

Assurity - Agent Link

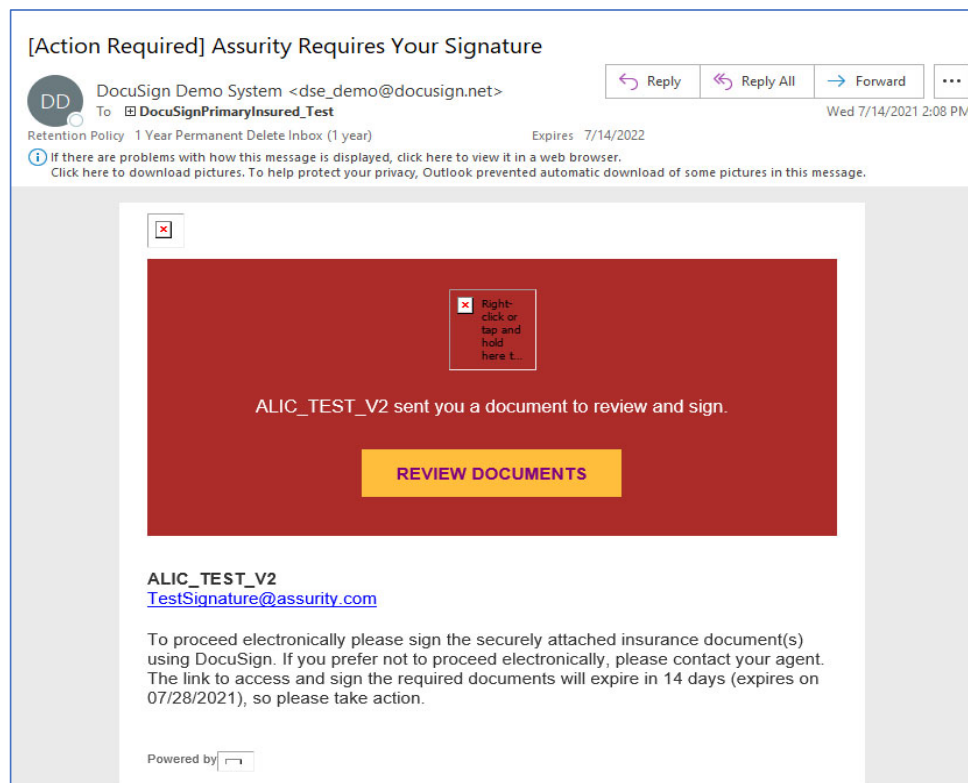
Client Process

Client Email

Example of the email to review the policy and complete the requirements received by the client(s); in cases with multiple insureds or third party policy owners/payors each will receive their own email to review and complete their portion of the requirements

Select the “Review Documents” button

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




Signor ID Verification

Each Signor will be asked 6 ID verification questions generated by DocuSign's database

If the Signor incorrectly answers 3 questions they will be provided 3 additional questions

Security Requests from Sender

 **ALIC_TEST_V2**
Assurity Life Insurance

ID Check - Identification Questions

These questions are being generated as a means of an identity check requested by the document sender. None of this information is provided to the document sender or to anyone except you.

Based on your background, in what city is 1733 Cleburn Plaza?

Blytheville Proctor
 Jacksonville Sherwood
 Jonesboro I have never been associated with this address

Which of the following corporations have you ever been associated with?

Diversified Business Advisors Oh Thats It
 Excellence In Education Productions Rainbow Ranch ll
 Illinois Mortgage Finance Corporation None of the above

Based on your background, in what county is 80 Calle York Plaza?

Clark Searcy
 Newton Stone
 Perry I have never been associated with this address

Which of the following people have you known?

Barton Kuharski Monte Nadalin
 Clinton Tsurui Roberts Penkin
 Comfort Boating I do not know ANY of the people listed

Which of the following vehicles have you recently owned or leased?


1984 Dodge Ramcharger 1992 Mercedes-benz 190
 1985 Mercury Topaz 1993 Bmw 5 Series
 1989 Acura Legend I have never been associated with any of these vehicles

Which of the following corporations have you ever been associated with?

