

State: District of Columbia **Filing Company:** The Lafayette Life Insurance Company
TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium
Product Name: Marquis Centennial App Refile (LLIC)
Project Name/Number: Marquis Centennial App Refile (LLIC) /LL-1460 (01/17)

Filing at a Glance

Company: The Lafayette Life Insurance Company
Product Name: Marquis Centennial App Refile (LLIC)
State: District of Columbia
TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable
Sub-TOI: A02.11.002 Flexible Premium
Filing Type: Form
Date Submitted: 11/17/2016
SERFF Tr Num: WSST-130801907
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: LL-1460 (01/17)
Implementation: 01/06/2016
Date Requested:
Author(s): Ramona Piercefield, Cathy Schweitzer, Ben Kuebbing, Allison Martinson, Joel Gray, Becca Plowman
Reviewer(s): John Rielley (primary)
Disposition Date:
Disposition Status:
Implementation Date:

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General Information

Project Name: Marquis Centennial App Refile (LLIC)

Project Number: LL-1460 (01/17)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Ramona Piercefield

Filing Description:

Dear Reviewer:

Enclosed for your review and approval is form LL-1460-DC (01/17), Application for Individual Annuity. This application form is similar to previously approved application form LL-1460-DC (07/14) approved, under SERFF Tracking #WSST-129717781 on 10/20/2014.

This form is intended to be used on an individual basis by licensed insurance producers. The enclosed form may be used with any annuity products previously approved or approved in the future. The contract the application is used with is not illustrated.

Below is a list of changes to the application from what was previously approved:

- Update pages numbers as needed
- Update the form number to LL-1460-DC (01/17)
- Add an updated field
- Change "Sex" to "Gender"
- Update Citizenship wording throughout the application
- Update replacement language under Existing Insurance and Agent Statement
- Make the following wording bold: "SPOUSAL CONSENT - Required for contracts where owner resides in AZ, CA, ID, LA, NM, NV, TX, WA, or WI, if the spouse is not named as the sole primary beneficiary on the contract."
- Add the following after Installment Income: _____ Years: "Not applicable to contracts sold as a qualified pension plan."
- Add Sales Options above Agent Statement
- Above Sales Options, add the following wording: "Options are only available for Marquis Centennial applications. Options are available only on Marquis Centennial applications. If an application is for a new participant on an existing pension plan with Marquis Centennial policies issued prior to 4/10/2017, options do not apply."
- Add the following suitability language after Agent Statement:

"Has this application been reviewed for suitability by a financial institution or broker-dealer? Yes No

If NO, complete a Questionnaire for Suitability and submit with this application. The Insurance Company cannot issue the contract without the required suitability information.

By the signature below, I certify that I have asked and recorded completely and accurately the answers to all questions on this application. I know of nothing affecting the risk that has not been recorded herein. I also certify that prior to signing this application; I delivered to the applicant any proposal, outline of coverage, buyer's guide, comparison, and/or disclosure statement required by federal or state law to be delivered at the time of application."

- Due to formatting, some information has been relocated to a different page or location.

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The application contains a Bar Code for processing purposes. The application is being submitted for approval and may be used in traditional paper formatting; however, we have also developed and will utilize electronic applications. The filing process for this application is included under the Supporting Documentation tab. A voice signature process may also be used and we are submitting this for your review.

A Readability Certification has been signed by an officer of the company and is included on the Supporting Documentation tab.

The required Statement of Variability is enclosed. All variable items have been denoted by red brackets and are subject to change as explained in the Statement of Variability. We certify that any change or modification to a variable item shall be administered in accordance with the enclosed Statement of Variability, including any requirements for prior approval of a change or modification.

This form is being submitted in final printed format and is subject to only minor modification in paper size and stock, ink, border, formatting in the form if a booklet, typographical errors, and formatting pages to conform to our printer requirements.

Please do not hesitate to contact me with any questions or concerns. Thank you for your assistance with this filing. We look forward to your approval.

