

Thrivent Long-Term Care Insurance eApplication Guide


LTC Brokerage Agents

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iPipeline Application

- The iPipeline Illustration is linked to the electronic application.
- Once the illustration is complete, it prefills the application. As screens are completed, the left navigation bar goes from a 'red question mark' to 'green check mark.' Depending on how a question is answered, additional sections or questions will appear within the application and/or the left navigation bar.
- When all the information has been captured and the application is complete, lock the application.
- A case will stay in the eApp system for 120 days after it is was last modified before it is purged. If a case has been sitting for over 120 days from the last date modified, you will need to start the illustration and application over.

Help



For help or information on a specific field, click on the  icon. To close the information window, click on the icon again.

Basic Navigation

This is general information on how to navigate while in iPipeline Illustrations or iPipeline Applications:

- To advance through the illustration or application, point and click with your mouse or use the Tab key.
- Any field that is 'yellow' requires information.
- Navigate Next or Back by clicking buttons on the bottom of each screen.

NOTE: Do **NOT** use the back or forward buttons on the browser window to move through the application.

- The left Navigation bar shows your progress through the Illustration or Application.
- Green checkmark - all items on the page are complete. 
- Red question mark - the page has items that need to be completed. 
- When you click Next to advance the screen; an auto save takes place.
- Select View Forms at any time to see the forms prefilled with data entered in the application.
- See the My Cases section for additional information on how to access existing cases.

Access the iPipeline Application

To access the Thrivent Long-term Care Insurance product illustrations, open iPipeline.

1. If you already have a login, enter your **Username** and **Password** on the Login screen.

If this is your first time accessing iPipeline for long-term care insurance, contact your Thrivent BGA to receive the unique long-term care insurance link to Create an Account.

Login

Username

Password

Login

Forgot your [username](#) or [password](#)?

[Need help logging in?](#)

Create an account

Update your account

2. Enter Basic Information and select and answer the **Security Questions**.

NEW - Sign up for an account
To request a new account, please complete the following information. All fields are required unless otherwise noted.

Basic Information
First Name

Last Name

Email

Security Questions
Set up the questions you will answer if you ever forget your password. Choose questions and answers that you'll be able to easily remember at a later date.

What is your mother's maiden name?

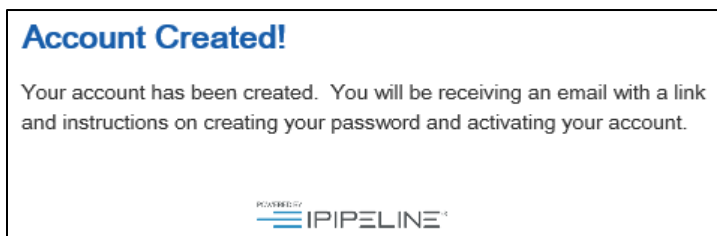
What was the name of your high school mascot?

What city you were born in?

[Reset](#)

POWERED BY PIPELINE

3. When the account is created, the following message will appear. You will then receive an email with a link to activate your PipePass account.



4. After creating a password, you can access the site.
5. Select either **Start New Case** or **View My Cases**.



Case Information

NOTE: The LTCi illustration needs to be completed before starting the application.

1. Enter **Proposed Insured's** information and **Case Description**.
2. Select the **Application State** and **Product Type** of Health New Business.
3. Click **Find Available Products**.
4. Press **Select** under Quotes/Illustrations.

Case Information

| | |
|--------------------------|------------------------------------|
| Status Started | Date Modified 12/23/2019 |
|--------------------------|------------------------------------|

Proposed Insured

First Name **Last Name**

Date of Birth **Age** **Gender**

MM / DD / YYYY Please select...

Case Description

(Examples: \$500,000.00, Kid's Policy, Business Policy, etc)

Carrier and Product

State: Please select... **Product Type** Please select... Find Available Products

Product

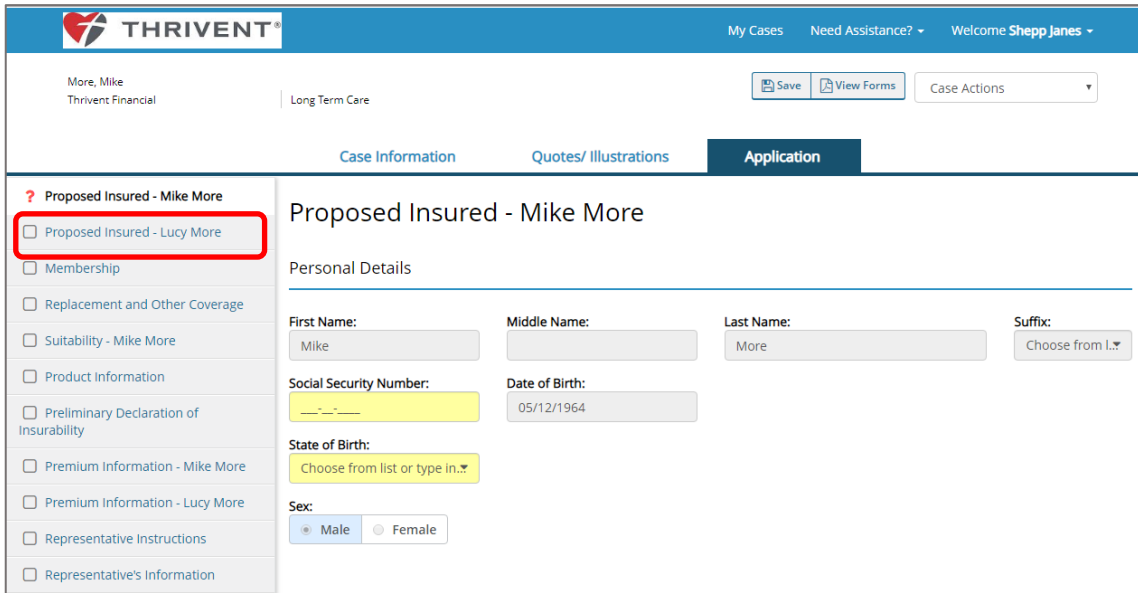
- Please choose State and Product Type above and click "Find Available Products"

After entering the LTCi illustration, you can now prepare the application.

- Scroll up or down to view and enter data.
- The required fields are displayed in yellow.