Air Worka Industrial Jordache Ent
 Ceramic World Timenagementzone Com
 Champions Pub And Club Incorporated None of the above

Please answer all of the questions provided.

Security Requests from Sender

 **ALIC_TEST_V2**
Assurity Life Insurance

ID Check - Identification Questions

These questions are being generated as a means of an identity check requested by the document sender. None of this information is provided to the document sender or to anyone except you.

In which of the following housing complexes or communities have you ever lived or owned property?

College Heights Lakeview
 Fitzgerald Outlots
 Hillcrest I have never been associated with any of these communities

When did you purchase the property at 7005 Altos Centro Comercial Zeno Square?

October 2000 March 2013
 December 2003 May 2019
 November 2007 I have never been associated with this property

Which of the following addresses have you ever been associated with?

126 Marianne Street 6511 East Wakefield Drive
 303 Adams Street 7909 North Hills Boulevard
 5420 Centerwood Road I have never been associated with any of these addresses


Please answer all of the questions provided.


Signing Requirements

Click 'I agree' and review documents


Signor will need to agree to DocuSign's Disclosure and select 'Continue' and then they are able to review the policy; selecting 'Start' will take them to the first place their signature is required

Please Review & Act on These Documents

 **Assurity**
Powered by **DocuSign**

 **ALIC_TEST_V2**
Assurity Life Insurance


To proceed electronically please sign the securely attached insurance document(s) using DocuSign. If you prefer not to proceed electronically, please contact your agent. The link to access and sign the required documents will expire in 14 days
[View More](#)

 Please read the [Electronic Record and Signature Disclosure](#).
 I agree to use electronic records and signatures.

CONTINUE **OTHER ACTIONS** ▾

Please review the documents below.

FINISH **OTHER ACTIONS** ▾



START

DocuSign Envelope ID: 28E3ADD5-1F5E-46C3-AE12-821C2062BD13

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

At the first instance of the Signor's signature being required they will be prompted to Adopt a signature, they can make changes by clicking on 'Change Style', once a selection is made they will need to select the 'Adopt and Sign' button

DocuSign will guide the Signor through each requirement requiring their 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:
HENRY PRIMARY SSASSAFRAS
A60AE07D1BE94DB... DS
HPS

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**

Some requirements need more than a Signature

Acknowledgements- Signor will need to select the applicable answer to questions along with signing

Select one radio button FINISH OTHER ACTIONS

DocuSign Envelope ID: 6CDF608-4641-4D2E-A4ED-01AA26A08A5

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
959 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docuSign.com

Assurity Assurity[®] Life Insurance Company
P.O. Box 82533, Lincoln, NE 68501-2533
800-860-0355 | assurity.com

STATEMENT OF HEALTH AND ACKNOWLEDGMENT

Proposed Insured HENRY PRIMARY SSASSAFRAS Policy No. 4370150574
First Middle Last

Address Street/Apt/Box City State ZIP+4

ACKNOWLEDGMENT

Required - ProposedInsured_Checkbox_Agree - ProposedInsured_Checkbox_Agree

I acknowledge review of the above referenced insurance policy on the date 7/15/2021 and hereby confirm it accurately reflects the coverage as described to me during the sales process. Agree Disagree

VERIFICATION OF INFORMATION

- Have you reviewed the copy of the original application (or insurance attached to this policy, and do you acknowledge and agree it accurately reflects the information you provided? Yes No
- As of the date you signed this acknowledgment, is your current health condition, to the best of your knowledge, consistent with all information provided at the time of application as documented on the copy of the application attached to this policy, including answers to all general and health questions? Yes No
- In the past 30 days, has the Proposed Insured:
 - Consulted with, been diagnosed, treated, hospitalized or prescribed medication by a medical professional for COVID-19? Yes No
 - Been tested by a member of the medical profession for COVID-19 with a positive result, or been advised by a member of the medical profession to be tested for COVID-19? Yes No

I acknowledge and agree that the policy is effective as of the date of issue, contingent upon the following:

- Payment of the initial premium occurring during my lifetime; and
- I truthfully marked "Agree" to the Acknowledgment and 1, 2 and 3 shown above.

