

CHUBB[®]

TEXT CODE GUIDE

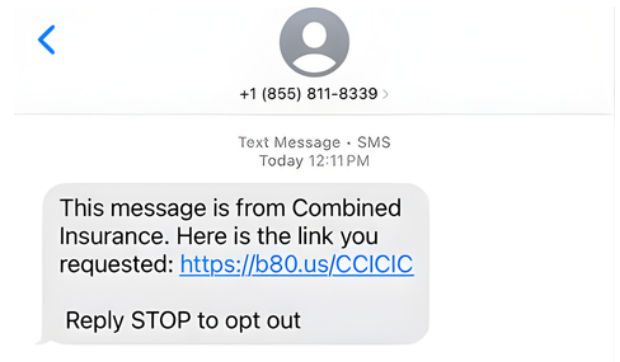
STEP 1

Select Text Message Link.

- 1** You will receive a link thru SMS then click on that **link**.

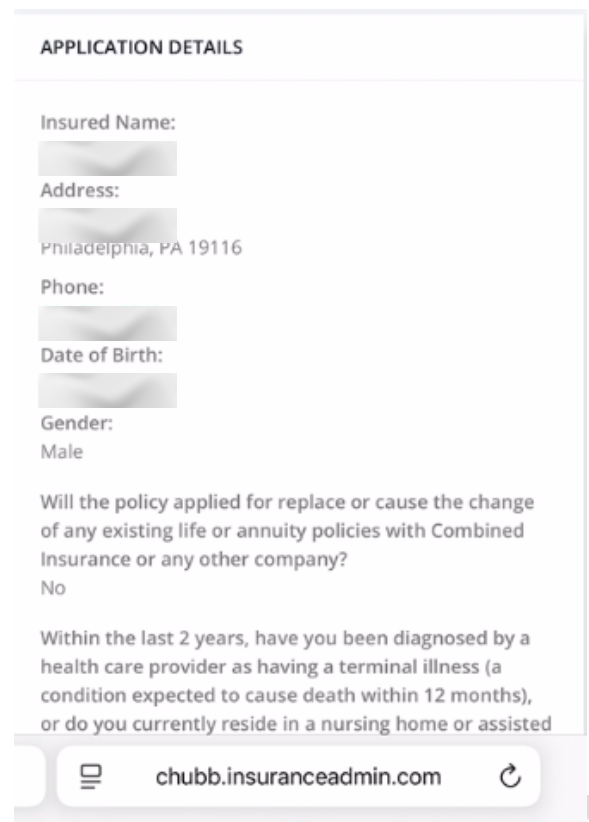


- 2** It will bring you to the official CHUBB website. Enter the **last 4 digits of your SSS #**.



- 3** Read through every section, scrolling to the very bottom of the page. Attach necessary **signatures**.

a. This is the first part you'll see



CHUBB[®]

TEXT CODE GUIDE

3 CONTINUED

b. Scroll down and make sure to review this part.

Policy Information

Effective Date:
Face Amount:
Child Term:
Rider Limit:
Total Monthly Premium:

Beneficiaries

Primary Beneficiary 1

Name:
Address:
Phone:
Date of Birth:
Relationship:

PLEASE READ CAREFULLY

It is very important that you review the application carefully. Misstatements or omissions made in writing or orally for any portion(s) of the application that is completed through use of the telephone or other electronic

c. Select **I Agree, Yes, and No** respectively on the boxes

For purposes of this application, Date of Application is the date the Licensed Agent/Producer receives and signs the application.

If you agree, select below...

Select ☒ Select ☐ I consent to the submission of this application via electronic telephonic means Chubb's Electronic Transactions terms and conditions.

Select ☒ Select ☐ Yes ☐ No I consent to Electronic delivery of this policy.

