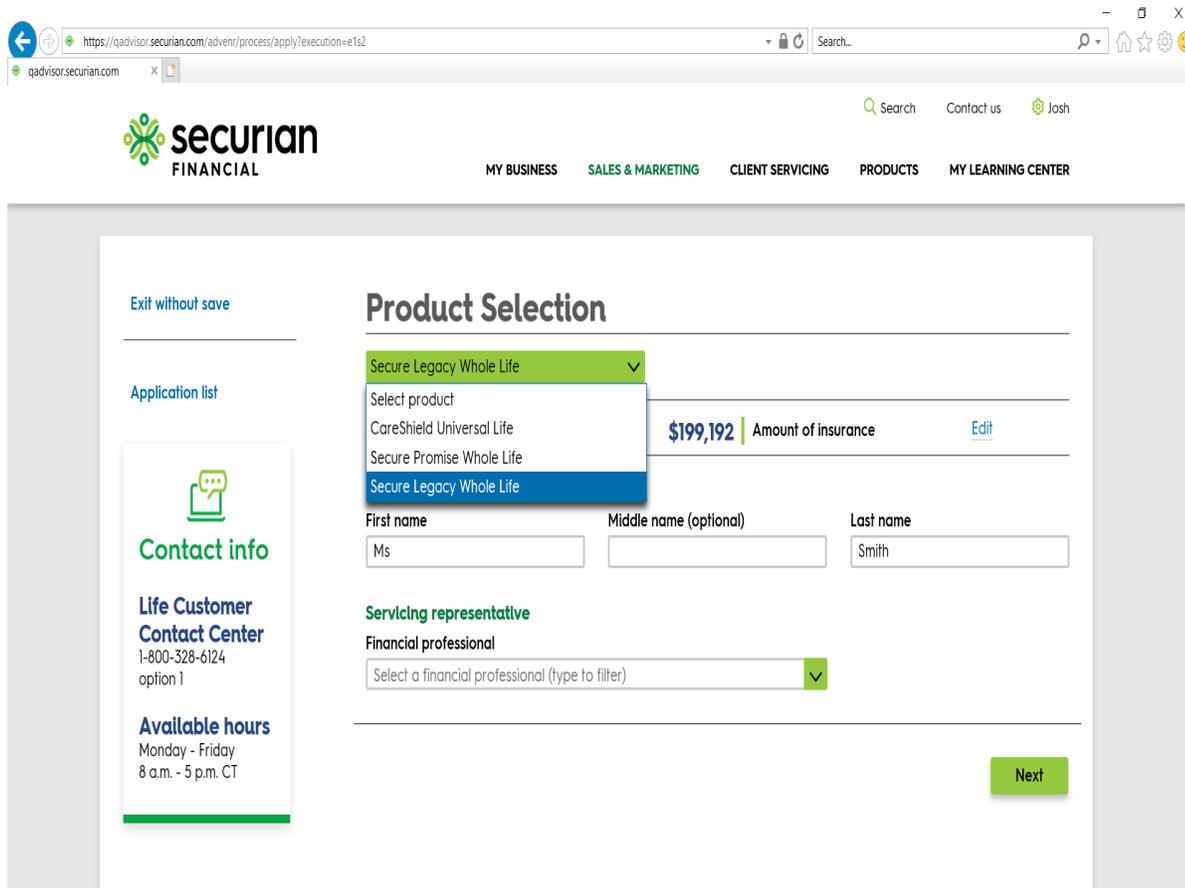


## SECURIAN APPLICATION MANAGEMENT

# Training and reference guide

### SAM APPLICATIONS LIST

- **Begin new application**
- **Sort by status to view your own activity**

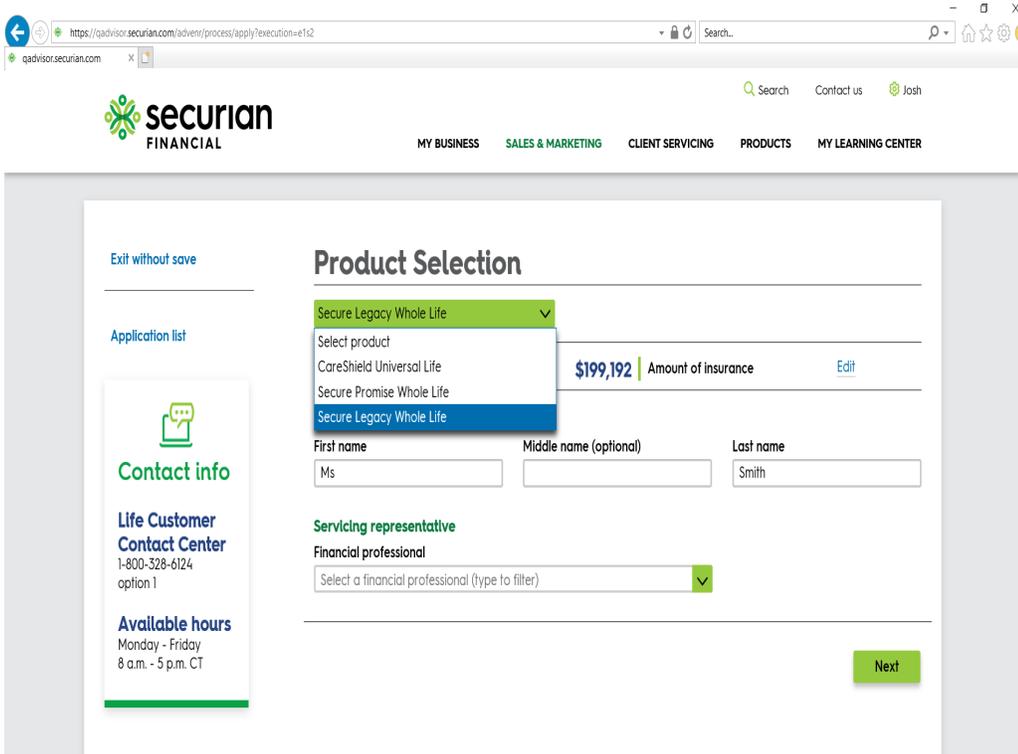


The screenshot shows a web browser window with the URL <https://qadvisor.securian.com/adventr/process/apply?execution=e1s2>. The page header includes the Securian Financial logo, a search bar, and navigation links for "MY BUSINESS", "SALES & MARKETING", "CLIENT SERVICING", "PRODUCTS", and "MY LEARNING CENTER".

The main content area is titled "Product Selection" and includes a "Contact info" sidebar on the left. The sidebar contains a "Contact info" section with a "Life Customer Contact Center" (1-800-328-6124 option 1) and "Available hours" (Monday - Friday, 8 a.m. - 5 p.m. CT). The "Product Selection" section features a dropdown menu for "Secure Legacy Whole Life" with a list of options: "Select product", "CareShield Universal Life", "Secure Promise Whole Life", and "Secure Legacy Whole Life". Below the dropdown, the "Amount of insurance" is set to "\$199,192" with an "Edit" link. The "First name" field contains "Ms", the "Middle name (optional)" field is empty, and the "Last name" field contains "Smith". The "Servicing representative" section has a dropdown menu for "Financial professional" with the text "Select a financial professional (type to filter)". A "Next" button is located at the bottom right of the form.

# PRODUCT SELECTION

- Select the product
  - Only products you can sell will be visible.
- Select “next”



# QUOTE PAGE

- Determine type of quote
  - Certain product applications provide a quote for either face amount or single premium

Secure Legacy Whole Life

### Quote

Date of birth: 12/11/1957      Sex:  Male  Female

Has the proposed insured smoked cigarettes or used tobacco or nicotine of any kind, in any form, in the past 12 months?  
 Yes  No

City of solicitation: St. Paul      State of solicitation: Minnesota

Solve for:  
Select one (dropdown menu)  
Face amount  
Single premium amount

Coverage name	Include	Coverage cost
Accelerated Death Benefit Agreement	<input checked="" type="checkbox"/>	No charge

