



Single Premium
Fixed Indexed and Interest Sensitive
Single Premium Whole Life

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WHAT IS ACCELEWRITING®?

Sagicor Life Insurance Company's (Sagicor) Accelewriting® process is an automated underwriting system that utilizes an eApplication to provide an underwriting decision in minutes and eliminates the need for a face-to-face meeting with the client and telephone interview. In some cases, additional requirements may be required, such as medical exams, bodily fluids and Attending Physician's Statements (APS).¹ These cases will automatically be referred to underwriting without the need for a new application which provides a 'fast track' to the underwriting review and approval process.

Accelewriting® with eDelivery is available on the following Single Premium Life Insurance Products:

| Fixed Indexed Single Premium Whole Life (FISPWL) | Interest Sensitive Single Premium Whole Life (ISSPWL) |
|--|--|
| <p>Net Amount at Risk: For the purpose of the Net Amount at Risk (NAR) calculation during the submission process, the NAR equals the Guaranteed Death Benefit Amount in year 1 of the illustration, less the single premium paid.</p> <p>There is no maximum, but amounts over the NAR below will be referred to underwriting for additional review:</p> <ul style="list-style-type: none"> - Available for amounts up to \$250,000 for ages 18 years to 65 years - Available for amounts up to \$100,000 for ages 66 years to 75 years - Available for amounts up to \$50,000 for ages 76 years to 85 years | <p>Net Amount at Risk: For the purpose of the Net Amount at Risk (NAR) calculation during the submission process, the NAR equals the Guaranteed Death Benefit Amount in year 1 of the illustration, less the single premium paid.</p> <p>There is no maximum, but amounts over the NAR below will be referred to underwriting for additional review:</p> <ul style="list-style-type: none"> - Available for amounts up to \$250,000 for ages 45 years to 65 years - Available for amounts up to \$100,000 for ages 66 years to 75 years - Available for amounts up to \$50,000 for ages 76 years to 85 years |
| <p>Issue Ages: 18 years - 85 years</p> | <p>Issue Ages: 45 years - 85 years</p> |
| <p>2 Risk Classes: Standard Non-Tobacco Standard Tobacco</p> | <p>2 Risk Classes: Standard Non-Tobacco Standard Tobacco</p> |
| <p>Minimum Guaranteed Interest Rate: There is a lifetime minimum guaranteed interest rate of 2%</p> <p>Bonus: 10% of the single premium paid is automatically applied to the policy at issue</p> | <p>Minimum Guaranteed Interest Rate: There is a lifetime minimum guaranteed interest rate of 3%</p> |
| <p>Inherent Rider: Accelerated Benefit Insurance Rider for Terminal Condition or Chronic Illness²</p> | <p>Inherent Rider: Accelerated Benefit Insurance Rider for Terminal Condition or Chronic Illness²</p> |

THE 7 STEPS OF ACCELEWRITING®

STEP 1

VERIFY THE PROPOSED INSURED IS ELIGIBLE FOR ACCELEWRITING® BY ASKING THEM THE FOLLOWING QUESTIONS FROM THE eAPPLICATION:

1. Does the Proposed Insured currently receive health care at home, or require assistance with bathing, dressing, feeding, taking medications or use of toilet? ___Yes ___No
2. Is the Proposed Insured currently in a Hospital, Psychiatric, Extended or Assisted Care, Nursing facility? ___Yes ___No
3. Is the Proposed Insured currently incarcerated due to a misdemeanor or felony conviction? ___Yes ___No
4. Has the Proposed Insured ever tested positive for the HIV virus or been diagnosed by a member of the medical profession as having AIDS or the AIDS Related Complex (ARC)? ___Yes ___No
5. Has the Proposed Insured ever tested positive for or been diagnosed by a member of the medical profession as having Alzheimer's or Dementia, Cirrhosis, Emphysema or Chronic Obstructive Pulmonary Disease (COPD)? ___Yes ___No
6. In the past 10 years has the proposed insured had 2 or more of the following impairments: Cancer, Diabetes, coronary artery disease (including Heart Attack), Stroke or TIA (Transient Ischemic Attack), carotid artery disease, heart valve replacement, Peripheral Vascular Disease (PVD), Peripheral Artery Disease (PAD) or had multiple strokes or transient ischemic attacks (TIA)? ___Yes ___No
7. Has the Proposed Insured in the past 12 months been advised by a physician to be hospitalized or to have Diagnostic Tests, Surgery, or any medical procedure that has not yet been completed or for which the results are not yet available, except those tests related to the Human Immunodeficiency Virus (AIDS)? ___Yes ___No
8. Has the Proposed Insured in the past 24 months been diagnosed as having or advised by a physician to have treatment for Cancer (other than Basal Cell Carcinoma), Heart Attack, Stroke or TIA (Transient Ischemic Attack), Alcohol or Drug Abuse? ___Yes ___No
9. Has the Proposed Insured in the past 24 months had a Driver's License revoked or suspended, or been convicted of 2 or more moving violations, or been convicted of a violation for driving while intoxicated or under the influence, or for driving while ability impaired because of the use of alcohol and/or drugs? ___Yes ___No

• *If the Proposed Insured answered "No" to all of these questions, continue to Step 2.*

• *If the Proposed Insured answered "Yes" to any of these questions, contact Sagicor's Producer Resource Center (PRC) at 1-888-724-4267, ext. 4680 for other options.*

STEP 2

VERIFY THE PROPOSED INSURED'S BUILD FALLS WITHIN THE UNISEX BUILD TABLE BELOW.

Minimum and Maximum weights are listed in pounds.

ACCELEWRITING® UNISEX BUILD TABLE

| Height | Minimum | Maximum |
|---------------|----------------|----------------|
| 4'8" | 74 | 186 |
| 4'9" | 76 | 192 |
| 4'10" | 79 | 199 |
| 4'11" | 82 | 206 |
| 5'0" | 84 | 213 |
| 5'1" | 87 | 220 |
| 5'2" | 90 | 227 |
| 5'3" | 93 | 235 |
| 5'4" | 96 | 242 |
| 5'5" | 99 | 250 |
| 5'6" | 102 | 258 |
| 5'7" | 105 | 265 |
| 5'8" | 109 | 273 |
| 5'9" | 112 | 282 |
| 5'10" | 115 | 290 |
| 5'11" | 118 | 298 |
| 6'0" | 122 | 306 |
| 6'1" | 125 | 315 |
| 6'2" | 129 | 324 |
| 6'3" | 132 | 333 |
| 6'4" | 136 | 341 |
| 6'5" | 139 | 350 |
| 6'6" | 143 | 360 |
| 6'7" | 146 | 369 |
| 6'8" | 150 | 378 |
| 6'9" | 162 | 388 |
| 6'10" | 167 | 398 |
| 6'11" | 172 | 408 |

- *If the Proposed Insured's build falls within this table, continue to Step 3.*
- *If the Proposed Insured's build falls outside of this table, they are not eligible for the products available through the Accelewriting® process. Please contact Sagicor's Producer Resource Center (PRC) at 1-888-724-4267, ext. 4680 for other options.*

STEP 3**DETERMINE THE PROPOSED INSURED'S ELIGIBILITY.****ACCELEWRITING® INELIGIBLE PRESCRIPTION DRUG LIST**

This is not an all inclusive list.

| | | | | | |
|------------|-----------|------------|----------------------|-----------|------------------|
| Advair | Combivent | Eldepryl | Heparin | Plavix | Tamoxifen |
| Aggrenox | Copaxone | Eliquis | Infergen | Pradaxa | Tarceva |
| Amiodarone | Coreg | Epivir | Isosorbide dinitrate | Requip | Warfarin |
| Aricept | Coumadin | Evista | Lanoxin | Ribavirin | Xarelto |
| Avonex | Crixivan | Exelon | Lasix | Risperdal | Xeloda |
| Baclofen | Depakote | Femara | Lupron | Sinemet | Zidovudine (AZT) |
| Carvedilol | Digitek | Furosemide | Morphine | Spiriva | Zofran |
| Cognex | Digoxin | Haldol | Nitroglycerin | Sustiva | Zyprexa |