Yes ☒ Select ☐ Yes ☐ No *NOTE: (1) Based on underwriting results, the amount of your insurance may be limited or the amount of insurance applied for may be adjusted. (2) The Life Buyer's Guide is attached to, and can be found in, the linked [Accelerated Benefit Disclosure](#).

d. Select **I Agree** for the last time and click **Submit Signed Authorizations**

period under the subject policy(ies), as in the event withdrawals are dishonored, the policy(ies) will terminate.

Life policy: ☒ Select

Premium: ☒ I agree

If you agree, select below...

Select ☒ I agree

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

Submit Signed Authorizations

4 This will show on your screen once the process is completed and the documents have been officially signed.

The document has been signed. Thank you.

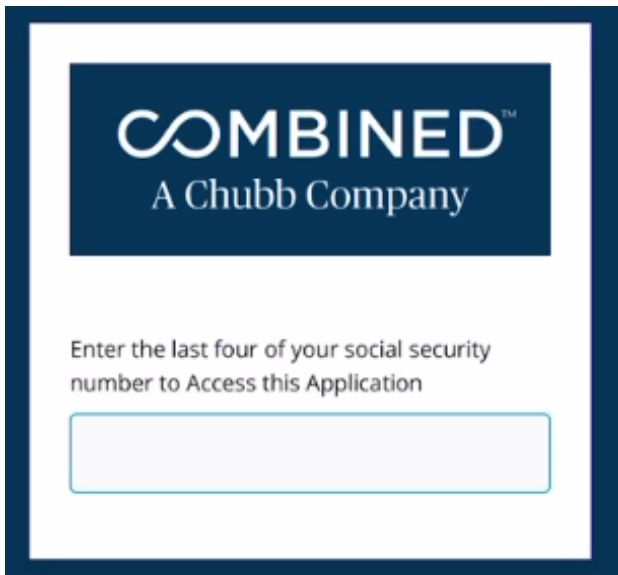
You can close this window now. If you need a copy, please contact your agent.

CHUBB[®]

TEXT CODE GUIDE

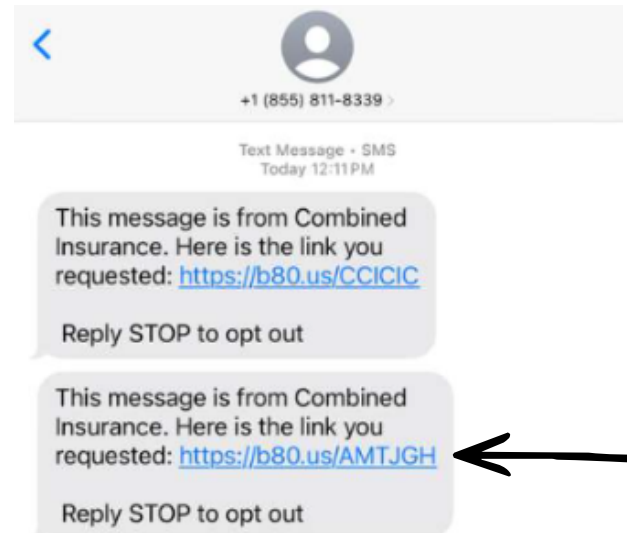
STEP 2

- 1 You will receive another link thru SMS then click on that **link**.

