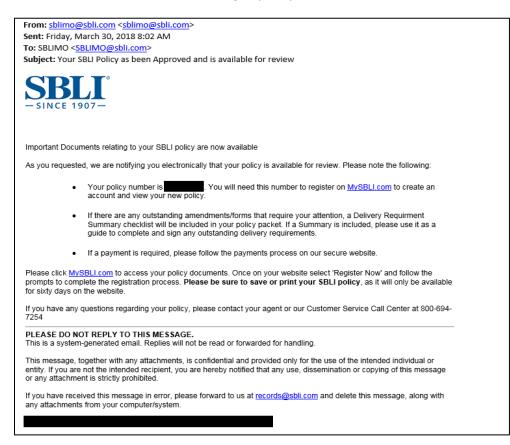
# eDelivery – SBLI – Client Process

Upon policy approval, the eDelivered policy will generate and email notification will be sent to the email address provided at the time of application.

An email will be sent to the Insured stating a policy has been issued.

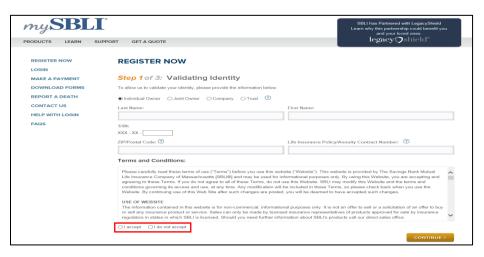


The Owner/Insured will be prompted to create a sign on to SBLI's website MySBLI.com if they do not already have one. <u>The policy will only be visible on SBLI's website for 60 days.</u> (After that, it may be viewed on LegacyShield.)

SUPPORT GET A QUOTE	and your loved ones. legacy \veeshield^
Description     Descripti     Descripti     Description     Description     Description	unt online. This includes policy and annuity
	VELCOME TO MANAGE This site allows you to manage your SRL facco management, payment information, personal in

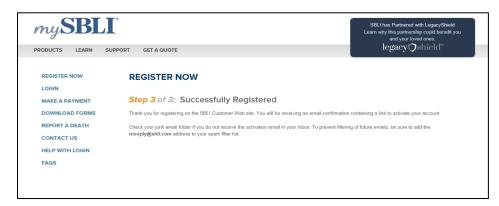
BROKERA Rev. 03/2018

To create a sign on, SBLI will verify identity. Follow the steps to create a sign on.

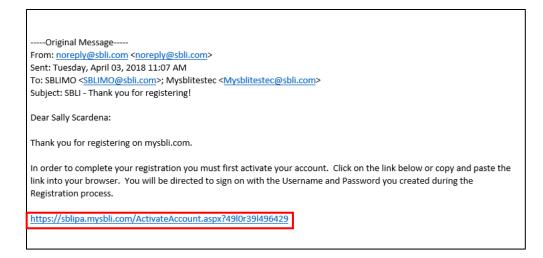


ODUCTS LEARN SU	PPORT GET A QUOTE		and your loved ones. legacy⊖shield <sup>∞</sup>
	REGISTER NOW		
MAKE A PAYMENT	Step 2 of 3: Selecting Login		
DOWNLOAD FORMS	We have validated your identity. Please select a username questions will be presented to you in the event you forget yo		select three (3) security questions and answers. These security
CONTACT US	Username: 🕐		
HELP WITH LOGIN			
FAQS	Password: 🕐	Confirm Pa	issword:
	Email Address:	Confirm Er	nail Address:
	Security Question 1:	Answer 1:	
	What city did you attend your high school in?	~	
	Security Question 2:	Answer 2:	
	What city do you currently work in?	~	
	Security Question 3: What elementary school did you attend?	Answer 3:	
	that createring action did you attend?		

Once all information has been verified, the *Registration* will be complete. Account *Verification/Activation* will be needed to complete the process.







Once Activation is successful, the Owner/Insured will click proceed to the site.



The new sign on information will be used to enter SBLI's site.





Policies needing to be reviewed by the Owner/Insured will be listed. Follow the instructions to complete the delivery and acceptance process.

my <b>SBLI</b>				Welco	me, Rebekah!	My Accounts	FAQs   Log Out
PRODUCTS LEARN SUPPOR	GET A QUOTI	E					
MY ACCOUNTS MY DOCUMENTS FORMS + PROFILE CONTACT AGENT CONTACT US FAGS	Follow these net 1. Review the terms o 2. Electronically sign a 3. Once you have desired chan 4. If required, make ar 5. Print and/or save a CLICK HERE	At steps to complete If your life insurance contract. applicable forms identified on the generative state and the state above, generative state and the state and the copy of your contract by select to begin the process. ber to view additional details	the delivery e Summary Page. you must either accc will either make flat u sing your bank au ng "My Documents"		e contract	ve an opportunity t	
					<b>0</b>		
	Policy # Ins	sured Name	Coverage	Plan Type	Status	Payment Due Date	Payment Amount Due
			\$250,000.00	Level Premium Term - 20 Years	Pending	04/12/2018	\$73.00

Each policy is to be viewed for accuracy and acceptance.