ACCELEWRITING® MEDICAL IMPAIRMENTS

This is not an all inclusive list. Acceptance is not guaranteed and subject to prescription history. If you have questions regarding conditions, please call Underwriting at 1-888-724-4267, ext. 4650.

| Condition | Criteria | Action |
|-------------|---|-------------------|
| AIDS | <ul style="list-style-type: none"> Medically diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) | Decline |
| Alcoholism | <ul style="list-style-type: none"> Diagnosis of alcohol abuse within the last 5 years Treatment for alcohol abuse within the last 5 years | Decline |
| Alzheimer's | <ul style="list-style-type: none"> Diagnosed with, treated for or advised by a Licensed Physician to be treated for memory loss, dementia or Alzheimer's disease | Decline |
| Amputation | <ul style="list-style-type: none"> Caused by disease | Decline |
| Anemia | <ul style="list-style-type: none"> Anemia or disorder of blood-unless iron deficiency anemia in pre-menopausal female Diagnosis of Thalassemia, Sideroblastic anemia or sickle cell | Decline |
| Aneurysm | <ul style="list-style-type: none"> Treated with Surgery | Accept |
| | <ul style="list-style-type: none"> Not treated | Decline |
| Angina | <ul style="list-style-type: none"> All cases | See Heart Disease |
| Angioplasty | <ul style="list-style-type: none"> All cases | See Heart Disease |

| Condition | Criteria | Action |
|--|---|-------------------|
| Arthritis | • Rheumatoid, controlled with treatment of NSAID | Accept |
| | • Rheumatoid, all others | Decline |
| Asthma | <ul style="list-style-type: none"> • Hospitalized or seen in ER 2 or more times, • Used steroid medication or required oxygen in the past 12 months • Combined with Tobacco Use, Smoker | Decline |
| Bladder | <ul style="list-style-type: none"> • History of neurogenic bladder • Bladder paralysis • Tumors, cysts or hospitalizations | Decline |
| Blindness | • Other causes | Accept |
| | • Caused by diabetes, circulatory disorder, or other illness | Decline |
| By-pass Surgery | • All cases | See Heart Disease |
| Cancer | <ul style="list-style-type: none"> • Basal or Squamous cell • 6 years or more since surgery, diagnosis, or last treatment; no recurrence or additional occurrence | Accept |
| | <ul style="list-style-type: none"> • Colon, Leukemia, Liver, Lung, Lymphoma and Pancreatic • Any Cancer other than Basal or Squamous cell within 5 years • Multiple bouts of cancer other than Basal or Squamous cell | Decline |
| | | |
| Cerebral Palsy | • If not self-supporting and/or mental impairment | Decline |
| Chest Pains | • If tests were done and the results were not normal | Decline |
| Cholesterol | • Cholesterol readings greater than 350 | Decline |
| Chronic Obstructive Pulmonary Disease (COPD) | • All cases | Decline |
| Congestive Heart Failure | • All cases | Decline |
| Cystic Fibrosis | • All cases | Decline |
| Diabetes | • If controlled on oral medication only or diet | Accept |
| | <ul style="list-style-type: none"> • Diagnosis under age 50 • Blood sugar not checked in the past 6 months • Insulin use • Advised of uncontrolled blood sugars in the past 12 months • Complications such as diabetic coma, retinopathy, neuropathy, amputation, unintended weight loss | Decline |