Calculate quote      Accept quote

2:30 PM 10/28/2020

- Input single premium amount to receive a quote for face amount

- **Accept quote” to begin the application**

The screenshot shows a web browser window with the URL <https://qadvisor.securian.com/adventr/process/apply?execution=e1s1>. The page is titled "Product Selection" and is for a "Secure Legacy Whole Life" policy. The "Quote" section contains the following information:

- Date of birth: 12/11/1957
- Sex: Male
- Has the proposed insured smoked cigarettes or used tobacco or nicotine of any kind, in any form, in the past 12 months?: No
- City of solicitation: St Paul
- State of solicitation: Minnesota
- Solve for: Face amount
- Single premium amount: \$ 50,000.00

The "Additional agreements" section shows:

Coverage name	Include	Coverage cost
Accelerated Death Benefit Agreement	<input checked="" type="checkbox"/>	No charge

The "Guaranteed cash values" table is as follows:

Year 5	Year 10	Year 20	Year 30	At age 65
\$50,000.00	\$55,994.67	\$71,273.62	\$82,751.34	\$50,000.00

Below the table, it states: "Guaranteed cash values are based on the date of birth, gender, and smoking status provided above. If any of these change, the guaranteed cash values will change. Guarantees are subject to the claims paying ability of the issuing insurer."

The "Face amount" is \$96,385. At the bottom of the form, there are two buttons: "Calculate quote" and "Accept quote".

## PROPOSED INSURER INFORMATION

- Fill out proposed insured information

- Confidential information like social security number and drivers license will automatically hide all but the last four digits.

- Select “edit” to reenter any information.

Product ✓

Proposed insured ✓

Other insurance ✓

Beneficiary ✓

Underwriting ✓

Suitability ✓

Payment ✓

Representative ✓

Review

View as forms (PDF)

Save  
As of 08/05/2020 09:12 AM CDT

Application list

### Ms Smith - Secure Legacy Whole Life

\$100,000.00 | Single premium      \$199,192 | Amount of insurance      [Edit](#)

Read Only (Pending)

#### Contact Information

Street address (no P.O. box)  
400 Robert St N

City: St Paul      State: Minnesota ✓      Zip code: 55101

Email address

Primary telephone      Phone type: Cell ✓

Birthplace: United States of America ✓      State of birth: Minnesota ✓

## OTHER INSURANCE

- **Missing information alert:** You may move to another section and save before all information is entered, but all alerts must be resolved before

the application can be submitted.

- Since the prior screen indicated proposed insured has other insurance, this screen is required to capture that detail.
- All statuses must be green prior to submission.

Product ✓

Proposed insured ⚠

Other insurance ✓

Beneficiary ✓

Underwriting ✓

Suitability ✓

Payment ✓

Representative ✓

Review

View as forms (PDF)

Save  
As of 08/05/2020 09:12 AM CDT

Application list

### Ms Smith - Secure Legacy Whole Life

\$100,000.00 | Single premium      \$199,192 | Amount of insurance      [Edit](#)

Read Only (Pending)

Excluding this policy, does the proposed insured have any life insurance or annuities in force or pending? (This includes life insurance sold or assigned, or that is in the process of being sold or assigned.)

Yes    No

Excluding this policy, has there been, or will there be, replacement of any existing life insurance or annuities as a result of this application? (Replacement includes a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.)

Yes    No

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

## BENEFICIARY

- **Beneficiaries Enter name(s) and respective percentage. (Must add up to 100%)**

**securian FINANCIAL**

MY BUSINESS SALES & MARKETING CLIENT SERVICING PRODUCTS MY LEARNING CENTER

Product  Proposed insured  Other insurance

**Beneficiary**  Underwriting  Suitability  Payment  Representative  Review  View as forms (PDF)

Save As of 10/28/2020 02:38 PM CDT

Application list

**Contact info**

**Life Customer Contact Center**  
1-800-328-6124  
option 1

**Available hours**  
Monday - Friday  
8 a.m. - 5 p.m. CT

**First Last - Secure Legacy Whole Life**

\$50,000.00 | Single premium \$96,385 | Amount of insurance [Edit](#)

