

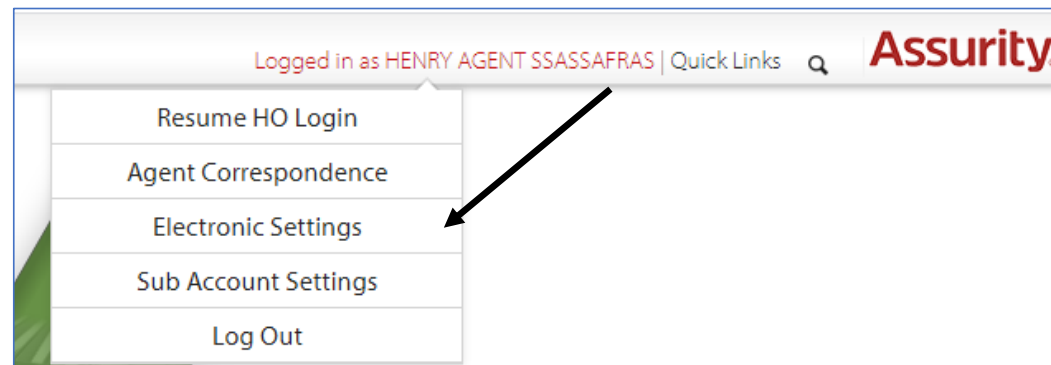
Assurity - Agent Link

Agent Process

Enroll in Agent Link via AssureLINK



Select Electronic Settings



Agent Link

By selecting Agent Link you are electing to receive the electronic policy with requirements to review prior to it being sent to the writing agent and/or client(s)

*Enter the email address policies should be sent to for review

*Enter an Access Code (4-6 alphanumeric characters); this code will need to be entered prior to being able to review each policy

Click Save to complete

*Selections can be changed at anytime

Electronic Settings

Select Agent

Agent Number

Market Code

Electronic Requirements Options

Opt Out Of Electronic Requirements

Agent Link

Current email address for Agent Link:


New email address for Agent Link:

Current Access Code for Agent Link: [Show](#)

New Access Code for Agent Link:

Apply settings for all Downline Agents

Product, State, and other limitations may affect eligibility for electronic services. See AssureLINK for details.



Last saved: 7/14/2021 1:34:38 PM

Agent Email

Example of the email to review the policy and requirements received by the agent; in cases with multiple agents the agent that signed the application will receive the email to review and approve

Select the “Review Documents” button

****Note the link is only active for 14 days**

[Action Required] Assurity Requires Your Approval

DocuSign Demo System <dse_demo@docusign.net>
To: DocuSignAgent_Test

Retention Policy 1 Year Permanent Delete Inbox (1 year) Expires 7/14/2022

Wed 7/14/2021 1:58 PM

Reply Reply All Forward

If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

ALIC_TEST_V2 sent you a document to review and sign.

REVIEW DOCUMENTS

ALIC_TEST_V2
TestSignature@assurity.com

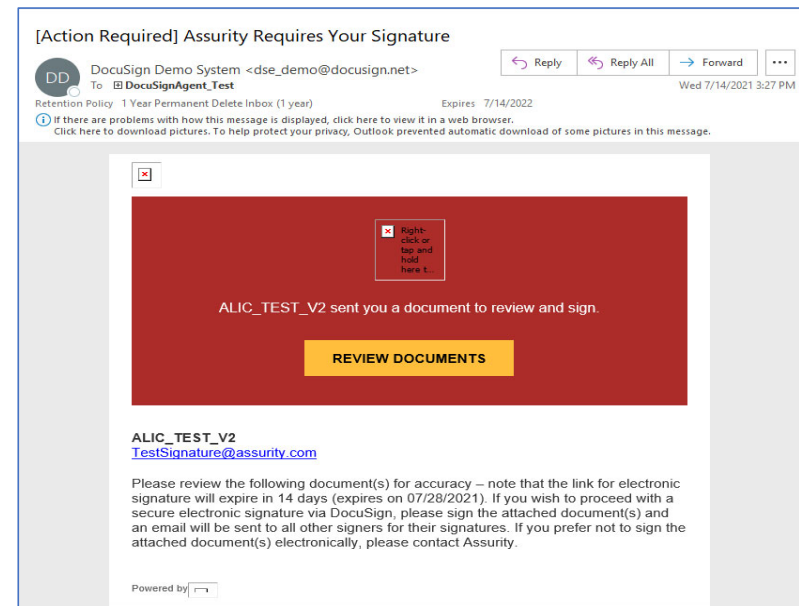
Please review all pages and approve the securely attached insurance document(s) to allow your client(s) to sign for their insurance policy electronically. This link is only active for 14 days (expires on 07/28/2021), so please take action.