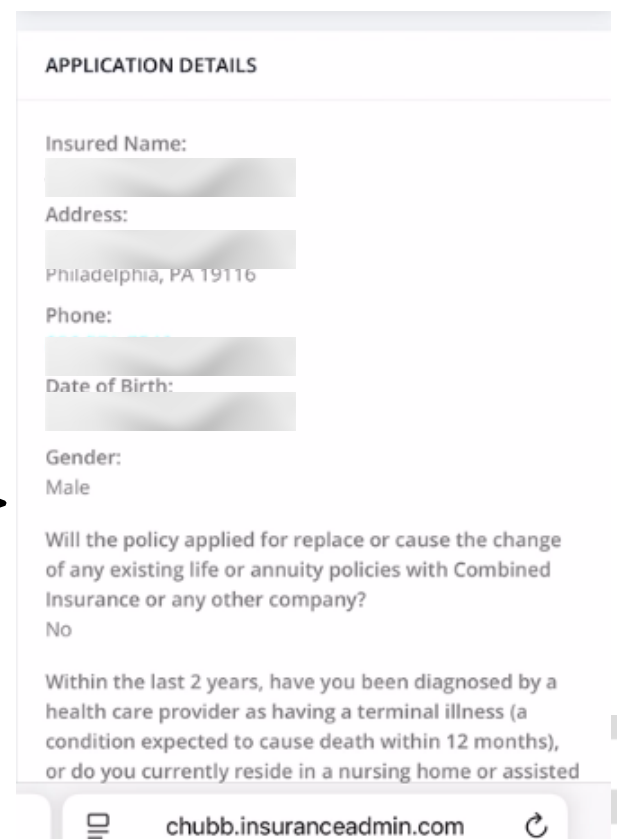


- 3 Read through every section, scrolling to the very bottom of the page. Attach necessary **signatures**.

a. This is the first part you'll see



- 2 Once again, it will bring you to the official CHUBB website. Enter the **last 4 digits of your SSS #**.



CHUBB[®]

TEXT CODE GUIDE

3 CONTINUED

b. Scroll down and make sure to review this part.

Policy Information

Effective Date: [Redacted]
Face Amount: [Redacted]
Child Term
Rider Limit:
Total Monthly Premium:
[Redacted]

Beneficiaries

Primary Beneficiary 1

Name: [Redacted]
Address: [Redacted]
Phone: [Redacted]
Date of Birth: [Redacted]
Relationship: [Redacted]

c. Select **I Agree, Yes, and No** respectively on the boxes

For purposes of this application, Date of Application is the date the Licensed Agent/Producer receives and signs the application.

If you agree, select below...

Select [✓ Select] [v]
I agree

I consent to the submission of this application via electronic telephonic means Chubb's Electronic Transactions terms and conditions.

Select [✓ Select] [v]
Yes
No

I consent to Electronic delivery of this policy.

Yes [✓ Select] [v]
Yes
No

*NOTE: (1) Based on underwriting results, the amount of your insurance may be adjusted. (2) The Life Buyer's Guide is attached to, and can be found in, the linked [Accelerated Benefit Disclosure](#).

If you agree, select below...

I agree [✓]

I consent to the submission of this application via electronic telephonic means Chubb's Electronic Transactions terms and conditions.

Yes [✓]

I consent to Electronic delivery of this policy.

No [✓]

*NOTE: (1) Based on underwriting results, the amount of your insurance may be limited or the amount of insurance applied for may be adjusted. (2) The Life Buyer's Guide is attached to, and can be found in, the linked [Accelerated Benefit Disclosure](#).

d. Select **I Agree** for the last time and click **Submit Signed Authorizations**

AUTHORIZATION FOR ELECTRONIC DEBIT

I hereby authorize Combined Insurance Company of America ("Combined Insurance"), to initiate electronic debit entries or effect a change by any other commercially accepted method, to my checking, savings or credit card account indicated above in the financial institution named above, hereinafter called Depository, to debit the same to such account. This authority is to remain in full force and effect until Combined Insurance and Depository have each received written notification from me of its termination in such time and in such manner as to afford Combined Insurance and Depository a reasonable opportunity to act on it.

I understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule.

I agree that if premiums are not paid within the grace period under the subject policy(ies), as in the event withdrawals are dishonored, the policy(ies) will terminate. Life policies may have non-forefeiture benefits.

Premium: \$130.91

If you agree, select below...

Select [v] [I agree] [✓]

If you agree, select below...

[I agree] [✓]

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

Submit Signed Authorizations

4 Finally, this will show on your screen once the process is completed and the documents have been officially signed.

The document has been signed. Thank you.

You can close this window now. If you need a copy, please contact your agent.