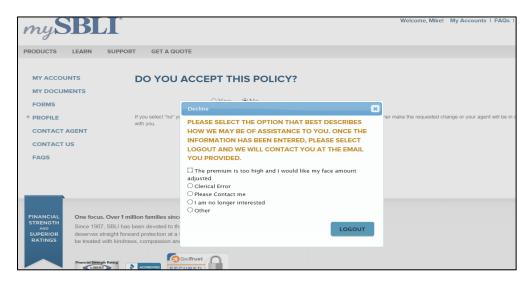
Please review the documents	below. FINISH OTHER ACTIONS •
START	Dexustign Envektor ID: 6120605-4204-4722-873A-000896564476 DEMONSTRATION DOCLARENT ONLY PROVINSIE IN 100-CUBBEN CALMER SOLVING SERVICE PROVINSIE IN 100-CUBBEN CALMER SOLVING SERVICE PROVINSIE IN 100-CUBBEN CALMER SOLVING SERVICE WWW.docusign.com Summary of Outstanding Amendments or Forms
	Insured's Name: # Policy Number:
	Following is a list of outstanding Amendments or Forms to be signed and returned by you.
	Please complete and sign each enclosed Amendments(s) and or Form(s). Print a copy and keep it with your policy. Attention to this matter is required to place your valuable insurance coverage in-force.
	O Premium Required. You have the option of paying your premium online.
	Additional Information
	Policy Delivery Receipt
	Initial: Date: 3/29/2018

If the policy is correct and the Owner/Insured accepts, select "Yes".

my <b>SBL</b>	الله الله الله الله الله الله الله الل
PRODUCTS LEARN	SUPPORT GET A QUOTE
MY ACCOUNTS	DO YOU ACCEPT THIS POLICY?
MY DOCUMENTS	
FORMS	OYes ONo
+ PROFILE	If you select "no" you will be able to indicate the reason for the decline. SBLI will be notified and we will either make the requested change or your agent will be in contact with you.
CONTACT AGENT	with you.
CONTACT US	
FAQS	



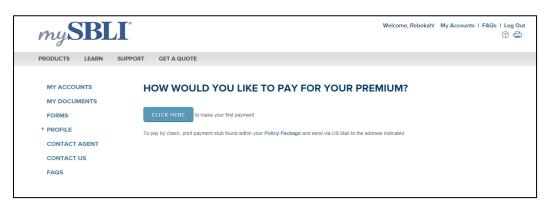
If "No" is selected, the Owner/Insured will be prompted to verify why. The Owner/Insured will select the *best reason* for declining the policy. The reason the policy is declined will be communicated to the agent/agency for resolution.



If the Owner/Insured has accepted the policy, payment options will be presented. The payment *frequency* (mode) will first be presented. Select the option desired.

my <b>SBL</b>	Welcome, Rebekah!
PRODUCTS LEARN S	SUPPORT GET A QUOTE
MY ACCOUNTS	HOW WOULD YOU LIKE TO PAY FOR YOUR PREMIUM?
MY DOCUMENTS	
FORMS	Full Premium Payment Mode Selection
+ PROFILE	O Quarteriy \$39.78 O Semi-Annual \$78.03
CONTACT AGENT	Semi-Annual \$15.00
CONTACT US	Money available for payments: \$80.00
FAQS	SAVE

The *method* of payment will then be requested.





Payments may be made by sending a physical check, completing banking (checking) information online or credit card. The address to send physical checks is located on the payment stub within the policy.

