropriate premium according to policy terms is paid on time. The policy will not lapse if the coverage guarantee requirement is met. However, a policy loan balance that exceeds the cash surrender value will result in a lapse of coverage.

A cost-free Accelerated Death Benefit Rider, Banner policy form # ICC10 ADB and state variations (William Penn # ADB(07-10)), is included with all policies.

Two-year contestability and suicide provisions apply. Policy descriptions provided here are not a statement of contract. Please refer to the policy forms for full disclosure of all benefits and limitations. For broker use only. Not for public distribution. All statistics current as of April 2016.