

## IT'S THE EASY, FAST & SMART WAY TO SUBMIT BUSINESS!

- **Flexible features**
  - Tablet-friendly
  - Simple navigation
  - Save cases in progress
  - View submitted applications
- **Intelligent data entry** - highlights required fields based on application answers
- **Reduce NIGOs** - Error indicators ensure forms are fully completed
- **State-specific forms** - automatically generate the applicable forms for state of issue
- **Electronic Signature** - clients sign either at the point of sale or via email!

Now on  
**PhoenixSalesNet.com**  
for:  
**Remembrance Life**

### PROGRESS INDICATOR

Click here to see a list of incomplete fields. Click the field to navigate there.

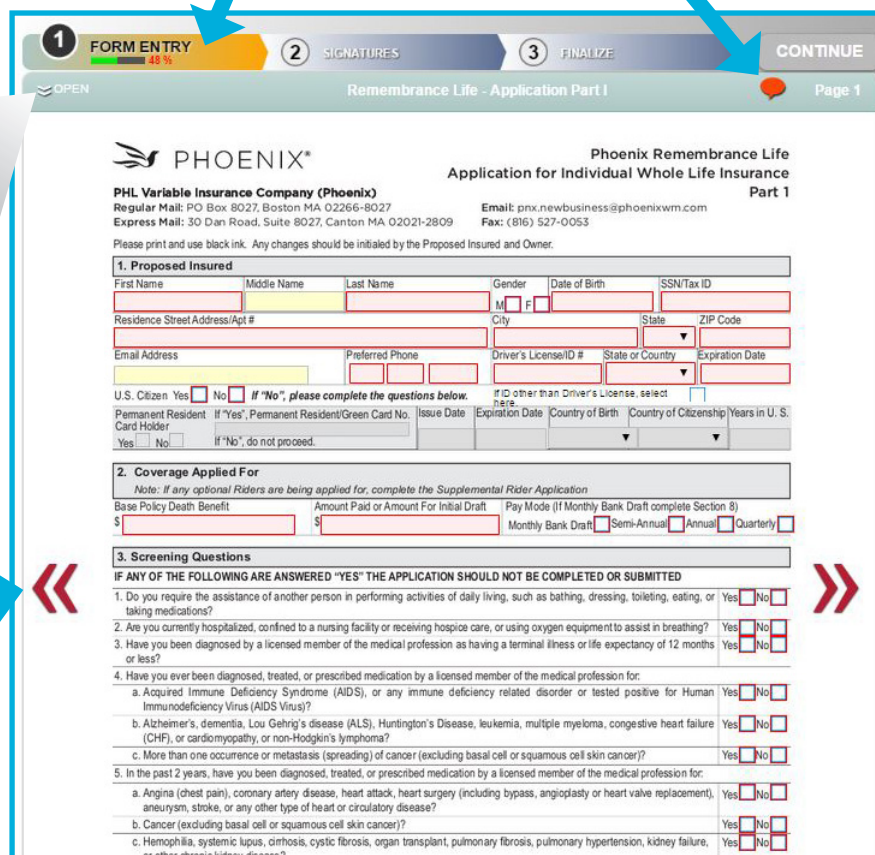
### ERROR BUBBLE

Click to highlight remaining required fields

Click OPEN to see a complete list of forms and navigate to incomplete pages (shown in red).

LifeSuite Environment for Submission Testing
Agent Demo Page
Life New Business Cover Sheet*
▲ Remembrance Life - Application Part I*
Page 1*
Page 2*
Page 3*
Page 4*
Page 5*
▼ Remembrance Life - Application Part II*
▼ HIPAA Form*
▼ Electronic Signature Consent Form*
▼ Electronic Signature Consent Form*

Use red arrows to easily go from page to page



**1 FORM ENTRY 48%**    **2 SIGNATURES**    **3 FINALIZE**    **CONTINUE**

Remembrance Life - Application Part I    Page 1

**PHOENIX\***    Phoenix Remembrance Life  
Application for Individual Whole Life Insurance    Part 1

**PHL Variable Insurance Company (Phoenix)**  
Regular Mail: PO Box 8027, Boston MA 02266-8027    Email: pnx.newbusiness@phoenixwm.com  
Express Mail: 30 Dan Road, Suite 8027, Canton MA 02021-2809    Fax: (816) 527-0053

Please print and use black ink. Any changes should be initialed by the Proposed Insured and Owner.

**1. Proposed Insured**

First Name	Middle Name	Last Name	Gender	Date of Birth	SSN/Tax ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="text"/>
Residence Street Address/Apt #			City	State	ZIP Code
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Preferred Phone	Driver's License/ID #	State or Country	Expiration Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", please complete the questions below.		If ID other than Driver's License, select <input type="checkbox"/>			
Permanent Resident Card Holder	If "Yes", Permanent Resident/Green Card No.	Issue Date	Expiration Date	Country of Birth	Country of Citizenship
Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", do not proceed.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. Coverage Applied For**  
*Note: If any optional Riders are being applied for, complete the Supplemental Rider Application*

Base Policy Death Benefit	Amount Paid or Amount For Initial Draft	Pay Mode (If Monthly Bank Draft complete Section 8)
\$ <input type="text"/>	\$ <input type="text"/>	Monthly Bank Draft <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/>

**3. Screening Questions**  
**IF ANY OF THE FOLLOWING ARE ANSWERED "YES" THE APPLICATION SHOULD NOT BE COMPLETED OR SUBMITTED**

