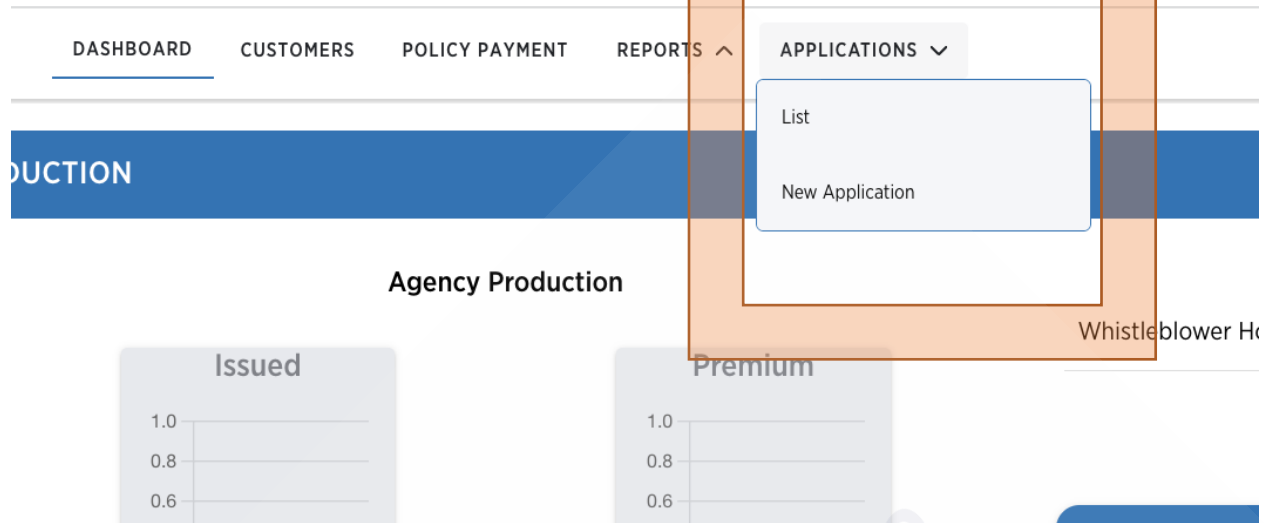


APPLICATIONS



LIST will show policies uploaded and being held for payment, as well as any saved applications.

Applications that are uploaded with NO hold date (delayed payment), will expire after 2 days and be deleted from the portal if no payment information is provided.

Proposed Name	Plan Description	Amount Of Insurance	Application Status	Hold Until	Expire Date	Created ↑	Application Number	Actions
Ma	Allegiant Superior Choice Standard Issue	\$10,000.00	Sent Application	07/03/2023		06/21/2023	2200	
tes	Allegiant Superior Choice Standard Issue	\$10,000.00	Saved			06/26/2023		
Del	Allegiant Superior Choice Standard Issue	\$10,000.00	Hold Application	07/12/2023		06/29/2023	2200	<input checked="" type="radio"/>
Wil	Allegiant Superior Choice Standard Issue	\$10,000.00	Saved			07/03/2023		
Gw	Allegiant Superior Choice Standard Issue	\$7,500.00	Hold Application	07/19/2023		07/06/2023	2200	<input checked="" type="radio"/>
Ma	Allegiant Superior Choice Standard Issue	\$7,000.00	Saved			07/06/2023		
Ma	Allegiant Superior Choice Standard Issue	\$10,000.00	Saved			06/21/2023		
Bar	Allegiant Superior Choice Standard Issue	\$7,000.00	Hold Application	08/01/2023		07/06/2023	2200	<input checked="" type="radio"/>