Proposed Insured

1. Enter the Proposed Insured's information in all required fields.



THRIVENT® My Cases Need Assistance? Welcome Shepp Jones

More, Mike
Thrivent Financial Long Term Care Save View Forms Case Actions

Case Information Quotes/ Illustrations Application

? Proposed Insured - Mike More

Proposed Insured - Lucy More

Membership

Replacement and Other Coverage

Suitability - Mike More

Product Information

Preliminary Declaration of Insurability

Premium Information - Mike More

Premium Information - Lucy More

Representative Instructions

Representative's Information

Proposed Insured - Mike More

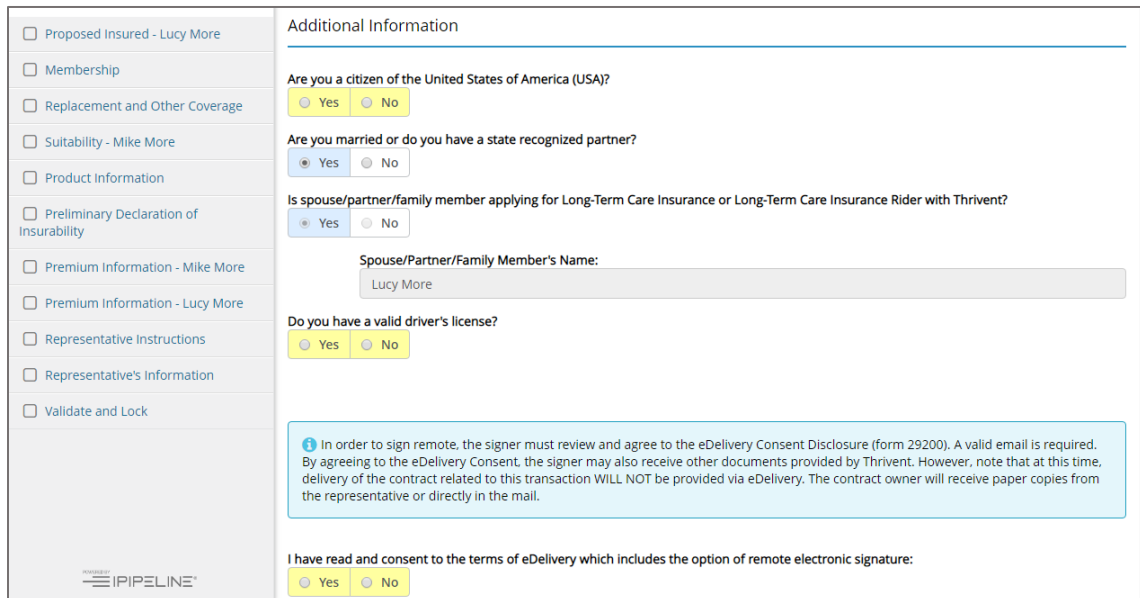
Personal Details

First Name: Mike Middle Name: Last Name: More Suffix: Choose from L...

Social Security Number: [highlighted in yellow] Date of Birth: 05/12/1964

State of Birth: Choose from list or type in...

Sex: Male Female



Proposed Insured - Lucy More

Membership

Replacement and Other Coverage

Suitability - Mike More

Product Information

Preliminary Declaration of Insurability

Premium Information - Mike More

Premium Information - Lucy More

Representative Instructions

Representative's Information

Validate and Lock

Additional Information

Are you a citizen of the United States of America (USA)? Yes No

Are you married or do you have a state recognized partner? Yes No

Is spouse/partner/family member applying for Long-Term Care Insurance or Long-Term Care Insurance Rider with Thrivent? Yes No

Spouse/Partner/Family Member's Name: Lucy More

Do you have a valid driver's license? Yes No

i In order to sign remote, the signer must review and agree to the eDelivery Consent Disclosure (form 29200). A valid email is required. By agreeing to the eDelivery Consent, the signer may also receive other documents provided by Thrivent. However, note that at this time, delivery of the contract related to this transaction WILL NOT be provided via eDelivery. The contract owner will receive paper copies from the representative or directly in the mail.

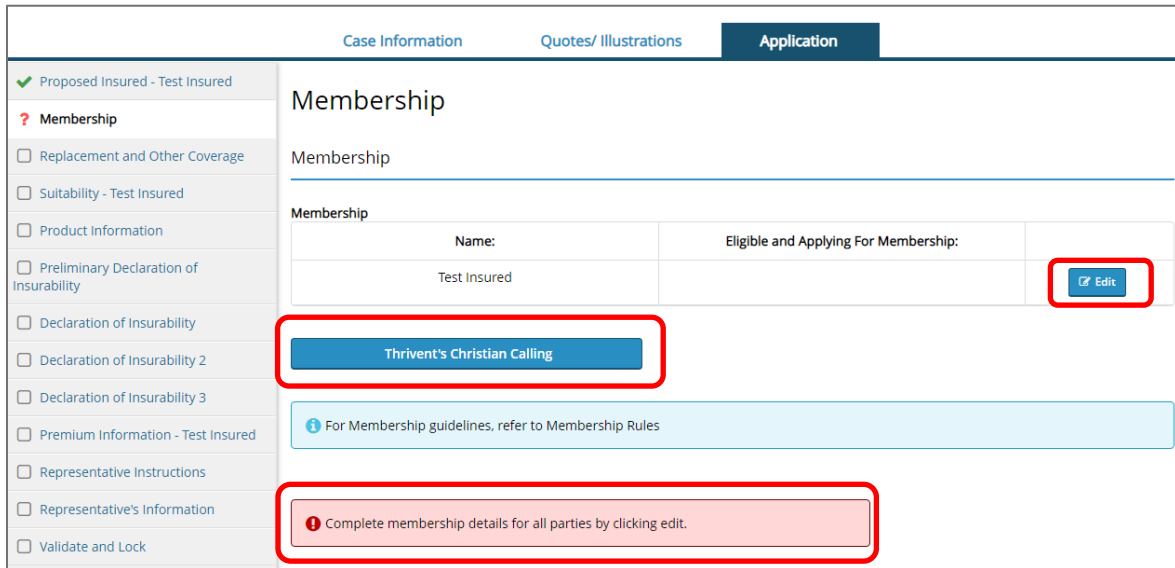
I have read and consent to the terms of eDelivery which includes the option of remote electronic signature: Yes No

IPipeline

Membership

1. The Membership section will display for the applicant(s).
2. Click **Edit** to enter membership information.

NOTE: The **Thrivent's Christian Calling** is an optional pop-up, explaining Thrivent's common bond.