7/15/2021 7/14/2021

Date of Policy Review (MMDD/YYYY) Date (MMDD/YYYY)

Please sign both this copy and the one attached inside your policy. Return a signed copy to the home office.

Automatic Premium Payment forms- Payor will need to enter account information, type, and address along with signing. Frequency is not required, and will default to monthly if not answered

Please review the documents below. FINISH OTHER ACTIONS

DocuSign Envelope ID: 28E3ADD5-1F5E-46C3-AE1D-821C2968D713

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
959 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docuSign.com

Assurity Assurity[®] Life Insurance Company
P.O. Box 82533, Lincoln, NE 68501-2533
800-860-0355 | assurity.com

Automatic PREMIUM PAYMENT

PLEASE PRINT WITH BLACK INK

Name of Proposed Insured HENRY PRIMARY SSASSAFRAS
First Middle Last

By my signature below, I hereby request and authorize Assurity Life Insurance Company, Lincoln, Nebraska (hereafter referred to as Assurity), to initiate drafts to my account listed for premiums as selected. I understand that initiating automatic payments may result in additional drafts to bring my account current. I also understand that if the day selected falls on a weekend, my account may be charged on the next business day. This authorization shall remain in effect until revoked by me in a manner provided by law. Until such notice of revocation is received, I agree that Assurity shall be fully protected in requesting any draft to my account. I further understand that if the day of the draft is after the policy issue date and the payment for premium is not honored, my policy may lapse and require evidence of insurability for reinstatement. The initial premium payment will be applied only if and when Assurity has approved the application for issue and all policy requirements have been fulfilled. No coverage will be in force until the premium is paid.

AUTOMATIC BANK WITHDRAWAL AUTHORIZATION

Day of Withdrawal 30. Withdrawal day cannot be the 29th, 30th or 31st. If no day is entered, the policy issue date will be used. Assurity will begin processing your bank draft on the day selected. Due to the bank's processing time, the actual day a withdrawal is posted to your account could be two or more days after the day selected.

Please choose an initial premium payment option: (If no option is selected, the initial and recurring premium payments will be drafted from your account.)

Draft the initial and recurring premium payments.
 Draft recurring premium payments only. Initial premium payment will be submitted by check/money order.

Frequency (if no option is selected, Monthly will apply): Monthly Quarterly Semi-Annual Annual

Type of Account: Checking Savings

Bank Name Routing No. (9-digit number) Account No.

Account Holder's Printed Name (if other than Proposed Insured/Owner) Relationship (if other than Proposed Insured/Owner)

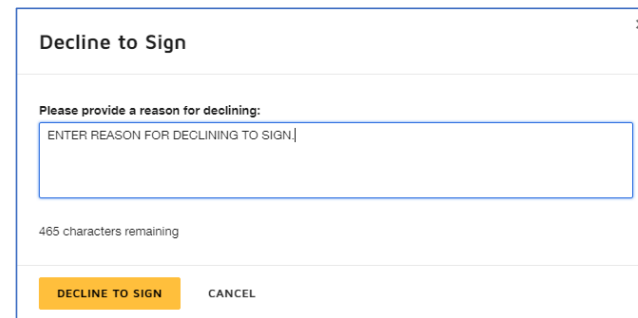
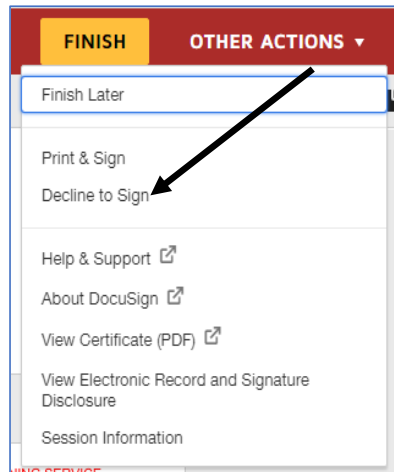
Account Holder's Street Address, P.O. Box, City, State, Zip+4 Name of Authorized Officer (if any)

Signature of Account Holder or Authorized Officer Date (MMDD/YYYY) Telephone No.