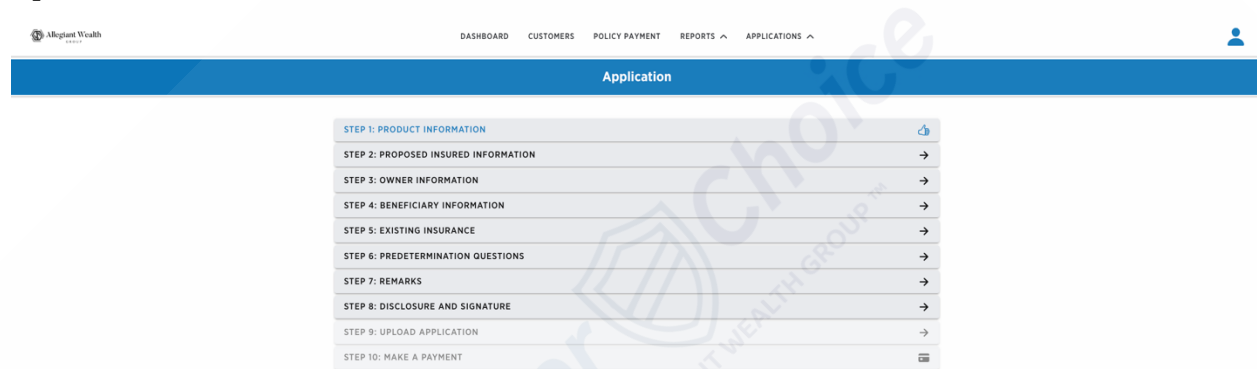
NEW APPLICATION

The table of contents may be reached any time by selecting 'table of contents' in the bottom right corner.

A 👍 to the right of the step, indicates the page is completed and there are no errors.

An application number will appear along 'step 9' once the application has been uploaded.

NO CHANGES may be made from the agents portal once an application is uploaded.



The screenshot shows the Allegiant Wealth application process. At the top, there is a navigation bar with the Allegiant Wealth logo on the left and menu items: DASHBOARD, CUSTOMERS, POLICY PAYMENT, REPORTS ^, and APPLICATIONS ^. A user profile icon is on the right. Below the navigation bar is a blue header with the word "Application". The main content is a table of contents with 10 steps. Step 1, "STEP 1: PRODUCT INFORMATION", is highlighted in blue and has a thumbs-up icon on the right. Steps 2 through 10 are in grey and have right-pointing arrows on the right. A large, semi-transparent watermark for "Superior Choice" is overlaid on the table.

STEP 1: PRODUCT INFORMATION	👍
STEP 2: PROPOSED INSURED INFORMATION	→
STEP 3: OWNER INFORMATION	→
STEP 4: BENEFICIARY INFORMATION	→
STEP 5: EXISTING INSURANCE	→
STEP 6: PREDETERMINATION QUESTIONS	→
STEP 7: REMARKS	→
STEP 8: DISCLOSURE AND SIGNATURE	→
STEP 9: UPLOAD APPLICATION	→
STEP 10: MAKE A PAYMENT	☰

You must be appointed in the state the client is currently in at the time of the application, in order to move forward with the application.

If you need to verify your appointment or have a question about the status of an appointment, please reach review the ‘licenses & appointments’ report in your agent profile or reach out to contractsandcommissions@citizensinc.com

Upon completion of client information, select ‘calculate’ to complete the page, and ‘next step’ to move forward.

Premiums are calculated based on the insured's last birthday. At the time the application is uploaded, when the agent clicks on ‘Step 9: Upload Application’, the premium rate is locked in.

If a hold date is set, and the insured has a birthday between the date of the application and the date of the first premium, the issue date is still the day the application was uploaded and there is no change in the premium.

If taking application via tele-sales or a call center, be sure to mark ‘yes’ on the Authorization/Consent question. This will replace the signature box with a Recording ID box. The Recording ID is the insureds phone number. Please see tele-sales instructions for additional information.

The screenshot shows the 'New Application' form in the Allegiant Wealth system. The form is divided into three main sections: 'Proposed Insured Info', 'Authorization/Consent', and 'Plan Options'. The 'Authorization/Consent' section is highlighted with an orange box. The 'Plan Options' section includes fields for 'Basic Plan', 'Face Amount', 'Mode', and 'Is Automatic Premium Loan Desired'. A 'CALCULATE' button is visible at the bottom of the 'Plan Options' section. The form also includes a 'NEXT STEP' button and 'TABLE OF CONTENTS' and 'BACK TO LIST' buttons at the bottom.