**At least 1 primary beneficiary must exist.**  
Primary beneficiaries must add to 100%.

**Beneficiaries**

Name	Percent	Type	Edit	Delete
John Doe	100%	Primary	<a href="#">Edit</a>	<a href="#">Delete</a>

**Beneficiary type**  Primary  Contingent

Percent

Is this beneficiary irrevocable?  Yes  No

Relationship to insured  
Select relationship

[Add beneficiary](#)

[Next](#) [Save and close](#) [Back](#)

UNDERWRITING

- Questions will vary by product selected

The screenshot shows the top portion of a web application. At the top left is the Securian Financial logo. To the right are navigation links: MY BUSINESS, SALES & MARKETING, CLIENT SERVICING, PRODUCTS, and MY LEARNING CENTER. Further right are search and user icons. A left-hand navigation menu lists: Product, Proposed insured, Other insurance, Beneficiary, Underwriting, Suitability, Payment, Representative, Review, and View as forms (PDF). Below this is a 'Save' button and an 'Application list' link. A 'Contact info' box displays: Life Customer Contact Center, 1-800-328-6124, option 1, Available hours Monday - Friday 8 a.m. - 5 p.m. CT. The main content area is titled 'First Last - Secure Legacy Whole Life' and shows a premium of \$50,000.00 and an amount of insurance of \$96,385. Below this are several health-related questions with radio button options for 'Yes' and 'No'. The 'No' option is selected for all questions.

This screenshot is identical to the one above, showing the same application page. The 'Contact info' box and the main content area are visible, including the product name, premium, amount of insurance, and the health-related questions with 'No' selected.

Stroke; carotid artery disease requiring a surgical procedure; peripheral vascular disease requiring a surgical procedure; Alzheimer's disease; dementia; amyotrophic lateral sclerosis (ALS); Parkinson's; disorder of the immune system?

Yes  No

Diabetes?

Yes  No

Kidney disorder?

Yes  No

Cancer, including, but not limited to, leukemia and lymphoma (excluding basal cell or squamous cell carcinoma of the skin)?

Yes  No

Emphysema; chronic obstructive pulmonary disease (COPD); oxygen use?

Yes  No

Cirrhosis; alcohol or drug abuse; major depression; bipolar disease; schizophrenia?

Yes  No

In the past 5 years has the proposed insured been advised to have any test (except HIV tests), treatment, surgery, hospitalization or consultation with a medical professional which has not been completed or for which results have not been received?

Yes  No

In the past 5 years has the proposed insured had an application for life or health insurance postponed, declined or denied reinstatement?

Yes  No

Next

Save and close

Back

RESOURCES

Legal information  
Privacy notices

ABOUT US

Contact us  
Securian.com

## SUITABILITY

- Questions will vary by product selection.



Search Contact us Josh

MY BUSINESS SALES & MARKETING CLIENT SERVICING PRODUCTS MY LEARNING CENTER

Product

Proposed insured

Other insurance

Beneficiary

Underwriting

Suitability

Payment

Representative

Review

View as forms (PDF)

Save

As of 10/28/2020 02:42 PM CDT

Application list



Contact info

Life Customer  
Contact Center  
1-800-328-0124  
option 1

Available hours  
Monday - Friday  
8 a.m. - 5 p.m. CT

### First Last - Secure Legacy Whole Life

\$50,000.00 | Single premium \$96,385 | Amount of insurance [Edit](#)

Will the source of premium for this policy come from a qualified retirement account (401k, IRA, Roth IRA, 403b, etc.)?

Yes  No

Will the source of premium for this policy come from home equity; from a loan from any other source (relative, broker, bank, etc.)?

Yes  No

Does the premium represent more than 33% of the proposed insureds total net worth?

Yes  No

Has any party to the application, such as the proposed insured, owner, or any beneficiary entered or made plans to enter into any agreement or contract to sell or assign the ownership of, or a beneficial interest in the applied for policy?

Yes  No

Has any person promised or agreed to give or has given to any party to the application, or has any party to the application received or will receive from any person, any inducement, fee or compensation as an incentive to purchase the policy?