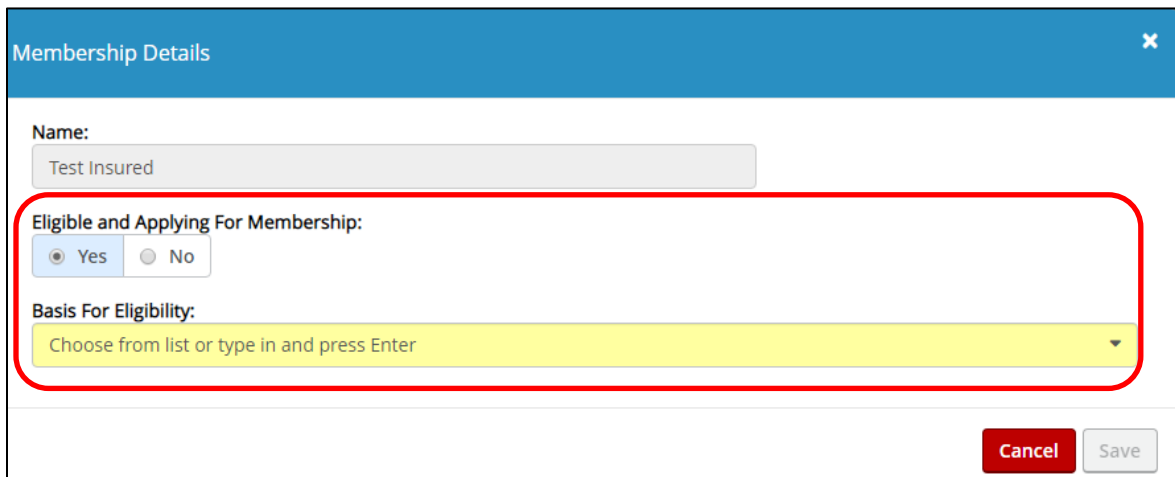


The screenshot shows the 'Application' tab in a software interface. On the left is a sidebar with a list of menu items, including 'Proposed Insured - Test Insured', 'Membership', 'Replacement and Other Coverage', 'Suitability - Test Insured', 'Product Information', 'Preliminary Declaration of Insurability', 'Declaration of Insurability', 'Declaration of Insurability 2', 'Declaration of Insurability 3', 'Premium Information - Test Insured', 'Representative Instructions', 'Representative's Information', and 'Validate and Lock'. The main content area is titled 'Membership' and contains a table with two columns: 'Name' and 'Eligible and Applying For Membership'. The 'Name' column contains 'Test Insured'. An 'Edit' button is located in the bottom right corner of the table, highlighted with a red box. Below the table is a blue button labeled 'Thrivent's Christian Calling', also highlighted with a red box. At the bottom of the main content area, there is a red message box that says 'Complete membership details for all parties by clicking edit.', also highlighted with a red box. A light blue information box above the message says 'For Membership guidelines, refer to Membership Rules'.

3. Answer the **Eligible and Applying for Membership** and a **Basis for Eligibility** questions.

NOTE: The applicant must be eligible and applying for membership.

4. Then click **Save**.



The screenshot shows a 'Membership Details' pop-up window. It has a blue header with the title 'Membership Details' and a close button. The form contains the following fields: 'Name' with a text input field containing 'Test Insured'; 'Eligible and Applying For Membership' with two radio buttons, 'Yes' (selected) and 'No'; and 'Basis For Eligibility' with a dropdown menu showing 'Choose from list or type in and press Enter'. A red box highlights the 'Eligible and Applying For Membership' section. At the bottom right are 'Cancel' and 'Save' buttons.

Replacement and Other Coverage

1. On the Replacement and Other Coverage screen, answer all required questions to continue.

Case Information Quotes/ Illustrations **Application**

✓ Proposed Insured - Mike More
✓ Proposed Insured - Lucy More
✓ Membership
? Replacement and Other Coverage
□ Suitability - Mike More
□ Product Information
□ Preliminary Declaration of Insurability
□ Premium Information - Mike More
□ Premium Information - Lucy More
□ Representative Instructions
□ Representative's Information

Replacement and Other Coverage

Mike More

Are you covered by a state assistance program (e.g. Medicaid)?
 Yes No

Do you have another long-term care insurance policy or contract in force (including health care service contract, health maintenance organization contract)?
 Yes No

Do you have any life insurance or annuity contracts currently in force which provide similar long-term care coverage?
 Yes No

Did you have another long-term care, nursing home policy, contract or rider in force during the last twelve (12) months?
 Yes No

2. Enter any other health insurance contracts the applicant has, as well as answering the required questions.

NOTE: An error will display if the replacement answers are contradicting.

? Replacement and Other Coverage
□ Suitability - Mike More
□ Product Information
□ Preliminary Declaration of Insurability
□ Premium Information - Mike More
□ Premium Information - Lucy More
□ Representative Instructions
□ Representative's Information
□ Validate and Lock

To Be Completed By Agent for Mike More:

List any other health insurance contracts that you have sold to the insured that are still in force:
[] [] [] []

List any other health insurance contracts that you have sold to the insured in the past five years that are no longer in force:
[] [] [] []

To the best of my knowledge, the contract applied for:
 is intended to replace any part of, or all of, another contract.
 is not intended to replace any part of, or all of, another contract.

Suitability

On the Suitability screen, the questions are related to the applicant's financial situation. Answer all required questions.

The screenshot shows the 'Suitability - Mike More' application screen. The top navigation bar includes 'Case Information', 'Quotes/ Illustrations', and 'Application'. The left sidebar lists several steps, with 'Suitability - Mike More' highlighted. The main content area contains the following questions and input fields:

- Questions Related to Your Income**
- How will you pay each year's premium?** (Dropdown menu: Choose from list or type in and press Enter)
- Have you considered whether you could afford to keep this policy if the premium schedule you were initially shown went up, for example, by 20%?** (Radio buttons: Yes, No)
- What is your annual income?** (Dropdown menu: Choose from list or type in and press Enter)
- How do you expect your income to change over the next 10 years?** (Dropdown menu: Choose from list or type in and press Enter)
- Will you buy inflation protection?** (Radio buttons: Yes, No)
- If not, have you considered how you will pay for the difference between future costs and your monthly benefit amount?** (Dropdown menu: Choose from list or type in and press Enter)
- What elimination period are you considering?**
 - Number of Days:** 90 day
 - Approximate Cost for That Period for Care:** \$22,860.00
- How are you planning to pay for your care during the elimination period?** (Dropdown menu: Choose from list or type in and press Enter)

After completing the agent acknowledgement, click **Next** to continue.

The screenshot shows the 'Agent Acknowledgement' screen. The left sidebar lists 'Representative's Information' and 'Validate and Lock'. The main content area contains the following question:

- I explained to the Applicant(s) the importance of completing this information.

At the bottom of the screen, there are two buttons: 'Back' and 'Next'.

Product Information

On the Product Information screen, any information previously entered on the illustration will auto-fill on the application.

If changes are needed, go to the Quotes/Illustrations tab. All previous information entered will be saved. The previous screens will reappear for your review.