NY DOCUMENTS PORS S CSC 2 Starter Payment Information P ROPIE Pay D: CONTACT US FAOS  ADD A NEW BANK Under a required Retring Number: Control to the draw of the d
* PROFILE PROFIL
CONTACT US FAOS  ADD A NEW BANK  I fields are required  Count limited  Count limi
FAOS ADD A NEW BANK   I fields are required   Returned Number:   I fields are required   Account Number:   I fields area   Account Number:   I fields area   Save Bark Informatior:   Close Control Control Control I fields area required I fields
FAOS ADD A NEW BANK   Alt fields are required   Account Number:   Account Number:   Checkling Account   Checkling Account   Checkling Account   Checkling Account   Account Holder Name:   Checkling Account   Save Bank Information:   Close   Continue>    Pendet Carde:   Checkling Account   Pendet Carde: </th
<form></form>
<form><form></form></form>
I fields are required.   Credit Card:   Card Number:   Card Number:  <
I folds are required.   Credit Card:   Card Number:   Card Number: <t< th=""></t<>
Account Type:   Checking Account   Account Holder Name:   Save Bank Information:   Close CONTINUE <p< th=""></p<>
Close CONTINUE   Save Bank Information:   Save Bank Information:   Close   Continue   Continue   Continue   Continue   Save Bank Information:   Close   Continue   Continue   Save Bank Information:   Close   Continue   Continue Save Bank Information:   Save Bank Information:   Close   Continue   Continue   Save Bank Information:   Close   Continue   Continue Save Bank Information:   Save Bank Information:   Close   Continue   Continue Save Bank Information: </th
Close CONTINUE   Save Bank Information:   Save Bank Information:   Close   Continue   Continue   Continue   Continue   Save Bank Information:   Close   Continue   Continue   Save Bank Information:   Close   Continue   Continue Save Bank Information:   Save Bank Information:   Close   Continue   Continue   Save Bank Information:   Close   Continue   Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue<
Account Holder Name:   Save Bank Information:   Close CONTINUE Contin
Save Bank Information:     Save Bank Information:        Close         Continues   Continues        Continues        Continues           Continues           Continues                                                                                               Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues
Close CONTINUE ENTERE CREADED CARDE INFORMATION In fields are required.
Close CONTINUE ENTERE CREADED CARDE INFORMATION In fields are required.
ENTER CREDIT CARD INFORMATION   All fields are required.   Credit Card   Image: Image
ENTER CREDIT CARD INFORMATION   All fields are required.   Credit Card   Image: Image
<ul> <li>ENTER CREDIT CARD INFORMATION</li> <li>All fields are required.</li> <li>Credit Card:</li> <li>Credit</li></ul>
<ul> <li>ENTER CREDIT CARD INFORMATION</li> <li>All fields are required.</li> <li>Credit Card:</li> <li>Credit</li></ul>
<ul> <li>ENTER CREDIT CARD INFORMATION</li> <li>All fields are required.</li> <li>Credit Card:</li> <li>Credit</li></ul>
All fields are required.  All fields are req
Security Code: ①
Cardholder's Zip Code:
I agree to the terms of this transaction and authorize SBLI to charge my credit card in the amount selected.
Close CONTINUE >
MY ACCOUNTS PAYMENTS
MY DOCUMENTS
FORMS         Step 2 of 3: Enter Payment Information           + PROFILE         Pay By:
CONTACT AGENT O Bank Account O Credit Card
CONTACT US Add Payment Information
CONTACT US Add Payment Information FAQS Payment From:
CONTACT US         Add Psyment Information           FAQS         Payment From: CITIZENS BARK NA account number xx3333
CONTACT US Add Payment Information FAQS Payment From:
CONTACT US     Add Psyment Information       FAQS     Payment From: Critzens EANK NA account number xx3333       Payment Due Date: 4/12/DIG 00     Image: Crita Amount:
CONTACT US     Add Payment Information       FAOS     Payment From: CITUENS IBANK NA account number xx3333       Payment Due Date: A122018 ①       Total Amount: 57300
CONTACT US     Add Psyment Information       FAOS     Payment From: CITZENS DANK NA account number xx3333       Payment Die Date: 4/12/2018 ③     Image: CitZens CitZe
CONTACT US     Add Payment Information       FAQS     Payment From: CITUENS BANK NA account number xx3333       Payment Due Date: 4/12/2018 ©       Total Amount: 5/3.00       Scheduled Payment Date:
CONTACT US     Add Payment Information       FAOS     Payment From: CITZENS BARK NA account number xx3323       Payment Date: 4/12/DIS ©       Total Amount: 573.00       Scheduled Payment Date: 2/29/DIS
CONTACT US     Add Payment Information       FAGS     Payment From: CITZENS BANK NA account number xx3333       Payment Dus Date: 4/32/018 ©       Total Amount: 73.00 Schedudel Payment Date: 292938
CONTACT US     Add Peyment Information       FAOS     Payment From: ITIZENS BANK NA account number xx3323       Payment Date Date: 4/12/21/8 ©     Image: Payment Date 7/3.00       Total Amount: 7/3.00     Image: Payment Date: 2/39/91       Scheduled Payment Date:     Image: Payment Date:



(800) 589-3000 A S H B R O K E R A G E . C O M

П

my <b>SBL</b> ]	[		Welcome, Rebekah! My Accounts   FAQs   Log ⑦ d
PRODUCTS LEARN S	UPPORT GET A QUOTE		
MY ACCOUNTS MY DOCUMENTS	PAYMENTS		
FORMS	Step 3 of 3: Confirm Pa	ayment	
+ PROFILE	Press Submit to confirm the payment.	-	
CONTACT AGENT	Account Holder Name:		
CONTACT US	Bank Name: Routing Number:		CITIZENS BANK NA
FAQS	Account Number: Account Type: Email Address:		xx3333 Checking Account
	Total Amount: Scheduled Payment Date:		\$73.00 3/29/2018
	Policy	Amount	Name of Insured
		73.00	
	Note: Payments submitted after 5:00 PM ET or on	a non-banking business day will	be submitted for processing on the following business day.
		< BA	CK SUBMIT

If an on-line payment has been made, confirmation will appear.

my <b>SBL</b>	Welcome, Rebekah! My Accounts   FAQs   Log Out
PRODUCTS LEARN S	UPPORT GET A QUOTE
MY ACCOUNTS	YOUR TRANSACTION IS COMPLETE!
MY DOCUMENTS	
FORMS	Thank you for your payment request. You have authorized an electronic debit from your CITIZENS BANK NA account payable to SBLI on 3/29/2018 in the amount of \$73.00. An email confirmation will be sent to the email address you provided once the payment has processed.
+ PROFILE	If you have any questions regarding your payment, please contact customer service at 1-800-694-7254 or email mysbil@sbil.com.
CONTACT AGENT	WE OFFER ELECTRONIC BILLINGI IF YOU WOULD LIKE TO RECEIVE EMAIL NOTITFICATIONS AND VIEW FUTURE BILLS ONLINE SELECT
CONTACT US	MANAGE MY ACCOUNT FROM THE NAVIGATION OR PRESS HERE
FAQS	

FAQs

legacy

SBLI has partnered with LegacyShield to give our customers a subscription to a state-of-the-art legacy planning platform. This secure tool will allow you to not only keep track of your financial life but also easily share information with your loved ones. Its intuitive design will help you organize valuable documents, financial information, photos, videos, stories, and final wishes in one secure location. You can plan and create your legacy and life story, leaving messages for your family as well as an organized roadmap of all assets – personal and financial.

# WHY SHOULD I USE LEGACYSHIELD?

Over \$59 billion in lost money has been turned over to the government. That doesn't include important personal information and keepsakes that are also getting lost at an alarming rate. From family pictures on a mobile device to online accounts, valuable and cherished items can be misplaced without a safe, centralized place to keep them. LegacyShield is an easy-to-use, intuitive system that securely organizes your entire life and provides access points to share valuable information and (800) favorite memories now, later, or after you pass away.

#### **IS LEGACYSHIELD SECURE?**

LegacyShield features military-grade security standards and encrypts all information, including file names. It also includes a multi-step verification process. No one, including LegacyShield or SBLI employees, has access to anything you store within LegacyShield.

#### HOW MUCH STORAGE DOES LEGACYSHIELD PROVIDE?

LegacyShield offers unlimited storage.

#### WILL SBLI SHARE MY INFORMATION WITH LEGACYSHIELD?

SBLI will ask for your permission to share with LegacyShield that you have an in-force policy with us. Any further information that you share with LegacyShield will be between you and LegacyShield.

### DO I HAVE TO PAY FOR LEGACYSHIELD?

SBLI will provide no less than one full year of Shield, the basic-level subscription to LegacyShield, at no charge. After one year, SBLI may withdraw its financial support of your subscription by providing you at least 30 days advanced written notice, and you may be responsible for the costs of continuing this service.

#### HOW DO I GET MY SUBSCRIPTION?

Click the button below to register on LegacyShield.com. You will need just three pieces of information to register: any one of your SBLI policy numbers, the last four digits of your Social Security number, and your zip code.

Have more questions? LegacyShield's Customer Service team can help. Phone: 877-966-2228 Email: info@legacyshield.com

## Get My Subscription Now

- Client Registration
  - New Inforce Clients
    - Onboarding communications will be emailed directly to your clients with emails, providing access to the SBLI Customer Hub and LegacyShield





 Mailed policyholder packages will all contain a LegacyShield statement stuffer

A copy of the new policy may be securely stored within LegacyShield. Further information on LegacyShield is available at <a href="https://www.legacyshield.com/en/">https://www.legacyShield.com/en/</a>

<sup>1</sup>LegacyShield is an independent, cloud-based document storage service provider. Your relationship or agreements with LegacyShield are separate from your relationship or agreements with SBLI