Proposed Insured Info

First Name Middle Name Last Name

State Gender Date of Birth Current Age Where is the applicant currently physically located? Preferred Language

Authorization/Consent

Is this application being completed by a call center?

Yes No

Plan Options

Basic Plan Face Amount

★ Includes benefit - Terminal Illness Accelerated Death Benefit
★ Includes benefit - Dismemberment
★ Includes benefit - Accidental Death

Mode

Monthly Quarterly Semi-Annually Annually

Is Automatic Premium Loan Desired?

Yes No

CALCULATE Total Annual Premium Mode Premium

NEXT STEP TABLE OF CONTENTS BACK TO LIST

Insureds Tax ID number may be used if they do not hold a social security number.

If client does not maintain an email address, none@none.com may be used to clear the requirement. Do NOT use your agent email in this field. Doing so will result in the policy being sent to underwriting.

← Proposed Insured Information Step 2 of 8

Insured General Information

Proposed Insured Full Name
test, test

Date of Birth: 10/30/1960 Current Age: 62 Gender: Male

SSN

Contact Information

Email Address Phone Number

Address Line 1

Address Line 2

City: State: Florida Zip Code:

[NEXT STEP](#) [TABLE OF CONTENTS](#) [BACK TO LIST](#)

Clients address listed will be their mailing address. A PO Box will be accepted here is needed.

Step 3 will designate the owner of the policy. If the owner is someone other than the proposed insured, please complete the required fields and select 'next step'

← Policy Owner Information Step 3 of 8

Policy Owner Information

Is Owner someone other than the Proposed Insured?
 Yes No

Secondary Addressee Designation

Would you like to designate a secondary addressee (third party) to receive lapse/terminated notices?
 Yes No

[NEXT STEP](#) [TABLE OF CONTENTS](#) [BACK TO LIST](#)

← Policy Owner Information Step 3 of 8

Policy Owner Information

Is Owner someone other than the Proposed Insured?
 Yes No

First Name Middle Name Last Name

Email Address Phone

SSN Current Age Relationship

Address (Street)

Address (Street Line 2)

City State Zip Code

[NEXT STEP](#) [TABLE OF CONTENTS](#) [BACK TO LIST](#)

Up to four beneficiaries may be entered. Percentage total must equal 100%.

If you can not obtain the beneficiary's email address, none@none.com may be input in the required section to move forward with the application.

If you can not obtain the beneficiary's social security number, 000000000 may be input in the required section to move forward with the application.

WASHBURG LUSURERS PUBLIC PAYMENT REPORTS APPLICATIONS

New Application

← Beneficiary Information Step 4 of 8

Beneficiary Information

Is This a Business? Yes No

Person

First Name Middle Name Last Name

Address Line 1

Address Line 2

City State Zip Code

Email Address Phone Number Social Security Number Date of Birth Age

Percent Relationship to Applicant

ADD BENEFICIARY

Contingent Beneficiary Information

ADD CONTINGENT BENEFICIARY

NEXT STEP **TABLE OF CONTENTS** **BACK TO LIST**

Superior Choice
POWERED BY ALLEGIANTEALTH GROUP™

The replacement form is included in step 5 of the application. If the client is replacing a policy, please complete all required information.

Allegiant Wealth GROUP

DASHBOARD CUSTOMERS POLICY PAYMENT REPORTS APPLICATIONS

New Application

< Existing Insurance Step 5 of 8

Existing Insurance

Do you have life insurance coverage in force with CICA Life Insurance Company of America or another company?

Yes No

REPLACEMENT INSURANCE: Is this insurance applied for intended to replace all or part of existing insurance on any proposed insured with this or any other company?

Yes No

To Be Completed by the Agent

Is this insurance applied for intended to replace all or part of existing insurance on the proposed insured with this or any other company?

Yes No

[NEXT STEP](#) [TABLE OF CONTENTS](#) [BACK TO LIST](#)

Allegiant Wealth GROUP

DASHBOARD CUSTOMERS POLICY PAYMENT REPORTS APPLICATIONS

New Application

Existing Insurance

Does the applicant have existing life insurance or annuity contracts?

Yes No

Will the policy replace or change other insurance or annuities?