The screenshot shows the 'Application' tab selected in a software interface. The left sidebar contains a list of menu items: 'Proposed Insured - Mike More', 'Proposed Insured - Lucy More', 'Membership', 'Replacement and Other Coverage', 'Suitability - Mike More', 'Product Information' (highlighted with a red question mark), 'Preliminary Declaration of Insurability', 'Premium Information - Mike More', 'Premium Information - Lucy More', 'Representative Instructions', 'Representative's Information', and 'Validate and Lock'. The main content area is titled 'Product Information' and shows details for 'Mike More'. Fields include: 'Benefit Multiplier' (48 months), 'Elimination Period' (90 day), 'Maximum Monthly Benefit Amount' (\$3,500.00), and 'Contract Pay Type' (Lifetime Pay). Under 'Benefit Increase Options', there are four radio button options: 'Annual Increase Benefit - 1% Compound', 'Annual Increase Benefit - 2% Compound', 'Annual Increase Benefit - 3% Compound', and 'Annual Increase Benefit - 5% Compound'. The 'PIPELINE' logo is visible in the bottom left corner.

NOTE: Any information entered in the **Special Requests** field, **will appear** on the application. Be mindful of what is entered, as this will become part of the contract.

The screenshot shows the 'Application Information' screen. The left sidebar is partially visible with items: 'Membership', 'Replacement and Other Coverage', 'Suitability - Mike More', 'Product Information' (highlighted with a red question mark), 'Preliminary Declaration of Insurability', and 'Premium Information - Mike More'. The main content area is titled 'Application Information' and features a 'Special Requests' field. A red rectangular box highlights this field, which contains the text: 'Note: information entered here becomes part of the contract if approved and issued.'

Preliminary Declaration of Insurability

The Preliminary Declaration of Insurability screen needs to be completed with the applicant(s).

Review the questions and select the appropriate answers. All required fields need to be completed by each applicant.

NOTE: If 'Yes' is answered to any question, a message is displayed recommending to not continue with the application, as these are usually cause for decline. At this time, contact Thrivent underwriting for a pre-screen discussion.

The screenshot shows the 'Application' tab of the 'Preliminary Declaration of Insurability' screen. The left sidebar contains a list of steps: Proposed Insured - Mike More, Proposed Insured - Lucy More, Membership, Replacement and Other Coverage, Suitability - Mike More, Product Information, Preliminary Declaration of Insurability (highlighted with a red box), Premium Information - Mike More, Premium Information - Lucy More, Representative Instructions, Representative's Information, and Validate and Lock. The main content area has a title 'Preliminary Declaration of Insurability' and a message: 'More than one option can be selected in each dropdown.' Below this, a question asks: 'Within the past five years, have you had, been diagnosed, been treated or taken medication for:' followed by a list of medical conditions including Alcohol or Controlled Substance Dependency, Alzheimer's Disease, Dementia, Senility, Organic Brain Syndrome, or Frequent or Persistent Forgetfulness or Memory Loss, Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's Disease), Bone Marrow, Hodgkin's Disease, Leukemia or Lymphoma Disorder, Cancer of the Bone, Brain, Esophagus, Liver, Lung, Kidney, Ovary, Pancreas, Stomach, or Any Metastatic Cancer, Cirrhosis of the Liver, Cystic Fibrosis, Down's Syndrome, Emphysema or Other Lung Disorder Requiring the Use of Oxygen, Huntington's Chorea, Multiple Sclerosis or Post-polio Syndrome, Muscular Dystrophy, Myasthenia Gravis, Organ Transplant Other than Cornea, Paralysis (Excluding Bell's Palsy), Paraplegia or Quadriplegia, Parkinson's Disease, Renal Failure, Chronic Kidney Disease, Not Including Kidney Stones, Schizophrenia or Other Forms of Psychosis, Stroke, and Transient Ischemic Attack (TIA). At the bottom, there are radio buttons for 'Yes' and 'No' under the name 'Mike More:'.

The screenshot shows the 'Application' tab of the 'Preliminary Declaration of Insurability' screen. The left sidebar contains a list of steps: Proposed Insured - Mike More, Proposed Insured - Lucy More, Membership, Replacement and Other Coverage, Suitability - Mike More, Product Information, Preliminary Declaration of Insurability (highlighted with a red box), Premium Information - Mike More, Premium Information - Lucy More, Representative Instructions, Representative's Information, and Validate and Lock. The main content area has a title 'Preliminary Declaration of Insurability' and a question: 'Do you currently or within the past 12 months have you ever required assistance or supervision of any kind to perform any of the following activities:' followed by a list of activities including Bathing, Bowel or Bladder Control, Dressing, Eating, Moving in or out of Bed or Chair, Taking Your Medication, Toileting, and Walking. Below this, there are radio buttons for 'Yes' and 'No' under the name 'Mike More:' and 'Lucy More:'. A second question asks: 'Do you currently or within the past 12 months have you resided in, been medically advised to enter, or are you planning to enter a:' followed by a list of facilities including Assisted Care Living Facility, Nursing Home, and Other Custodial Facility. Below this, there are radio buttons for 'Yes' and 'No' under the name 'Mike More:' and 'Lucy More:'.

Preliminary Declaration of Insurability (continued)

| Case Information | Quotes/ Illustrations | Application |
|---|--|-------------|
| <ul style="list-style-type: none"> ✓ Proposed Insured - Mike More ✓ Proposed Insured - Lucy More ✓ Membership ✓ Replacement and Other Coverage ✓ Suitability - Mike More ✓ Product Information ? Preliminary Declaration of Insurability <ul style="list-style-type: none"> <input type="checkbox"/> Premium Information - Mike More <input type="checkbox"/> Premium Information - Lucy More <input type="checkbox"/> Representative Instructions <input type="checkbox"/> Representative's Information <input type="checkbox"/> Validate and Lock | <p>Lucy More:</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you ever tested positive for exposure to Human Immunodeficiency Virus (HIV) infection, been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC)?</p> <p>Mike More:</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Lucy More:</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>During the last 12 months, have you used:</p> <ul style="list-style-type: none"> • Catheter • Chairlift • Dialysis • Hospital Bed • Motorized Scooter • Oxygen Equipment • Quad Cane • Respirator • Stair Lift • Walker • Wheelchair <p>Mike More:</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Lucy More:</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> | |

Declaration of Insurability

Complete the Declaration of Insurability screens with the applicant(s).

Review the questions and select the appropriate answers. All required fields need to be completed by each applicant.