Powered by

TeleApplications-Agent Completion

If the email address provided when setting up Agent Link differs from the agent email address listed on the Drop Ticket, the Agent Link and agent signing email will be sent separately to the corresponding email addresses provided.

If the email address for Agent Link and listed on the Drop ticket for the agent are the same, one email will be sent for the agent to approve the policy and sign as needed.



Note the link is **only active for 14 days

You will be prompted to Adopt a signature, you can make changes by clicking on 'Change Style', once a selection is made select the 'Adopt and Sign' button

DocuSign will guide you through each requirement requiring your signature, select 'Finish' upon completion

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* **Initials***

[SELECT STYLE](#) [DRAW](#) [UPLOAD](#)

PREVIEW [Change Style](#)

DocuSigned by: DS

HENRY A SSASSAFRAS

HAS

D1F8E5B5251A43A...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

[ADOPT AND SIGN](#) [CANCEL](#)

[FINISH](#) [OTHER ACTIONS](#)

Select the sign field to create and add your signature.

I (We) agree that:

- In the event the first full premium on the policy applied for is not paid upon the date of this application, the insurance under such policy shall take effect as provided in the Temporary Conditional Insurance Agreement delivered by the Company's agent in exchange for such payment.
- In the event the first full premium on the policy applied for is not paid upon the date of this application, the insurance under such policy shall not take effect unless: a) The application is approved by the Company at its home office, b) Such policy is issued and delivered to the Proposed Insured/Owner, and c) Such first full premium is paid during the Proposed Insured's lifetime and the answers on the application remain true, complete and accurate as of the date the first full premium is paid. When such approval, issuance, delivery and payment have occurred, the insurance under such policy shall take effect as of the date of issue specified in the policy.
- No agent or medical examiner is authorized or has power to change or waive any term, provision or condition of this application, the Temporary Conditional Insurance Agreement or the policy applied for, or to pass upon or approve insurability of any person for whom insurance is applied for.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Substitute Form W-9 information (Request for Taxpayer Identification Number and Certification): I, the Owner (or each Joint Owner), certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

Signed at _____ on 7/14/2021
City State Date (MM/DD/YYYY)

[Required - Sign Here](#)

Signature of Proposed Insured

Signature of Licensed Agent

[NEXT](#)

Approve or Reject

Selecting 'Approve' continues the process, sending the policy to the writing agent or client depending upon selections

Selecting 'Reject' stops the electronic signature process

TEST

Congratulations! Please review the following insurance document(s) for accuracy. If you wish for your client to have the option to sign the required insurance forms electronically, please click the "Approve" button. At that time an email will be sent to the writing agent for their review and, once approved by the agent, all signers will be emailed for their signature. If you choose the "Reject" option, you will have the ability to provide any policy changes, request to continue by mail, or request to close the file. If no feedback is provided, we will close this file as not accepted.

CHOOSE

Required - Approve - Unchecked

Approve

Reject

Click 'Finish' when done

FINISH

OTHER ACTIONS ▾

Save Copy

You and any Signor can choose to save a copy of the document via your DocuSign account if desired

Save a Copy of Your Document

Sign up for a FREE DocuSign account today and sign all your documents electronically.

Email
DocuSignAgent_Test@assurity.com




Password

Confirm Password

Country
-- select --

By clicking the 'SUBMIT' button, you agree to the [Terms & Conditions](#) and [Privacy Policy](#).

SUBMIT **NO THANKS**

-  **Electronically sign any document.**
-  **Get signatures from others.**
-  **Sign on the go with DocuSign Mobile!**

Upon completion you will receive the following screen