Yes No

Replacement Form

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

Yes No

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

Yes No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

<input type="text" value="INSURER NAME"/>	<input type="text" value="CONTRACT OR POLICY #"/>
<input type="text" value="INSURED OR ANNUITANT"/>	<input type="radio"/> REPLACED <input type="radio"/> FINANCING

[ADD](#)

Name of the carrier being replaced is **REQUIRED**. If the client is unable to provide their policy number, their social security number or all 0's may be input in that box.

Reason for replacement and client/agent signatures will populate at the bottom of the form.

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate:

PROPOSED CLICK HERE TO SIGN.

test test

Proposed Date Signed _____

AGENT CLICK HERE TO SIGN.

ALLEGIANTE WEALTH GROUP LLC FIRM

Agent Date Signed _____

I do not want this notice read aloud to me.

(Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:





New Application

I affirm that the answers provided below will be true and complete to the best of my knowledge and belief.

A.) Are you currently hospitalized, confined to a bed or nursing facility, residing in an assisted living facility, receiving hospice care, or do you have any physical or mental impairment for which you need or receive assistance or supervision in performing normal activities of daily living, unable to care for yourself, or terminally ill?

Yes No

B.) Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?

Yes No

C.) Have you been diagnosed by a member of the medical profession with more than one occurrence of any cancer, a recurrence of any cancer, metastasis of any cancer, or currently being treated for cancer (excluding basal cell or squamous cell skin cancer)?

Yes No

D.) In the past 10 years, have you been medically diagnosed, for which you have not been treated by a member of the medical profession, or have not taken medication for the following: uncontrolled diabetes, uncontrolled high blood pressure, stroke/TIA, paralysis, Congestive Heart Failure, heart disease, cardiomyopathy, lung disease (including COPD (Chronic Obstructive Pulmonary Disease)/emphysema), liver cirrhosis or failure, kidney (renal) failure/insufficiency, or chronic/end-stage kidney disease (including dialysis)?

Yes No

E.) Have you ever been medically diagnosed, treated by a member of the medical profession, or taken medication for mental disorder, disorder of the brain or nervous system, Systemic Lupus (SLE), Alzheimer's disease, dementia, brain disease, organic brain syndrome, Lou Gehrig's disease (ALS), Huntington's disease, Muscular Dystrophy, Cystic Fibrosis, Pulmonary Fibrosis, or Multiple Myeloma?

Yes No

F.) In the past 2 years, have you been hospitalized 2 or more times, or have you been advised or recommended to have any tests, treatment, surgery, or hospitalization which has not been received or completed?

Yes No

G.) Within the last 2 years, have you been treated for or been advised by a medical professional to have treatment for alcohol, drug, opioid, or controlled substance abuse, plead guilty or been convicted of a felony or misdemeanor for any reason, or attempted suicide?

Yes No

H.) Within the last 5 years have you been advised to by a member of the medical profession to have an organ transplant?

Yes No

No Physician

Physician Name And Address _____



Please read the health questions carefully.

D) Standard approval if the client **IS** taking medication or being treated by a licensed member of the medical profession.

If any health question is answered yes, you will be prompted to return to Step 1 and change the product type to the guaranteed option.

All client information will remain saved in the application. Return to Step 1 to recalculate the premium and click through each step to verify the information.

Steps are complete when the 👍 is shown next to each in the table of contents.

The screenshot shows a 'New Application' form with the following questions and answers:

- A.) Are you currently hospitalized, confined to a bed or nursing facility, residing in an assisted living facility, receiving hospice care, or do you have any physical or mental impairment for which you need or receive assistance or supervision in performing normal activities of daily living, unable to care for yourself, or terminally ill? Yes No
- B.) Tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection. Yes No
- C.) Have you been diagnosed by a licensed member of the medical profession with more than one occurrence of any cancer, a recurrence of any cancer, metastasis of any cancer, or currently being treated for cancer (excluding basal cell or squamous cell skin cancer)? Yes No
- D.) In the past 10 years, have you been medically diagnosed, for which you have not been treated by a licensed member of the medical profession, or have not taken medication for the following: uncontrolled diabetes, uncontrolled high blood pressure, stroke/TIA, paralysis, Congestive Heart Failure, heart disease, cardiomyopathy, lung disease (including COPD, emphysema), liver cirrhosis or failure, kidney (renal) failure/insufficiency, or chronic/end-stage kidney disease (including dialysis)? Yes No. A pop-up window titled 'Standard Issue' is displayed over this question, stating 'Standard Issue is no longer applicable' with an 'OK' button.
- E.) Have you ever been medically diagnosed, treated by a licensed member of the medical profession, or treated with medication for the following: epilepsy, seizure disorder of the brain or nervous system, Systemic Lupus (SLE), Alzheimer's disease, dementia, brain disease, or multiple sclerosis? Yes No
- F.) In the past 2 years, have you been hospitalized 2 or more times, or have you been advised or recommended by a licensed medical professional to have any tests, treatment, surgery, or hospitalization which has not been received or completed? Yes No
- G.) Within the last 2 years, have you been treated for or been advised by a licensed medical professional to have treatment for alcohol, drug, opioid, or controlled substance abuse, plead guilty or been convicted of a felony or misdemeanor for any reason, or attempted suicide? Yes No
- H.) Within the last 5 years have you been advised to by a licensed member of the medical profession to have an organ transplant? Yes No

At the bottom of the form, there is a checked box for 'No Physician' and buttons for 'NEXT STEP', 'TABLE OF CONTENTS', and 'BACK TO LIST'.

Step 7 of the applications allows for additional remarks be sent to the underwriter. If any information is input in this section, the application WILL go to an underwriter for review. This may prompt a MIB check, withdrawal of application, or delay in processing.

The screenshot shows the 'New Application' form at Step 7 of 8. The section is titled 'Remarks' and contains two text input fields for providing additional information. At the bottom, there are buttons for 'NEXT STEP', 'TABLE OF CONTENTS', and 'BACK TO LIST'.

Allegiant Wealth DASHBOARD CUSTOMERS POLICY PAYMENT REPORTS APPLICATIONS

New Application

Authorization/Consent

Is this application being completed by a call center?

Yes No

Signature

Signed at City _____ Signed at State Florida

SIGNATURE OF PROPOSED INSURED Date Signed 07/06/2023

Parent or Guardian, if minor _____

Hold Date

Delay Payment Yes No Hold Until mm/dd/yyyy

Agent

Agent Number 7250873 Agent Name FIRM,STRATTON BENEFITS GROUP NIPR # _____ **SIGNATURE OF AGENT/PRODUCER** Date Signed _____

ADD AGENT

NEXT STEP **TABLE OF CONTENTS** **BACK TO LIST**

To schedule a future draft date, select 'yes' to the 'Delayed Payment' under the 'Hold Date' section and input the desired draft date for the policy in the 'hold until' box. Any date between the 1st and 28th of the month, maybe selected within 28 days from the application. Please see agent guide for additional information on coinciding with social security billing.

Hold Date

Delay Payment Yes No Hold Until 08/08/2023

Date can not be more than 28 days out.

Authorization/Consent

Is this application being completed by a call center?

Yes No

Signature

Signed at City: Glenwood

Signed at State: Arkansas

Recording ID: [Empty field]

Date Signed: 07/14/2023

For applications completed remotely or via tele-sales, select 'YES' to the question regarding the application being completed in a call center.

The signature box will then change to a 'RECORDING ID' box. Your call with the client must be recorded and the insured's phone number input in that section as the recording ID.

At any time, CICA retains the right to request a copy of the recording matching the record number listed.

Please see Voice Signature section of the agent guide for additional information.

When all sections of the application are complete, all steps will show a thumbs up emoji to the right, within the table of contents.

Select 'STEP 9: UPLOAD APPLICATION' to submit the application.

Once the application is uploaded, the application is locked and the agent may not make any changes to steps 1 through 9 of the application. If an error is found or change needed, please contact New Business within 30 days of the issue date (date the application is uploaded). For any changes after 30 days, a signed change form and copy of the insureds drivers license will be required.