Case Information Quotes/ Illustrations **Application**

✓ Proposed Insured - Mike More
✓ Proposed Insured - Lucy More
✓ Membership
✓ Replacement and Other Coverage
✓ Suitability - Mike More
✓ Product Information
✓ Preliminary Declaration of Insurability
? Declaration of Insurability
□ Declaration of Insurability 2
□ Declaration of Insurability 3
□ Premium Information - Mike More
□ Premium Information - Lucy More
□ Representative Instructions
□ Representative's Information
□ Validate and Lock

Declaration of Insurability

Mike More

Height and Weight: Ft: In: Lbs:

Weight 1 Year Ago: Lbs:

Do you have a primary health care provider for the past 2 years?
 Yes No

Lucy More

Height and Weight: Ft: In: Lbs:

Weight 1 Year Ago: Lbs:

Do you have a primary health care provider for the past 2 years?
 Yes No

PIPELINE

Premium Information

On the Premium Information screen, enter all required information.

Case Information Quotes/ Illustrations **Application**

Premium Information - Eric Jones

Premium Payment Information

Are you collecting Initial Premium?
 Yes No

Premium Billing Amount:
\$32.51

Billing Frequency: Monthly Billing Type: Electronic Bank Withdrawal

Payor Information

Eric Jones will be the Payor

Payor Type:
Choose from list or type in and press Enter

First Name: Middle Name: Last Name: Suffix: Choose from ...

Electronic Bank Withdrawal Details

Routing Number: Full Name of Bank:

Account Number: Account Type: Checking Savings

Withdrawal Date:
Choose from list or type i...▼

In the **Protection Against Unintended Lapse** section, if the applicant elects to not designate any person to receive such notice, select the box. If not, complete the required fields with the applicant(s).

| Case Information | Quotes/ Illustrations | Application |
|---|---|-------------|
| <ul style="list-style-type: none">✓ Proposed Insured - Mike More✓ Proposed Insured - Lucy More✓ Membership✓ Replacement and Other Coverage✓ Suitability - Mike More✓ Product Information✓ Preliminary Declaration of Insurability✓ Declaration of Insurability✓ Declaration of Insurability 2✓ Declaration of Insurability 3? Premium Information - Mike More<input type="checkbox"/> Premium Information - Lucy More<input type="checkbox"/> Representative Instructions<input type="checkbox"/> Representative's Information<input type="checkbox"/> Validate and Lock | <h3>Protection Against Unintended Lapse</h3> <div style="border: 2px solid red; padding: 5px; margin-bottom: 10px;"><p>i I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance contract for nonpayment of premium.</p></div> <p><input type="checkbox"/> I elect not to designate any person to receive such notice</p> <p>First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/> Suffix: <input type="text" value="Choose from L..."/></p> <p>Mailing Address: <input type="text" value="Enter a location"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>City: <input type="text"/> State: <input type="text" value="Choose from L..."/> Zip: <input type="text"/></p> <p>Phone Number: <input type="text"/></p> | |

Representative Instructions

On the Representative Instructions screen, a list of forms that need to be completed or left with the applicant is displayed.

Case Information
Quotes/ Illustrations
Application

- Proposed Insured - Mike More
- Proposed Insured - Lucy More
- Membership
- Replacement and Other Coverage
- Suitability - Mike More
- Product Information
- Preliminary Declaration of Insurability
- Declaration of Insurability
- Declaration of Insurability 2
- Declaration of Insurability 3
- Premium Information - Mike More
- Premium Information - Lucy More
- Representative Instructions**
- Representative's Information
- Validate and Lock

Representative Instructions

Instructions

i The following listing will provide any forms that need to be completed in paper, as well as forms/brochures that may need to be left with the client.

Review the list of documents and take appropriate action.

Mike More

| Form Number | Type | Description |
|-------------|-------------------|--|
| ICC12 21027 | Nontransmittable | Supplement to Application for Insurance Application Action - Continuation |
| ICC12 23029 | Nontransmittable | Supplement to Application for Insurance Moving Traffic Violations - Continuation |
| 20100 | Leave with Client | Privacy of Your Information |
| 13731 | Leave with Client | Notice of Insurance Information Practices |

Representative's Information

On the Representative's Information screen, answer all the required fields. Enter the agent's code (last 5 digit number - exclude F0 prefix of Thrivent ID) and email address. Other fields prefill from information entered on the illustration.

The screenshot shows the 'Application' tab with a sidebar on the left containing a checklist of items, including 'Proposed Insured - Mike More', 'Membership', 'Replacement and Other Coverage', 'Suitability - Mike More', 'Product Information', 'Preliminary Declaration of Insurability', 'Declaration of Insurability', 'Premium Information - Mike More', 'Premium Information - Lucy More', 'Representative Instructions', and 'Representative's Information' (which is highlighted with a red question mark). The main content area is titled 'Representative's Information' and contains several questions with radio button options for 'Yes' and 'No':

- Did you complete the application in person with the proposed insured?
Mike More: Yes No
Lucy More: Yes No
- Did the proposed insured or their family member contact you for this coverage?
Mike More: Yes No
Lucy More: Yes No
- Did you see the proposed insured walk?
Mike More: Yes No
Lucy More: Yes No

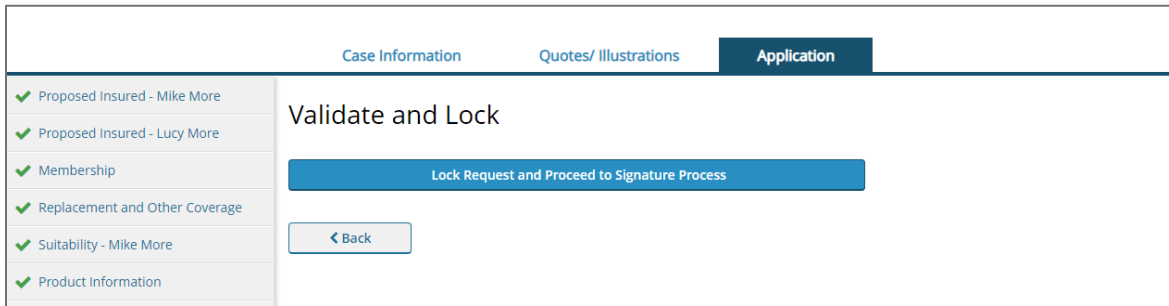
The screenshot shows the 'Representative's Contact Information' section. The 'Agent Code' field is highlighted with a red box. Below it, the 'First Name' field contains 'Agent', 'Middle Name' is empty, 'Last Name' contains 'One', and 'Suffix' is set to 'Choose from L.'. The 'Phone Number' field contains '(800)847-4836'. The 'Email' field is highlighted with a red box and is currently empty. Below this is the 'Address Information' section, where the 'Address' field contains '4321 N Ballard Rd', 'City' is 'Appleton', 'State' is 'WI', and 'Zip' is '54919-___'.

In the **Additional Details** section, enter special instructions for the Case Manager or underwriter. These comments **will not** become part of the contract.