Company and Contact

Filing Contact Information

Ramona Piercefield, Insurance Compliance Ramona.Piercefield@wslife.com
 Analyst
 400 Broadway 800-446-0795 [Phone] 1873 [Ext]
 Cincinnati, OH 45202 513-357-4161 [FAX]

Filing Company Information

The Lafayette Life Insurance Company	CoCode: 65242	State of Domicile: Ohio
400 Broadway	Group Code: 836	Company Type:
Cincinnati, OH 45202	Group Name:	State ID Number:
(800) 243-6631 ext. [Phone]	FEIN Number: 35-0457540	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

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Form Schedule

Lead Form Number: LL-1460-DC (01/17)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Application for Individual Annuity	LL-1460-DC (01/17)	AEF	Initial		50.800	LL-1460-0117-DC Brackets.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Application for Individual Annuity

Type of Application

- NON-QUALIFIED
- QUALIFIED PENSION
- IRA
- ROTH-IRA
- SEP-IRA
- BENEFICIARY IRA

Proposed Annuitant

Proposed Annuitant's Name: John E Doe
First M.I. Last Suffix

Address: 123 Main Street City ST 12345
Street/Apt. No. City State Zip Code

Primary Phone Number: 999-444-5555 Alternate Phone Number: ()

Email Address: johnedoe@email.com

Gender: M F Marital Status: M Date of Birth: 1/1/1950 SSN: 123-45-6789

COUNTRY OF CITIZENSHIP _____ RELATIONSHIP TO OWNER _____

If you are not a United States citizen, are you a permanent resident of the US? Yes No

If **Yes**, for how long? _____

- 4 If not a citizen, complete the Citizen Supplement [LL-1690.]

Owner - If left blank, Proposed Annuitant is the Owner.

- 4 Living Trust - Complete [LL-2610-A]
- 4 Pension Plan/Trust - Complete [LL-2612-A]
- 4 Joint Ownership - Complete [LL-2611-A]
- 4 Other Legal Entity (not an individual) - Complete [LL-2613-A]

Individual Owner: _____
First M.I. Last Suffix

Address: _____
Street/Apt. No. City State Zip Code

Owner Primary Phone Number: () Owner Alternate Phone Number: ()

SSN: _____ Relationship to Annuitant: _____ Owner's Date of Birth: _____

Email Address: _____

COUNTRY OF CITIZENSHIP _____ RELATIONSHIP TO OWNER _____

If you are not a United States citizen, are you a permanent resident of the US? Yes No

If **Yes**, for how long? _____

- 4 If not a citizen, complete the Citizen Supplement [LL-1690.]



Payor Information (if other than Owner)

Payor – If left blank, Proposed Owner is the Payor.

Payor: _____
First M.I. Last Suffix

Address: _____
Street/Apt. No. City State Zip Code

Payor Primary Phone Number: () _____ Payor Alternate Phone Number: () _____

SSN: _____ Relationship to Owner: _____ Payor's Date of Birth: _____

COUNTRY OF CITIZENSHIP _____ RELATIONSHIP TO OWNER _____

If you are not a United States citizen, are you a permanent resident of the US? Yes No

If Yes, for how long? _____

4 If not a citizen, complete the Citizen Supplement [LL-1690.]

Beneficiary (Qualified Pension: Beneficiary will be Trustee of Plan named as Owner above)

Primary: Jane L. Doe 100 % Spouse 1/1/1951
Relationship to Annuitant Date of Birth

Primary: _____ % _____
Relationship to Annuitant Date of Birth

Contingent: _____ % _____
Relationship to Annuitant Date of Birth

Contingent: _____ % _____
Relationship to Annuitant Date of Birth

Unless otherwise stated, contract death benefit proceeds shall be paid in equal shares to the beneficiaries of the highest class who survive. If unequal percentages are designated, then upon the death of any beneficiary, his or her share shall be apportioned among the surviving beneficiaries of the same class in accordance with the ratio that each surviving beneficiary's percentage of the net proceeds bears to the total of all surviving beneficiaries' percentages of the net proceeds of the same class.

8 **SPOUSAL CONSENT - Required for contracts where owner resides in AZ, CA, ID, LA, NM, NV, TX, WA, or WI, if the spouse is not named as the sole primary beneficiary on the contract.**

If you are married and have designated any primary beneficiary(ies) other than your spouse, your spouse must consent to signing below. Please consult your tax advisor about the implications of this beneficiary designation.

I certify that I am the spouse of the named contract owner, and consent to the designation of the person(s) named as beneficiary on this application.