DASHBOARD CUSTOMERS POLICY PAYMENT REPORTS ^ APPLICATIONS ^

Application

STEP 1: PRODUCT INFORMATION	👍
STEP 2: PROPOSED INSURED INFORMATION	👍
STEP 3: OWNER INFORMATION	👍
STEP 4: BENEFICIARY INFORMATION	👍
STEP 5: EXISTING INSURANCE	👍
STEP 6: PREDETERMINATION QUESTIONS	👍
STEP 7: REMARKS	👍
STEP 8: DISCLOSURE AND SIGNATURE	👍
STEP 9: UPLOAD APPLICATION #: 2200001005	👍
HOLD PAYMENT AND APPLICATION UNTIL: 07/12/2023	🕒
STEP 10: MAKE A PAYMENT	💳

Superior Choice
POWERED BY ALLEGIANTEALTH GROUP™

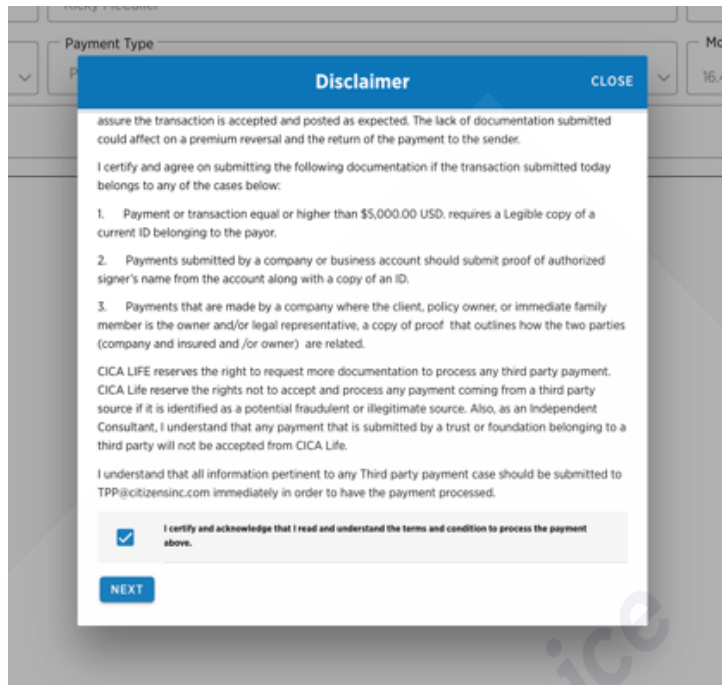
MAKE A PAYMENT (SUBMIT PAYMENT INFORMATION)

When a delayed payment (Hold Date) is selected, this information will be held until the hold date and a payment made at that time.

If there is not a delayed payment, this step will immediately charge the client for the necessary premium.

The screenshot shows the 'Policy Payment' form in a web browser. The browser address bar shows 'cicaamerica.citizensinc.com/policy-payment'. The page header includes 'Allegiant Wealth' and navigation links for 'DASHBOARD', 'CUSTOMERS', 'POLICY PAYMENT', 'REPORTS', and 'APPLICATIONS'. The form title is 'Policy Payment' and it has tabs for 'Payment Information', 'Billing Information', and 'Card Information'. The 'Payment Information' tab is active, showing a summary: Policy Number: 2200001013, Insured Name: Ricky McCuller, Amount in US\$: \$16.49. Below this are input fields for Policy Number (2200001013), Insured Name (Ricky McCuller), Paid To Date, Relationship, Payment Type, and Amount in US\$ (16.49). A blue button 'ADD ANOTHER PAYMENT' is visible. Below the form, the text 'Transaction Total: \$16.49' is displayed in red, followed by a blue 'NEXT' button.

This screenshot shows the same 'Policy Payment' form, but with additional fields filled out. The summary now includes 'Premium' and 'Amount in US\$: \$16.49'. The 'Payment Type' dropdown is set to 'Premium'. The 'Mode Premium' dropdown is also set to 'Premium'. The 'Number of Premiums to Pay' field is set to '1'. The 'Amount in US\$' field remains '16.49'. The 'Transaction Total: \$16.49' and 'NEXT' button are still present at the bottom.