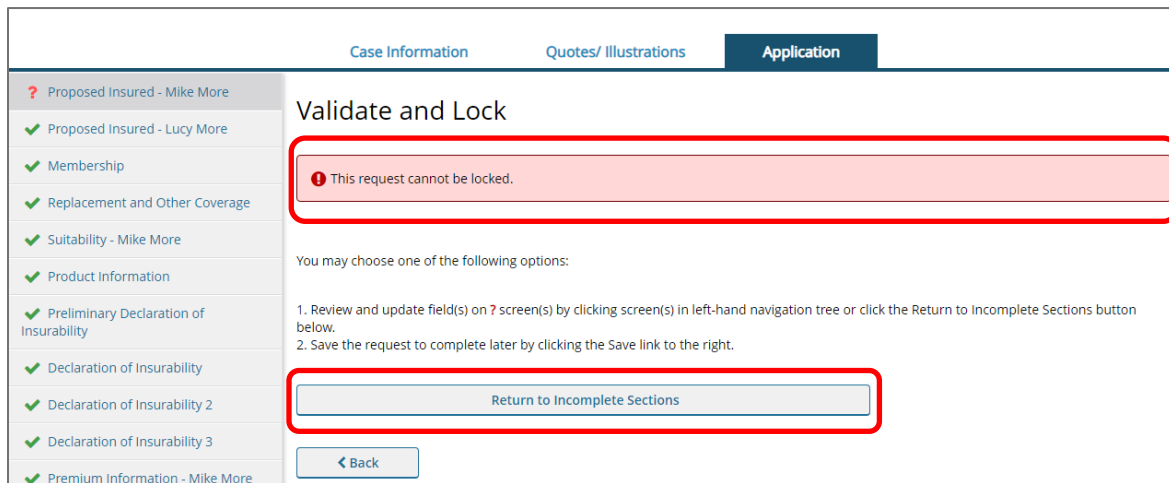
The screenshot shows the 'Additional Details' section. The 'Additional Details' text area is highlighted with a red box and is currently empty. Below it, the 'Mail Contract To:' field has two radio button options: 'Financial Professional' and 'Owner'.

Validate and Lock

If the application is in good order, the following screen will appear.



If the application is not in good order, an error message will appear. Return to section(s) of the application that are incomplete.



1. On the Validate and Lock screen, select the **Lock Request and Proceed to Signature Process**.
2. Upon successfully locking the eApplication, the following message appears:
The request has been locked!
3. Padlocks now appear on each screen. Click **Next**. And proceed to the signature process.

eSignature Process

Once the application is locked, you have the choice of a Printed or Electronic signature. The signature is needed to submit the application.

Note: If you select **Unlock Data** any signatures you previously captured will be lost.

Validate and Lock Data

✔ The request has been locked!

This request has been digitally locked to protect client data from alteration during the signature process. Please be aware that unlocking the request will cancel all previously collected signatures and require you to recollect all signatures. If you need to edit the request you may do so by clicking the **Unlock Data** button.

Unlock Data

1. Select **Signature Method** and click **Next**.

- **Electronic Signature:** Allows the client to sign face-to-face or remotely.
- **Print Documents for Client's Ink Signature:** Clients will sign in ink. The application cannot be electronically submitted.

Note: Once **Print Documents for Client's Ink Signature** is selected, you **cannot** switch back to Electronic Signature.

2. For Electronic Signature select **Present** (face-to-face signing) or **Not Present** (remote signing) for each of the signers.
3. The **Present** signer will go through the signing process first. The agent can then setup the **Remote** signers.

Signature Method

Please choose a signature method:

Electronic Signature Print documents for client's ink signature(s)

Please specify the location of all signing parties

Holly Bag - Proposed Insured

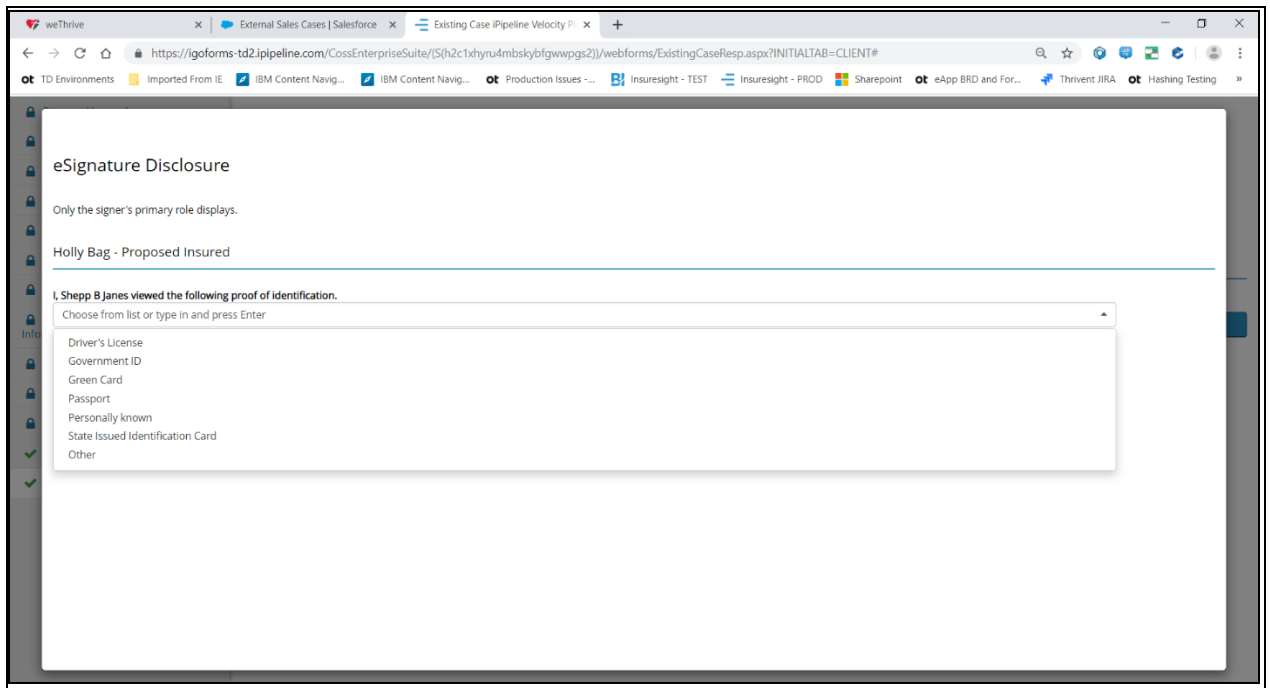
Present Not Present

Signature Not Started Start eSignature

< Back

Electronic Signature Method (Face-to-Face)

1. Select a proof of identification from the drop-down list and click **I Agree**.



2. On the Welcome – Consent screen, provide your mouse and computer screen to the client.

- The **client** must read the terms of use.
- The **client** clicks the box to confirm the terms and documents will be reviewed for accuracy.
- Click **I Agree**.