| Condition | Criteria | Action |
|------------------------------------|---|--------------------------|
| Disability | <ul style="list-style-type: none"> Other than pregnancy | Referred to Underwriting |
| Down's Syndrome | <ul style="list-style-type: none"> All cases | Decline |
| Driving Record | <ul style="list-style-type: none"> DWI/DUI is within 24 months 2 or more driving violations within 24 months License suspended/revoked within 24 months History of 3 or more DUI/DWI | Decline |
| Drug/Substance Abuse | <ul style="list-style-type: none"> Diagnosis of substance abuse within the last 5 years Treatment for drug abuse Relapses or abuse of another substance after initial treatment | Decline |
| Felony | <ul style="list-style-type: none"> Currently on parole, probation, awaiting pending charges or trial | Decline |
| Gallstones | <ul style="list-style-type: none"> More than one episode in the past 12 months other than the removal of the gallbladder | Decline |
| Headaches | <ul style="list-style-type: none"> Headaches that have increased in frequency or severity Headaches that have required hospitalization Abnormal tests results within the past 2 years Currently under evaluation or been advised to have further evaluation or testing done for headaches | Decline |
| Heart Disease | <ul style="list-style-type: none"> Includes heart attack, angina and angioplasty or stents | Accept |
| | <ul style="list-style-type: none"> Cardiomyopathy Ventricular Fibrillation Heart Transplants Valve repair or replacement | Decline |
| Heart Murmur | <ul style="list-style-type: none"> History of surgery | Accept |
| High Blood Pressure | <ul style="list-style-type: none"> Uncontrolled | Decline |
| | <ul style="list-style-type: none"> Controlled with medication. | Accept |
| Hodgkin's Disease | <ul style="list-style-type: none"> All cases | Decline |
| Hypothyroidism or Hyperthyroidism | <ul style="list-style-type: none"> If diagnosed with hypothyroidism or hyperthyroidism and the symptoms are not controlled with treatment | Decline |
| Human Immunodeficiency Virus (HIV) | <ul style="list-style-type: none"> Positive test results for Human Immunodeficiency Virus (HIV) | Decline |
| Immune System Disorder | <ul style="list-style-type: none"> All cases | Decline |

| Condition | Criteria | Action |
|-----------------------------------|--|---------|
| Kidney Disease | <ul style="list-style-type: none"> Kidney Failure Insufficiency or any other disease or disorder of the kidneys Nephrectomy Polycystic Kidney Disease Transplant recipient | Decline |
| Liver Disease | <ul style="list-style-type: none"> History of Cirrhosis or Fibrosis History of elevated liver enzymes Hepatitis C or any other forms (except A and B) | Decline |
| Lupus Erythematosus (SLE) | <ul style="list-style-type: none"> Systemic | Decline |
| Melanoma | <ul style="list-style-type: none"> Treatment or Surgery: Completed 6 years or more, no recurrence or additional occurrence | Accept |
| | <ul style="list-style-type: none"> Treatment or Surgery: Completed 5 years or less, any recurrence | Decline |
| Mental or Nervous Disorder | <ul style="list-style-type: none"> Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD) Anxiety or Panic Disorder, Seasonal Affective Disorder (SAD) | Accept |
| | <ul style="list-style-type: none"> Psychosis, Schizophrenia, Bipolar Disorder (Manic Depression), Major Depression, Down Syndrome, or Autism Suicide Attempt Disability or loss of work due to any mental/nervous condition Hospitalization within the last 6 months | Decline |
| Multiple Sclerosis | <ul style="list-style-type: none"> All cases | Decline |
| Muscular Dystrophy | <ul style="list-style-type: none"> All cases | Decline |
| Pacemaker | <ul style="list-style-type: none"> Without defibrillator and no other heart conditions | Accept |
| Pancreatitis | <ul style="list-style-type: none"> If more than a single attack within a year If history of a pancreatic cyst, tumor or unresolved abscess | Decline |
| Paralysis | <ul style="list-style-type: none"> Includes paraplegia and quadriplegia | Decline |
| Parkinson's Disease | <ul style="list-style-type: none"> All cases | Decline |
| Peripheral Vascular Disease (PVD) | <ul style="list-style-type: none"> All cases Includes Peripheral Arterial Disease (PAD) | Decline |
| Prostate | <ul style="list-style-type: none"> History of elevated PSA test results History of prostate tumors other than BPH (benign prostatic hypertrophy) | Decline |