Jane L. Doe /s/ Date 1/1/2017
Signature of Spouse (mm/dd/yyyy)

Annuity Plans (Choose one)

A. Deferred Annuities:

9 Marquis Centennial _____ Year(s) (____% A:ANN); (____% B:AVG); (____% C:MO CAP); (____% FIXED)
(Total above must equal 100%)

Riders: _____

Planned Premium: \$ _____ Annual Semiannual Quarterly Monthly PAW Single Payment

B. Single Premium Immediate Annuities:

Amount of Single Premium \$ 10,000

Payout Interval: Monthly Quarterly Semiannually Annually



Annuity Plans (Choose one) - continued

Annuity Options (Choose one):

- 9 Single Life Income
Guaranteed Period (Choose one): None; 5 years; 10 years; 20 years; Refund
- Installment Income: _____ Years Not applicable to contracts sold as a qualified pension plan.
- Joint and Survivor Life Income:
Survivor Income: 50%; 67%; 100% of Joint Income
Guaranteed Period: None; 5 years; 10 years; 15 years; 20 years

Joint Annuitant (If applicable)

Joint Annuitant's Name: _____
First M.I. Last Suffix

Address: _____
Street/Apt. No. City State Zip Code

Primary Phone Number: (____) _____ Alternate Phone Number: (____) _____

Email Address: _____

Gender: M F Marital Status: _____ Date of Birth: _____ SSN: _____

COUNTRY OF CITIZENSHIP _____ RELATIONSHIP TO OWNER _____

If you are not a United States citizen, are you a permanent resident of the US? Yes No

If Yes, for how long? _____

4 If not a citizen, complete the Citizen Supplement [LL-1690.]

Payment Type (Check all that apply)

- 10 **Check**
(All premium checks must be made payable to Lafayette Life.)
- List Bill #** _____
- Qualified Transfer (Complete [LL-1633]) 11**
(A Transfer is a direct transfer from a qualified plan to another qualified plan, a qualified plan to an IRA, or an IRA to another IRA.)
- Rollover (Complete [LL-1633]) 11**
(A Rollover is a withdrawal of funds from a qualified plan or IRA by the participant/owner and the reinvestment of those funds within 60 days into another qualified plan or IRA.)
- Full 1035 Exchange (Complete [LL-1542]) 11**
(Non-Qualified Annuity to Annuity Exchange.)
- Partial 1035 Exchange (Complete [LL-1035]) 11**
(Non-Qualified Partial Annuity to Annuity Exchange.)
- Non-Qualified Premium/Transfer (Complete [LL-2083]) 11**
(Non-1035 Exchanges.)
- Contribution**
If not indicated, defaults to current tax year.
\$ _____ for Current Tax Year
Qualified Plans only.
\$ _____ for Previous Tax Year
Qualified Plans only, except SEP IRAs.



Federal Tax Withholding

- I **do not** want Federal Income Tax withheld from my distribution.
- I **do** want Federal Income Tax withheld from my distribution. If withholding will apply, please complete **only one** of the following:
- Withhold the following amount from my distribution \$_____.
 - Please withhold based on the number of allowances I have indicated and my marital status. (please complete the following information)
 - Number of Allowances (for Federal Income Tax purposes) _____ (if blank, we will assume zero)
- Marital Status: Single Married Married, but withhold at higher Single Rate
-

Existing Insurance

- 1** Does the applicant (proposed owner) have any existing annuity contracts or life insurance policies in force with any insurer? Yes No
If yes, the total amount of existing insurance in force is \$_____
- 2** Will a loan be or has a loan been taken from an existing insurance policy or has or will any existing life insurance policy or annuity contract be surrendered, partially surrendered, modified, amended or otherwise terminated as a result of this application? Yes No
If yes, list the Company: _____
- 3** Have you, the Annuitant if different, or any beneficiary, participated in any discussions about the possible sale or assignment of ownership, or a beneficial interest in the applied for annuity contract? Yes No
If yes, give details: _____
- 4** Have you, the Annuitant if different, or any beneficiary, ever sold, transferred or assigned any annuity contract to a third party, such as a viatical settlement entity, life settlement entity, insurance company, other secondary market provider, or premium financing entity? Yes No
If yes, give details: _____
- 5** Have you, the Annuitant if different, or any beneficiary, ever received any inducement, fee or compensation as an incentive to purchase, sell, transfer or assign any annuity contract? Yes No
If yes, give details: _____



Authorization and Signatures

W-9 Certification: *Under penalties of perjury*, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (2) that I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. Citizen or resident alien.

I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding, I am subject to backup withholding because I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

I have read the statements and answers in all parts of this application and state they are true and complete to the best of my knowledge and belief. I further understand that the Company and its agents do not provide tax or legal advice. A faxed or electronically transmitted signed document to the Company has the same legal force and effect as the original signed document, and once received, is the controlling record.