[Print Terms of Use](#)

By completing the signing process, you certify your documents displayed properly. Properly means that your documents displayed accurately with no blank pages. If your documents do not display properly, you may be using an unsupported browser or operating system. Try using a different combination or contact your representative to sign a hard copy. If you find any inaccuracies, you will need to work with your representative to correct them.

I will personally read and review all the documents presented to me during the signing process.

I understand the documents I sign will be determined by my relationship to the request. I may be presented with documents which are for informational purposes and are not required to be signed.

I certify I have legal authority to sign these documents.

I understand my representative will receive my signed documents to review and, after review, will sign and submit these documents to Thrivent Financial for processing.

I understand I will be presented the option to print a copy of the electronically signed document(s) and any other materials presented to me. A copy may be sent to me and is also available by calling Thrivent at 800-847-4836.

I have read the Terms of Use in their entirety. I understand that I should review all documents presented to me thoroughly for accuracy.

3. If primary owner, provide the **City** and **State** where the application is signed.

eSignature Information

Please fill out all of the information below to continue with your eSignature.

Signed At City:

Signed At State:

[Continue](#)

4. The client(s) should review each document for accuracy prior to signing and acknowledging:

- **Click Here to Sign** (this is the client's signature)
- **I Have Reviewed This Document** (this is the client's signature)

The first full premium is paid during the lifetime of the person to be covered, and
The health of all persons to be insured remains as stated in the Application.
The signature below applies to all sections and statements made on this Application for Individual Life Insurance.
Signed in the state of WI

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of proposed insured (16 or over) or
or guardian (if proposed insured is age 0-15) [Click Here to Sign](#)

Date signed 6/25/2019 10:22:24 PM

Signature of proposed applicant
controller for 15 or under _____

Date signed _____

Signature of other proposed insured _____

Trust Beneficiaries: Trust beneficiaries must qualify as eligible beneficiaries under the bylaws of Thrivent, if applicable, at the time a claim is paid. Proceeds may not be paid to the trust if its beneficiaries are ineligible when a claim is submitted.

Miscellaneous Provisions

Long Term Care Rider: If this beneficiary change is submitted at the same time as a request to issue a Long Term Care Rider on the same contract, approval of this beneficiary change is conditional upon approval of the rider.

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[I Have Reviewed This Document](#)


5. Attach any documents (see the Add an Attachment section).
6. Complete the Additional Representative's Information screen, select **Agent Pre-Signature Requirements Complete** and click **Next**.

Trail or Service Compensation

Type of Trail or Service Compensation Split Agreement on File at Home Office:
No Agreement on File

For the Trail or Service Compensation on This Contract/Account(s):
Do Not Split Trail or Service Compensation - 100% to Assigned Rep

[Print Remittance](#)

 Click "Agent Pre-Signature Requirements Complete" once the Attachment and Additional Representative's Information screens have been finalized. Once this button is clicked, no changes can be made to the Attachments or Additional Representative's Information screens without unlocking the application. Unlocking the application will remove all previously collected signatures.

[Agent Pre-Signature Requirements Complete](#)

7. The agent completes the signature using a process similar to that of the client.
8. When completed, click **Submit**.

Remote Signature Method (Signer Not Present)

1. Remote eSignature Setup requires the signer to input/validate the following:
 - **Email Address** (if not previously collected)
 - **Last 4 digits of SSN/EIN**
 - **Date of Birth**
2. Click **Send Emails**.

The screenshot shows a web form for remote signature setup. At the top, there are two radio buttons: 'Present' (unselected) and 'Not Present' (selected). Below this, there are three input fields: 'Email' containing 'erin.kelm@thrivent.com', 'Last 4 Digits SSN/EIN' containing '1234', and 'Date of Birth' containing '06/01/1988'. To the right of these fields is a light blue button labeled 'Email Not Sent'. At the bottom of the form, a blue button labeled 'Send Emails' is highlighted with a red rectangular border.

3. An email is sent to the remote individual and they have 7 days to take action on the email.
NOTE: At this time the agent should sign out of the eApplication.
4. Once signed, the agent will receive an email stating that the signature is completed.
5. The agent then completes the Additional Representative's Information screen, signs and submits the application.

Tips to Help Client with Remote Signature

As an agent, you can help your client through this process by providing the following information.

- The client has 7 days to complete this process. If no signature is obtained within that timeframe, the link **will** expire and a new remote signature link will need to be sent from the agent.
- If the client does not see the email, ask the client to check their Spam or Junk folders. The email will look like this:

Example: From *Donotreply@ipipeline.com on behalf of Thrivent Financial*
<donotreply@ipipeline.com>

- After 3 unsuccessful log-in attempts, the client will receive an error message, and an email is generated to the agent. If this occurs, the agent will need to send a new email to the client.

Five Steps for Client to Complete a Remote Electronic Signature

1. Client provides identifying information to the agent (email address, birthdate and last four of social security number).
2. Client receives e-Signature email.
3. Client opens email using identifying information (birthdate and last four digits of social security number).
4. Client reviews all documents as he/she acknowledge or electronically signs.
5. Client may print and/or save electronically signed documents.

Emails received during remote signature process

There are four reasons you will receive an email during the remote signature process:

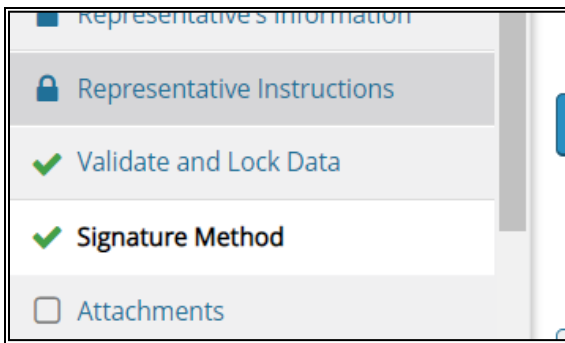
- Notice of three failed attempts by Signer to access link.
- Notice that application is now ready for Representative eSignature.
- Notice that a Signer has completed their eSignature.
- Notice that a Signer declined to eSign. This could be:
 - Information was recorded incorrectly on documents.
 - Client wants to make changes to product/benefits.
 - Client prefers paper application.