- Do you require the assistance of another person in performing activities of daily living, such as bathing, dressing, toileting, eating, or taking medications? Yes  No
- Are you currently hospitalized, confined to a nursing facility or receiving hospice care, or using oxygen equipment to assist in breathing? Yes  No
- Have you been diagnosed by a licensed member of the medical profession as having a terminal illness or life expectancy of 12 months or less? Yes  No
- Have you ever been diagnosed, treated, or prescribed medication by a licensed member of the medical profession for:
  - Acquired Immune Deficiency Syndrome (AIDS), or any immune deficiency related disorder or tested positive for Human Immunodeficiency Virus (AIDS Virus)? Yes  No
  - Alzheimer's, dementia, Lou Gehrig's disease (ALS), Huntington's Disease, leukemia, multiple myeloma, congestive heart failure (CHF), or cardiomyopathy, or non-Hodgkin's lymphoma? Yes  No
  - More than one occurrence or metastasis (spreading) of cancer (excluding basal cell or squamous cell skin cancer)? Yes  No
- In the past 2 years, have you been diagnosed, treated, or prescribed medication by a licensed member of the medical profession for:
  - Angina (chest pain), coronary artery disease, heart attack, heart surgery (including bypass, angioplasty or heart valve replacement), aneurysm, stroke, or any other type of heart or circulatory disease? Yes  No
  - Cancer (excluding basal cell or squamous cell skin cancer)? Yes  No
  - Hemophilia, systemic lupus, arthritis, cystic fibrosis, organ transplant, pulmonary fibrosis, pulmonary hypertension, kidney failure, or other chronic kidney disease? Yes  No

## Questions?

**For Technical Support, call 800-541-0171; option 1, option 1**  
**For Product Information, call 888-798-4447**

**For agent use only. Not for distribution to the public as sales literature.**

## GOOD TO KNOW!

Allow ample time to review and confirm data in the documents. Both the Agent and Insured must acknowledge and confirm data prior to signing documents.

## USE ELECTRONIC SIGNATURE FOR TRUE BUSINESS FLEXIBILITY AND SPEED!

### E-SIGNATURE OPTIONS

**Sign Now** Touch-screen with a stylus/ finger (tablet) or mouse (computer)

1 FORM ENTRY ✓ 2 SIGNATURES 3 FINALIZE

Agent On-Site Signature

Agent Full Name: Joe Advisor Agent ID: 81245  
City: Miami State: Florida  
Today's Date: 3/25/2015

Sign on this pad to override the text script

Joe Advisor

I Consent I Decline Cancel Clear Signature

**Email** a request for signature (for Insureds only)

1 FORM ENTRY ✓ 2 SIGNATURES 3 FINALIZE

Send Email to Client To Request Signatures

Your client will receive an email message with instructions to complete the electronic application process.

Client Name: John Smith Subject: Mr. Smith - Remembrance Life - Please complete your signature  
Client Email: johnsmith@email.com  
Your Name: XIGTW02, XIGTW02 Dear John Smith:  
Your Email: joeadvisor@email.com  
\* Client Last 4 Digits of SSN: 3333  
\* Client Birth Date: 01/01/1960

Thank you for applying for 'Remembrance Life' of Phoenix. Use the link included at the bottom of the email to start the signing process. You will be asked to acknowledge your acceptance of the disclosure terms and contents. The instructions for completing your 'Electronic Signature' will be provided as well.

Message: Please use your birth date and the last 4 digits of your SSN to

Send Email Request Cancel

**MANAGING SIGNATURE REQUESTS** Within the application, a gold envelope in the upper right corner will indicate a pending e-Signature. Click the envelope to view pending requests and send reminders.

PHOENIX Back to Application

1 FORM ENTRY ✓ 2 SIGNATURES 3 FINALIZE

Federal Regulations and List of Required Signers

**Pending Request**

Request Type: Electronic Signature Insured  
Recipient: John Smith  
Email Sent: marilyncain@gmail.com  
Date: 3/25/2015 8:14:02 PM

Send Reminder to John Smith  
Send Passcode to John Smith's Cell Phone  
Cancel this request

[Close]

## GOOD TO KNOW!

For the Sign Now option, Agent will need to verify the following Insured information

- Valid ID Information
- Full Name
- Last 4 numbers of the Social Security Number
- Birth Date
- Email Address\*

\*If an email is not provided, give your client printouts of the proper disclosures.

**APPLICATION SUBMISSION** Once Electronic Signatures are complete, the application can be submitted, and you will receive confirmation and a Case Number.

Week Month Quarter YTD All Search Advanced

Owner XIGTW02, XIGTW02 : 5 cases updated in the last 30 days. Status: Any Sort: Date

Mr. Smith - Remembrance Life (Pending Requests!) Remembrance Life Signatures

Last Action: E-Signature Request Sent To Client  
Last Audit Entry: 3/25/2015 2:26:10 PM MST  
XIGTW02, XIGTW02 sent email to request e-Signature from 'John Smith'. Email was sent to johnsmith@email.com. Application is currently locked pending e-Signature.

View History Requests Delete Copy

New Application - Safe Harbor Term (High/Low) Safe Harbor Term (High/Low) Complete

Last Action: Back Office Message  
Last Audit Entry: 3/19/2015 8:39:39 AM MST  
Submitted successfully

View History Requests Delete Copy

All applications are available for view/print under All Applications on the eApp dashboard. If an email address was provided, the Insured will also receive a link to the final documents. Application documents may be viewed or downloaded for 60 days after submission.

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Phoenix fixed indexed annuities and simplified-issue life insurance issued by PHL Variable Insurance Company (PHLVIC). PHLVIC is not authorized to conduct business in Maine and New York.

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