Yes  No

Next

Save and close

Back

RESOURCES

ABOUT US

# PAYMENT INFORMATION

- Account information is required if a part of the payment is coming from a bank account

The screenshot shows the 'Payment' section of the Securian Financial website. The page title is 'First Last - Secure Legacy Whole Life'. The current step is 'Payment', which is highlighted in green. The page displays a warning message: 'There is either missing or invalid information on this page. Please update. Information will be validated when you move to another page.' Below the warning, there are input fields for '1035 Exchange amount', 'Check', and 'Checking/savings account'. The 'Check' field contains '\$25,000.00' and the 'Checking/savings account' field contains '\$25,000.00'. A note below these fields states: 'Sum of amounts entered above does not equal premium. You must add \$50,000.00 from the payment amounts above.' The 'Next' button is highlighted in green. The page also includes a 'Contact info' section for the Life Customer Contact Center, with available hours from Monday to Friday, 8 a.m. to 5 p.m. CT.

# REVIEW

- Complete and finalize sections with missing or invalid information
- Additional action items specify documents to be printed and provided to the applicant.

The screenshot displays the Securian Financial application interface. At the top, the Securian logo is on the left, and navigation links for 'Search', 'Contact us', and 'Josh' are on the right. Below this, a horizontal menu contains 'MY BUSINESS', 'SALES & MARKETING', 'CLIENT SERVICING', 'PRODUCTS', and 'MY LEARNING CENTER'. The main content area is titled 'First Last - Secure Legacy Whole Life'. It shows a summary of the policy: '\$50,000.00 | Single premium | \$96,385 | Amount of insurance | Edit'. A warning message states: 'The following section(s) within the application have missing or invalid information:'. Below this, two items are listed: 'I within the Bank account details section.' and 'II within the Representative section.'. An 'Additional action items' section follows, with one item: 'Please provide Securian Privacy Notice to the client.'. A note indicates that the application is only available to be submitted electronically. At the bottom of the main content area, there are buttons for 'Setup electronic signature', 'View as PDF', 'Save and close', and 'Back'. A green box at the bottom of the main content area says 'QA only: Submit unsigned app'. On the left side, there is a sidebar with a 'Review' section, a 'View as forms (PDF)' link, a 'Save' button, and an 'Application list' section. The 'Application list' section contains a 'Contact info' card with the following text: 'Life Customer Contact Center 1-800-328-0124 option 1 Available hours Monday - Friday 8 a.m. - 5 p.m. CT'. At the bottom of the page, there are links for 'RESOURCES' and 'ABOUT US'.

CONFIGURE E-SIGNATURE – IN PERSON & REMOTE

- The authentication process can be completed via text or phone call, regardless of how the application is signed.
- Once all signature information is collected, submit to electronic signature.

## Ms Smith - Secure Legacy Whole Life

### Electronic Signature Overview

- The application will be electronically signed using DocuSign.
- Please confirm the email or form of identification and provide the phone number for each signer.
- All signatures need to be obtained within 7 calendar days.

#### Insured

---

**Name**  
Ms Smith

**Signature method** ?  
 In person  Remote

**Phone number (for authentication)**

**Notification type** ?  
 Text message  Phone call

**Email address**

**Re-enter email address**

#### Servicing Representative

---

**Name**  
[REDACTED]

**Signature method** ?  
 In person  Remote

**Phone number (for authentication)**

**Notification type** ?  
 Text message  Phone call

**Email address**

**Re-enter email address**

**Please note:** In person applications will not require an email address to complete the signature.

## DOCUSIGN CLIENT EXPERIENCE



SAM - Primary sent you a document to review and sign.

**REVIEW DOCUMENTS**

**SAM - Primary**  
[lifeappsam@securian.com](mailto:lifeappsam@securian.com)

Your application is ready for your review. Please click the button above to be directed to your on-line application. Please note the link will expire in 7 days for all signers so please handle promptly.

Once you have reviewed all forms necessary, you may apply your eSignature.

•

- DocuSign prompts signer to set up a electronic signature and sign in all of the required areas.



**Securian Financial Group, Inc.**  
[securian.com](https://www.securian.com)

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