Signed at City, ST
(City, State)

Date 1/1/2017
(mm/dd/yyyy)

John E. Doe /s/
Signature of Proposed Annuitant

Signature of Joint Annuitant (if applicable)

Signature of Parent (Juvenile Policy Only)

Signature of Individual Owner(s) or Authorized Individual of Entity Owner – Authorized Individual must be one of the following: President/Vice President Secretary/Treasurer Managing Member Trustee General Partner

Agent Information and Signature

12 Options are available only on Marquis Centennial applications. If an application is for a new participant on an existing pension plan with Marquis Centennial policies issued prior to 4/10/2017, options do not apply.

Options: I II III IV V VI VII VIII IX X

Agent Statement: Does the applicant have any existing individual life insurance policies and/or annuity contracts in force to the best of your knowledge? Yes No Will any existing insurance or annuity be replaced or changed (or has it been), assuming the contract applied for will be issued? Yes No

13 Has this application been reviewed for suitability by a financial institution or broker-dealer? Yes No
If **NO**, complete a Questionnaire for Suitability and submit with this application. The Insurance Company cannot issue the contract without the required suitability information.

By the signature below, I certify that I have asked and recorded completely and accurately the answers to all questions on this application. I know of nothing affecting the risk that has not been recorded herein. I also certify that prior to signing this application; I delivered to the applicant any proposal, outline of coverage, buyer's guide, comparison, and/or disclosure statement required by federal or state law to be delivered at the time of application.

Witness Ima Agent /s/
Signature of Agent

14 Agent's State License Number 98765 Agent's Name Ima Agent
(If Required) (Please Print)

15 Credit this application to: _____ % Code No. _____
_____ % Code No. _____



SERFF Tracking #:

WSST-130801907

State Tracking #:

Company Tracking #:

LL-1460 (01/17)

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Supporting Document Schedules

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	LL-1460-DC (0117) SOV.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Electronic Application Process and Voice Signature Process
Comments:	
Attachment(s):	LLIC - Electronic Application Process.pdf Voice Signature Procedures - Sales Team_form_number.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Flesch Certification
Comments:	
Attachment(s):	LLIC Flesch Cert - DC.pdf
Item Status:	
Status Date:	



The Lafayette Life Insurance Company

Statement of Variability

Date: November 16, 2016

This Statement of Variability applies to the following forms:

LL-1460-DC (01/17) - Application for Individual Annuity

We certify that we will administer any change to a variable item in accordance with the requirements in this Statement of Variability, including any requirements for prior approval of a change.

The variable information is identified by brackets and may change as indicated below.

Script	Description	Variable Explanation
1	Company Name Logo and Tagline	We may change our company's logo and tagline, if such an item should change in the future. The flexibility to change our logo does not include the flexibility to change the company name. We understand that if our company name or logo, changes for any reason we must notify the Department accordingly.
2	Addresses Telephone Numbers Websites	The addresses, telephone numbers, and websites of the company may change if such items change in the future. If the address changes, we will follow the procedures as set out by the Department's guidance.
3	Type of Application	Information is requested concerning the type of qualified or nonqualified contract requested. The information may change from time to time to reflect our administrative procedures or product offerings. The current offerings are: Non-Qualified Qualified Pension IRA Roth-IRA SEP-IRA Beneficiary IRA. These tax-qualifications may change or be eliminated to reflect our administrative practices and/or changes in applicable law.
4	Supplemental Forms	We may change the name or use of the supplemental forms to reflect our administrative practices.

5	Page Number	At the bottom of each page is a page number. This may change due to formatting.
6	Barcode	The barcode identifies the form number, edition date, and page for the scanner which allows the system to properly route the document for processing, ensure all pages are present, and if applicable, extract key data from various parts of the document. The barcode may change to reflect our system or administrative requirements.
7	Date	The date on the bottom is a revision date. A revision date may be implemented by our contract system, if needed.
8	Spousal Consent	We may change, add or delete community property states if they should change in the future.
9	Marketing Name	We may change, add or delete the information collected for the annuity plans and riders offered on this application or for future product approvals. The annuity plans currently offered are as followed: Deferred Annuities, Marquis Centennial, Single Premium Immediate Annuities: Individual and Joint Annuity plans.
10	Payment Type	<p>The current offered payments types are:</p> <ul style="list-style-type: none"> Qualified Transfer Rollover Contribution Full 1035 Exchange Partial 1035 Exchange Non-Qualified Premium/Transfer. <p>We reserve the right to change, add or delete these options and their descriptions and instructions in accordance to our marketing and business practices.</p>
11	Service Forms	<p>We may change the name or use of the service forms to reflect our administrative practices.</p> <p>The entire bracketed statement may be removed if no form is required.</p>
12	Sales Representative Options	<p>This section will be dynamic based on the sales representative's firm. We may choose, at our discretion, to add instructions to clarify the commission options available for the sales representative's firm.</p> <p>The current commission range is I-X. We may limit or increase the number of commission options available or the entire bracketed section may also be removed.</p> <p>Options are only available for Marquis Centennial applications. If an application is for a new participant on an existing pension plan dated prior to 4/10/2017, options do not apply.</p>
13	Suitability	We may change, add or delete references to completion of suitability information, and the forms that are used to capture this information to address changes in applicable law and/or to reflect our business practices.