TO ENSURE ACCURACY, SUBMIT VOID CHECK
(unless application is submitted electronically)

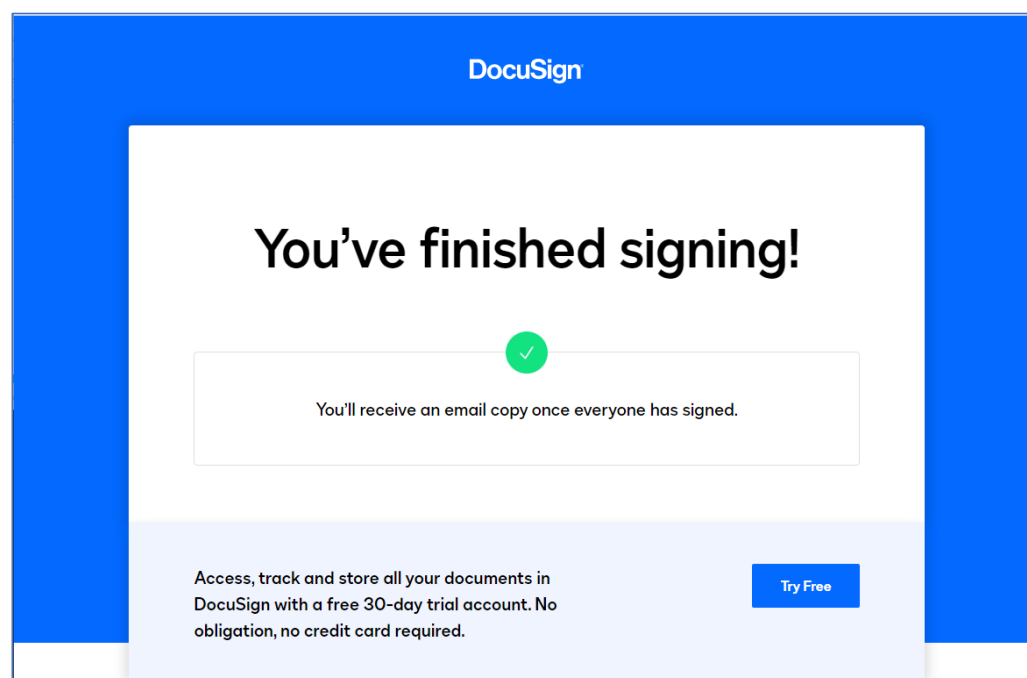
If changes are needed

If the policy is not correct, or changes are to be made Decline to Sign via the option under the Other Actions drop-down; complete the pop-up with the reason



A screenshot of the 'Decline to Sign' pop-up dialog box. The title bar says 'Decline to Sign' with a close button (x). Below the title bar, there is a section titled 'Please provide a reason for declining:' followed by a text input field containing the placeholder text 'ENTER REASON FOR DECLINING TO SIGN'. Below the input field, it says '465 characters remaining'. At the bottom, there are two buttons: 'DECLINE TO SIGN' (yellow) and 'CANCEL'.

Upon completion you will receive the following screen



Completion Emails

Once all Signors have completed their requirement(s) you will receive an email that the process is complete

Completed: [Action Required] Assurity Requires Your Signature

DocuSign Demo System <dse_demo@docusign.net>
To: DocuSignPayor_Test Thu 7/15/2021 1:35 PM

Retention Policy 1 Year Permanent Delete Inbox (1 year) Expires 7/15/2022

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.

PAC Form.pdf 204 KB Summary.pdf 310 KB Open PDFs in Adobe Acrobat

Right-click or tap and hold here to...

Your document has been completed

[VIEW COMPLETED DOCUMENTS](#)

ALIC_TEST_V2
TestSignature@assurity.com

All parties have completed [Action Required] Assurity Requires Your Signature.

To proceed electronically please sign the securely attached insurance document(s) using DocuSign. If you prefer not to proceed electronically, please contact your agent. The link to access and sign the required documents will expire in 14 days (expires on 07/29/2021), so please take action.

Powered by 