| Condition | Criteria | Action |
|---|---|--------------------------|
| Prostate | <ul style="list-style-type: none"> History of elevated PSA test results History of prostate tumors other than BPH (benign prostatic hypertrophy) | Decline |
| Pulmonary Embolism | <ul style="list-style-type: none"> Single Episode over 6 months ago | Accept |
| | <ul style="list-style-type: none"> Multiple Episodes | Decline |
| Rectum or Intestines | <ul style="list-style-type: none"> Crohn's Disease More than 1 episode of polyps or tumors in the past 3 years and was not benign History of bleeding, obstructions, or unintended weight loss in the past 12 months Ulcerative Colitis or surgical resection | Decline |
| Reproductive Organs | <ul style="list-style-type: none"> Disease/disorder of reproductive system History of abnormal bleeding or abnormal test results within the past two years History of tumors, polyps, cysts, or fibroids in the past 2 years Evaluated or advised to have further evaluation or surgery | Decline |
| Seizures | <ul style="list-style-type: none"> Grand Mal (Tonic-Clonic) Complex Partial Seizure Petite Mal – 6 or more seizures w/n 12 months | Decline |
| Sleep Apnea | <ul style="list-style-type: none"> Controlled with treatment | Accept |
| Stomach | <ul style="list-style-type: none"> History of bleeding, coughing up blood, or unintended weight loss in the last 12 months. Any history of strictures, obstructions, dumping or erosion of stomach lining or hospitalizations in the past 12 months | Decline |
| Stroke, CVA/ Subarachnoid Hemorrhage, Transient Ischemic Attack (TIA) | <ul style="list-style-type: none"> 1 TIA | Accept |
| | <ul style="list-style-type: none"> Stroke, 2 or more TIAs | Decline |
| Transplant, Organ or Bone Marrow | <ul style="list-style-type: none"> History of transfusion, stem cell or bone marrow treatment | Decline |
| Tuberculosis | <ul style="list-style-type: none"> Over 1 year ago and no complications | Accept |
| | <ul style="list-style-type: none"> Less than 1 year ago | Decline |
| Urinary | <ul style="list-style-type: none"> Urinary obstruction within the last 12 months other than UTI History of blood or protein in urine | Decline |
| Weight Loss | <ul style="list-style-type: none"> 20 - 40lbs | Accept |
| | <ul style="list-style-type: none"> Over 40lbs | Referred to Underwriting |

STEP 4

RUN THE ILLUSTRATION

1. Log on to the Producer Portal from the Sagicor website (www.SagicorLifeUSA.com).
2. Launch our Illustration Software by selecting Account Home. Then click on the bar that says “Run Sagicor Life Illustration Software Online.”
3. Click on “Start Illustration Tab”.
4. You must select “Jurisdiction, Product Type, and Product Name” for the Application option to appear.
5. Enter “Proposed Insureds” information (birthdate must be provided).
6. Enter product information.
7. Select “Reports” to see entire illustration.
8. Save the illustration.
9. Select “Application” to complete the eApplication.

- Note:**
- (1) Be sure to run the illustration for the state in which the client will sign the eApplication. This will help ensure that the correct forms, coverage, rates, etc. are used and helps eliminate delays in processing.
 - (2) The on-line version of the Illustration Software must be used with the eApplication.
 - (3) The illustration must be saved before you enter the eApplication.
 - (4) Information entered in the illustration cannot be altered during the eApplication including the premium mode selected.

See ‘Detailed Instructions for Running an Illustration’ on the Producer Portal for further information.