14	Agent ID Numbers	We may update the name of this field, and/or change the number of digits used to support this number to reflect our systems and administrative practices.
15	Percentage	We may remove the percentage to reflect our sales practices.



The Lafayette Life Insurance Company

Electronic Application Process Overview

The electronic application process is currently used by The Lafayette Life Insurance Company.

These forms were designed for use as part of an electronic application process. A licensed sales representative will conduct the application interview by asking the questions on the application as they appear on the computer screen and typing in the proposed owner/annuitant/spouse answers, who may also be the applicant. The answers entered into the electronic application are mapped to a PDF of the paper application and ancillary forms. The sales representative has the ability to view the completed PDF application and ancillary forms as she completes each computer application screen. PDFs of forms/application are only viewable after all screens are completed, or by selecting the "view forms" tab or button. Selecting "view forms" may display what forms are viewable at that point in the electronic application process.

The sales representative begins the electronic application process by entering the Owner/Annuitant's first and last name, date of birth, age and gender on the Information screen. The contract state is selected by the agent, and then a product type (Term, Whole Life, Annuity etc.), which triggers a list of available products for that state, the appropriate state application, and ancillary forms. Once the product has been selected, the sales representative is presented with the applicable application screens.

The first application screen captures information about the Owner/Annuitant and type of ownership of the policy. The second application screen is a continuation of the Owner/Annuitant screen requiring the applicant's drivers license, employment, and financial information. If the Owner/Annuitant is not a U.S. Citizen, supplemental citizenship questions are asked on the lifestyle screen. Questions appear on the screen that the sales representative is required to complete.

The succeeding screens are the Annuitant information, if different from the Owner, and Beneficiary screens. (The electronic application supports up to two owners.)

The next screens will identify how the contract is to be issued for tax qualification and premium information, then identify how the contract will be funded and the source of the payment.

The next set of application screens will be where the allocation options are chosen for the contract, then if the applicant would like to choose additional product features, such as the Return of Premium rider and the Guaranteed Lifetime Withdrawal Benefit.

The remaining application screens collect the agent information.

If all required fields have been completed, the application is considered to be in good order. Once an application is in good order, the sales representative is prompted to validate and lock the application data. Locking the data prevents alterations to the application during the signature process. The sales representative is then directed to the electronic signature screens. If a locked

application is unlocked at any time during the signature process, any previously collected signatures are cancelled.

If the application is considered incomplete and not in good order, the sales representative is presented with the option to return to complete the required fields or save the application to complete at a later date.

The sales representative presents two signature options to the signing parties, 1) print the application for wet signature, or 2) electronic signature. If the sales representative chooses to print the application for wet signature, she is prompted to print the completed application package, review all paper forms, obtain the wet signatures, and mail or fax the signed application package to the company.

If the sales representative selects electronic signature, the customer may complete the signature process immediately or at a later time.

For signing parties who wish to sign immediately, the sales representative is prompted to read the electronic signature instructions aloud to the signing parties and complete the instructions screen confirming the identity of the signing parties and their acknowledgement of agreement. They indicate whether or not they are present. Once the electronic signature instructions screen is completed, the sales representative is presented with the Terms of Use screen and Electronic Signature Consent screen. The signing parties will read the Terms of Use and Electronic Signature Consent and review the PDF of the application. In order to continue the signing process, the sales representative must confirm that all signing parties have read the Terms of Use and Electronic Signature Consent and reviewed the PDF of the application. The sales representative is then presented with the e-Signature screen where the signing parties are required to agree to attestations regarding the information given on the application and are required to enter a signed at city and state. Once completed, all electronic signatures are applied by selecting the Apply e-Signature button. The sales representative will then submit the application, any supplements and attachments by clicking the submit button.