Once the payment information is uploaded, the information will not be viewable again. Please double check the account and routing numbers before moving forward.

Payment

Applicant authorizes automatic payments according to mode once policy is accepted. Applicant can make updates to recurring payments by calling policyholder services.

Payment Form

Credit Card ACH (Automated Clearing House)

Account Type Account Number

Routing Number

Billing Information

First Name Last Name

Street Address

City/Region State Zip Code Country

Phone Email

Notes

If the client would like the premium to be processed on the same date each month, please be sure the box at the top of the screen is selected to allow recurring payments.

cicaamerica.citizensinc.com/payment-billing

Maps

DASHBOARD CUSTOMERS POLICY PAYMENT REPORTS APPLICATIONS

Policy Payment

Payment

Applicant authorizes automatic payments according to mode once policy is accepted. Applicant can make updates to recurring payments by calling policyholder services.

Payment Form

Credit Card ACH (Automated Clearing House)

Account Type Account Number

Routing Number

Billing Information

First Name Last Name

Street Address

City/Region State Zip Code Country UNITED STATES

Phone Email

Notes

Take note of the Order ID , should a change be needed before the premium is processed, this additional information will help in resolving the matter.

Policy Payment

✔ Payment Information — ✔ Billing Information — ✔ Card Information

Transaction Total: \$134.50

Order ID: 0000937600

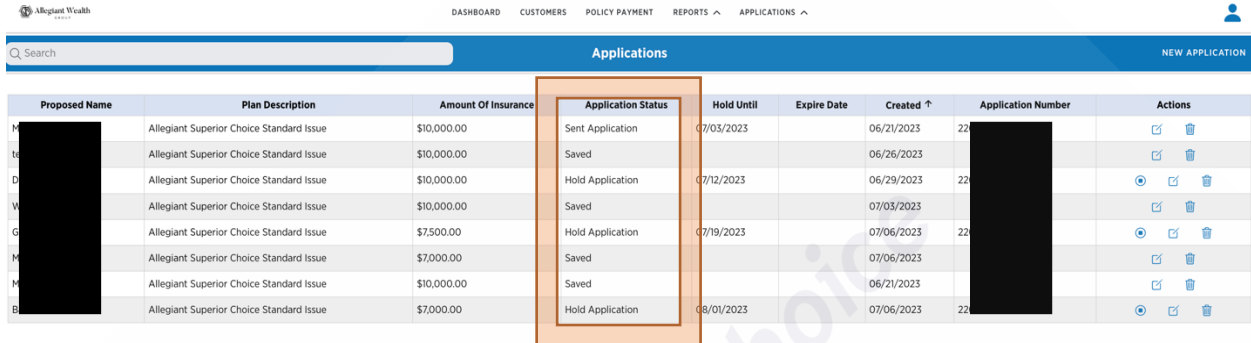
You have successfully scheduled a payment to post on 8/1/2023 for the policy listed below:

2200001009

After a policy's premium payment information has been entered successfully for a delayed payment, the application's status will change from 'Saved' to 'Hold Application'.

After a premium is applied, the status will change to 'Sent Application'.

The application will be removed from the 'Applications LIST' during the next nightly system update after the premium is applied and moved to the renewal premium report.



Proposed Name	Plan Description	Amount Of Insurance	Application Status	Hold Until	Expire Date	Created ↑	Application Number	Actions
[REDACTED]	Allegiant Superior Choice Standard Issue	\$10,000.00	Sent Application	07/03/2023		06/21/2023	22	[REDACTED] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$10,000.00	Saved			06/26/2023		[REDACTED] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$10,000.00	Hold Application	07/12/2023		06/29/2023	22	[REDACTED] [Icon] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$10,000.00	Saved			07/03/2023		[REDACTED] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$7,500.00	Hold Application	07/19/2023		07/06/2023	22	[REDACTED] [Icon] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$7,000.00	Saved			07/06/2023		[REDACTED] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$10,000.00	Saved			06/21/2023		[REDACTED] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$7,000.00	Hold Application	08/01/2023		07/06/2023	22	[REDACTED] [Icon] [Icon] [Icon]