Resending the Remote Signature Email

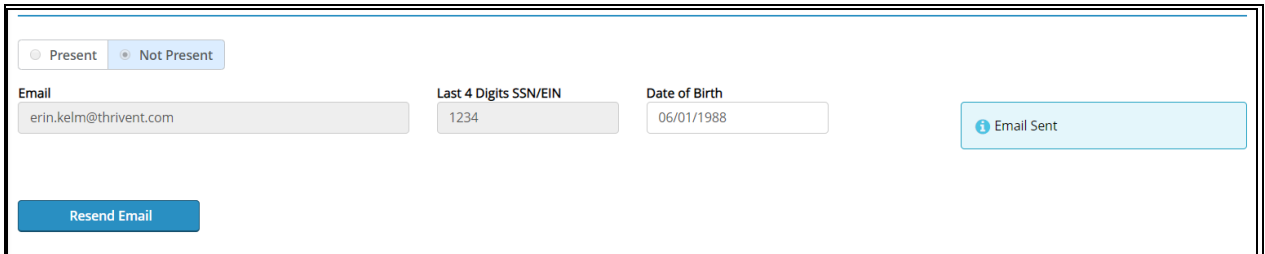
Follow this process if:

- Client does not sign the email within 7 days.
- Email address was incorrect.
- Client did not receive the signature email.

1. Call the Signer
2. Authenticate the Signer.
3. Re-confirm the email address.
4. Notify Privacy@thrivent.com if the email was originally sent to the wrong email address.
5. Go to **View My Cases**.
6. Select **Open Case** next to the case the remote signature is needed.
7. Click the **Application** tab and click **Signature Method** from the *left navigation bar*.



8. Below the email field, click **Resend Email**.

A screenshot of a form interface. At the top, there are two radio buttons: 'Present' (unselected) and 'Not Present' (selected). Below this are three input fields: 'Email' containing 'erin.kelm@thrivent.com', 'Last 4 Digits SSN/EIN' containing '1234', and 'Date of Birth' containing '06/01/1988'. To the right of these fields is a light blue button with a plus icon and the text 'Email Sent'. At the bottom left of the form is a dark blue button with the text 'Resend Email'.

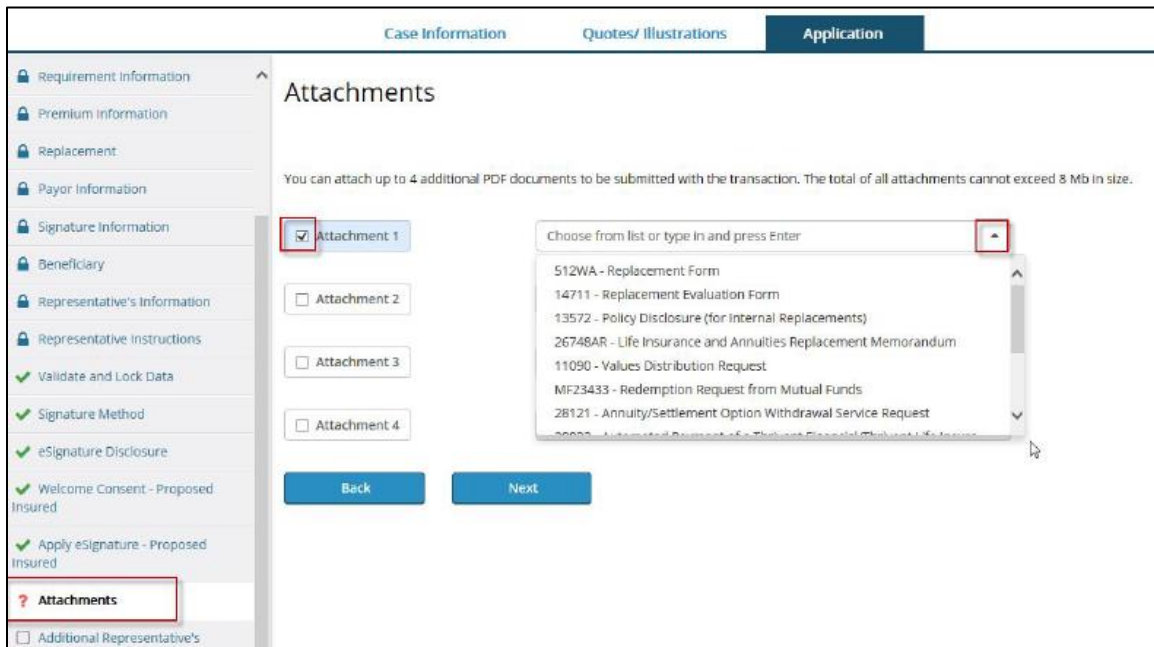
9. If the email address is incorrect, the application will need to be unlocked to correct it.

Add an Attachment

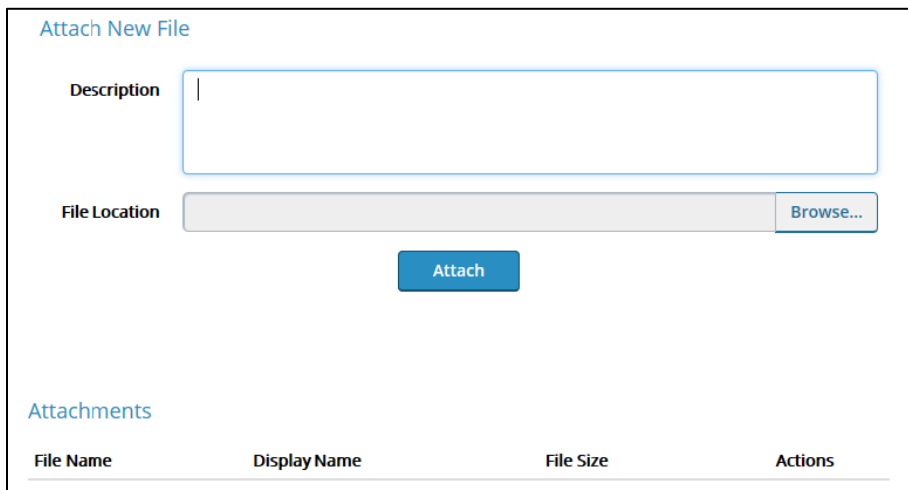
Attachments can be added to the application **only** after the application is locked and signatures are captured. There is space for up to four attachments and the total size cannot exceed 8MB.

NOTE: Only PDF files can be attached to an application.

1. From the Left Navigation bar, select **Attachments**.
2. Select an option from the drop-down list and click **Attach PDF**.



3. Enter any additional information in the **Description** field. **Browse** to the File Location and open the attachment. Click **Attach**. Repeat for additional attachments.



Questions

For eApp technical assistance, contact iPipeline Support at 800-641-6557, option 1, email support@ipipeline.com or visit <https://www.customerportal.ipipeline.com/igo-e-app-help-desk/> for Chat and other Help resources.