An additional way to prepare an application for submission may be Click wrap for systems that support this feature. With this method no parties are present to sign. The representative sends secure emails to each individual party. Each party logs into the email with the last four digits of her SSN. She views the PDFs as in face to face and sees the acknowledgements and agreements. She confirms all the same information as in face to face; however, she is reading and viewing on her own. Every time a party signs the agent receives an email indicating whether the party has successfully signed or declined. Once all parties have signed the agent is the last to review, and then they sign and submit the application. Click wrap can be used in combination with the face to face application process as well. Some parties may be present and others may receive an email. The agent will still need to sign last like in Click wrap, as she needs to await all signatures on the application to be able to submit. In either method, the emails are valid for 7 days and then the links expire. If the applicant still wishes to submit the application, she must contact the agent who can send a new link for review. In some instances of the electronic application process, the representative or her administrators may initiate the input process of customer information. However, it is the customer who confirms the information and chooses to sign to initiate the application process, and the agent will ultimately sign and prepare for submission.

Order of screens and final version will vary based on the approved paper application and the electronic platforms that support our systems.

Sales Voice Signature Application Processing

- 1 **READ:** “To speed up the process of your application, I can take a verbal authorization over this recorded line today. This verbal authorization will be your voice signature on the documentation we will be completing together. This will take about 20 minutes and can save you several weeks in processing time. Would you like to proceed with this voice signature process?”
- 2 **READ:** “At the end of this process, you will be asked to provide a voice signature indicating you have answered all questions on the application truthfully. Do you agree to provide answers in today’s phone interview that are full, complete, and true to the best of your knowledge and belief?”
 - Complete AFOI
 - Enter Call ID where applicable & process application
 - Verify all fields on application up to the medical questions ([client must verify each field with a ‘yes’ or ‘correct’](#))
- 3 **READ:** “I will be reading several questions. As I read them, please indicate whether you have had any of the listed conditions with a “yes” or “no” answer. I will obtain additional information as necessary. If you request, I will be happy to repeat any of these questions.”
 - Proceed with medical history questions ([read verbatim and gain a clear ‘yes’ or ‘no’ to these questions](#))
 - **READ:** Now I will be playing a recording for you, I just ask that you listen to that recording in its entirety. If at any moment you are unable to hear the recording, please let me know.
 - *Place client on hold and dial ext # 2347 & select #2*
 - *Enter the appropriate state code when prompted (See Chart)*
 - *Drag client’s line into recording & confirm they hear recording*
 - *If MEC, repeat process dialing #2347 and selecting “3” for the MEC recording*
 - *If product is an Accessible Life and there is a “Statement of Proposed Insured” on the signature page, read that to the client and gain their agreement to this statement*
 - [Upon the end of the recording, do not ask whether they “got” or understood the recording. If the client expresses a lack of understanding, simply say “well, this is one of the few forms we still require you to sign and return so you’ll have a chance to review it at your leisure”](#)

MIB/HIPPA Blended Recording – #2347 option 2	
STATE	Code
AZ	10
CA	11
All Others	0

- 4 **READ:** “This completes the application and forms necessary. At this point, I would like to ask you for your voice signature attesting to the fact that all answers were complete and accurate to the best of your knowledge. In addition, you will be verbally signing the HIIIPA and MIB forms that were read to you. Do you understand and agree that your voice signature today constitutes a legally binding signature for the purpose of your application?”
- 5 **EXPLAIN: Next steps**
 - If PHS is required, transfer to support (#1556)
 - Explain time frame & set expectations
 - Discuss any necessary required signatures (forms)
 - (illustration, PAC form, etc)



The Lafayette Life Insurance Company

CERTIFICATION

I, Bruce W. Maisel, an officer of The Lafayette Life Insurance Company, hereby certifies that the following form has the following readability score as calculated by the Flesch Reading Ease Test and that this form meets the reading ease requirements of your statutes and regulations. If this Certification is accompanied by identified language or terminology excepted from testing, I further certify that the language or terminology excepted is entitled to exception under applicable by law or regulation.

Form Numbers	Form Description	Readability Score
LL-1460-DC (01/17)	Application for Individual Annuity	50.8

Bruce W. Maisel

Bruce W. Maisel
Vice President & Chief Compliance Officer

Date: 11/16/2016