STEP 5

COMPLETE THE eAPPLICATION

1. Click on “Application” and then “Create Application.”
2. Complete the 4 steps for the eApplication:
 - a. Form Entry
 - b. Signatures
 - c. Review - Request Review and/or Submit application electronically.
 - d. Finalize

STEP 6

INFORMATION VERIFICATION AND UNDERWRITING DECISION

1. Identification information such as name, address, date of birth and social security number will be verified. If verified, the eApplication is submitted immediately via Accelewriting®. If not verified, the eApplication will be reviewed and any identification discrepancies will need to be addressed before it can go through Accelewriting®. Sagicor will contact you as needed.
2. Once submitted through Accelewriting® the decision comes back to you electronically in minutes (1 – 2 minutes on average). If you are still in the Sagicor software you will see a message pop up on your screen. If you have closed the software, there will be a message for you in the ‘Message Center’ (upper right hand corner of your illustration screen) and in the Application History Section when you return.
3. The possible underwriting decisions are:
 - Approved Standard Non-Tobacco
 - Approved Standard Tobacco
 - Referred to Underwriting (RTU)
 - Declined

STEP 7

POLICY DELIVERY AND COMMISSION PAYMENT

- A. If Client opts for policy eDelivery at time of eApplication and **no requirements are needed**, the following steps will occur:
- Sagicor delivers a policy link via email to the producer and client.
 - Client electronically accepts policy.
 - Sagicor settles policy and pays commissions electronically.
- B. If Client opts for policy eDelivery at time of eApplication **and a revised illustration is required**, the following steps will occur:
- Sagicor delivers a policy link via email which includes the revised illustration to the producer.
 - The producer electronically signs the revised illustration and then sends policy link via email to the client.
 - Client electronically signs the revised illustration and accepts the policy.
 - Sagicor settles policy and pays commissions electronically.
- C. If Client opts for policy eDelivery at time of eApplication **and both a revised illustration and amendment are required**, the following steps will occur:
- Sagicor delivers a policy link via email which includes the revised illustration and amendment to the producer.
 - The producer electronically signs the revised illustration and then sends policy link via email to the client.
 - Client electronically signs the revised illustration, amendment, and accepts the policy.
 - Sagicor settles policy and pays commissions electronically.
- D. If Client opts for policy eDelivery at time of eApplication **and an amendment is required**, the following steps will occur:
- Sagicor delivers a policy link via email which includes an amendment to the producer and client.
 - Client electronically signs the amendment and accepts the policy.
 - Sagicor settles policy and pays commissions electronically.
- E. If Client opts out of policy eDelivery at time of eApplication, the following steps will occur:
- Sagicor mails the policy including any requirements to the producer.
 - Producer delivers the policy to owner and gets any delivery requirements signed.
 - Producer signs any delivery requirements.
 - Producer sends all delivery requirements to Sagicor.
 - Sagicor settles policy and pays commissions electronically.

Please note:

- Step 7A & 7E - Applies to FISPWL and ISSPWL products.
Step 7B, 7C & 7D - May apply to FISPWL and ISSPWL products.

FREQUENTLY ASKED QUESTIONS

What is Accelewriting®?

Sagicor's Accelewriting® process is an automated underwriting system that utilizes an eApplication to provide an underwriting decision in minutes and eliminates the need for a face-to-face meeting with the client and telephone interview. In some cases, additional requirements may be required, such as medical exams, bodily fluids and Attending Physician's Statements (APS).¹ These cases will automatically be referred to underwriting without the need for a new application which provides a 'fast track' to the underwriting review and approval process. Accelewriting® is used in conjunction with an eApplication.

What is the maximum amount of total coverage available?

There is no maximum amount. A total Net Amount at Risk (NAR) more than \$250,000 will require underwriting review; contact the Producer Resource Center (PRC) for more information.

When submitting a single premium eApplication, how is Net Amount at Risk (NAR) calculated?

The NAR equals the Guaranteed Death Benefit Amount in year 1 of the illustration, less the single premium paid.

Is there a telephone interview?

No. Your initial questions and the expanded eApplication pages allow our Accelewriting® automated rules engine to gather needed information without a vendor telephone interview.

Can I use a tablet?

Yes, the eApplication process that utilizes Accelewriting® is fully tablet compatible.

What is policy eDelivery?

eDelivery provides an instant electronic policy delivery to your client at policy issue and lets you monitor the entire process through the eDelivery Producer dashboard. eDelivery is only available with an eApplication and is an optional feature at no additional charge.

Will I need to enter my client's information more than once as I complete the illustration and eApplication?

No. All information entered into the Illustration System is electronically entered in the eApplication which reduces the need for duplicate data entry. Once the illustration is saved, approximately 77% of the eApplication is complete.

Can an eApplication be entered without first completing an illustration?

No. The illustration must be completed and saved before the eApplication can be started.

Can you alter information on the eApplication without changing the illustration?

No. Any information that has been pre-filled in the eApplication, from the illustration, cannot be changed without going back to the illustration and rerunning it.

What can slow down processing and the underwriting decision on Accelewriting®?

Inaccurate information. Be sure the data input is accurate including identification information such as name, address, date of birth, etc.; these items must be accurate. Certain errors (i.e. incorrect states, wrong producer number) stop the process and require manual input by you or us. Make sure your producer license and appointment information is up to date before you submit the eApplication. This can cause delays.

What else can slow down the process?

Premiums not received. Please be sure all paperwork for funds transfers are completed accurately and any premium due is submitted to Sagicor in a timely manner.

Which state should I use to run the illustration for a client?

The state where the client will sign the eApplication should be used for both the illustration and the eApplication. You need to be licensed and appointed by Sagicor in that state or we will not be able to complete the application process.

What happens if the client selects 'Decline eSignature'?

If the client declines to eSign, they cannot continue with the application process.

How will I know if the client has signed all documents?

When the client has reviewed and signed all documents you will receive a message in your 'Message Center' located in the Illustration System and an email at your email address on file with us.

What happens if the client cannot open the email?

We suggest you resend the email. If the client still cannot open the email, there may be an issue with the software. If it cannot be resolved, contact the Producer Resource Center for assistance.

What happens if my client finds that the completed and signed eApplication needs changes?

The eApplication can be unlocked and changed prior to submission. Once completed, signed and submitted, we cannot go back and change it.

What can I do if a client is declined?

Please contact Sagicor's Producer Resource Center for other options.

How are consumer reports used with the Accelewriting® process?

Because our underwriting decision will be based, in whole or in part, on one or more consumer reports regarding the applicant, we are required to inform the applicant of where we obtain this information. The consumer reporting agencies do not make the underwriting decision for the applicant's policy.

The Disclosure Notice to Proposed Insured is included in the eApplication. Sagicor, or its reinsurers, may also release information to other insurance companies to whom the applicant may apply for life or health insurance or to whom a claim for benefits may be submitted.

The applicant may obtain a free consumer report by requesting it directly from that agency within 60 days of the application. Further, the applicant has the right to dispute directly with the consumer reporting agency the accuracy or completeness of any information provided by that consumer reporting agency.

What if my client has a dispute regarding the Medical Information Bureau or Motor Vehicle Records reports?

Should your client have a dispute regarding these reports, they may contact these agencies directly. The agencies contact information is provided below.

MIB, Inc.
50 Braintree Hill, Suite 400
Braintree, MA 02184-8734
(866) 692-6902 or TTY (866) 346-3642
www.mib.com

First Advantage ADR
Attn: Consumer Request
2860 Gold Tailings Court
Rancho Cordova, CT 95670

Who do I contact for additional information about Sagicor's Accelewriting® process?

- Contact your Sagicor Regional Sales Manager, or
- Call our Producer Resource Center (toll-free) at 1-888-724-4267 Extension 4680, or
- Email our Producer Resource Center at PRC@SagicorLifeUSA.com

FOOTNOTES

- ¹ Issuance of the policy may depend upon the answers to the health questions set forth in the application.
- ² Not available in all states. State variations may apply.

This material is for informational purposes only. Please see the policy forms and riders for details. Policy forms and riders may vary by state and may not be available in all states.

Policy Forms: 1002, 1005, 6013, 6018, 6024 and 6033

SAGICOR LIFE INSURANCE COMPANY

4343 N. Scottsdale Road, Suite 300
Scottsdale, AZ 85251
www.SagicorLifeUSA.com

CLIENT SERVICES

(888) 724-4267 Ext. 4610

PRODUCER RESOURCE CENTER

(888) 724-4267 Ext. 4680

