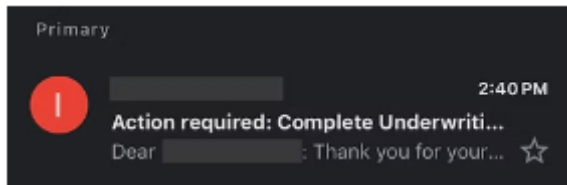
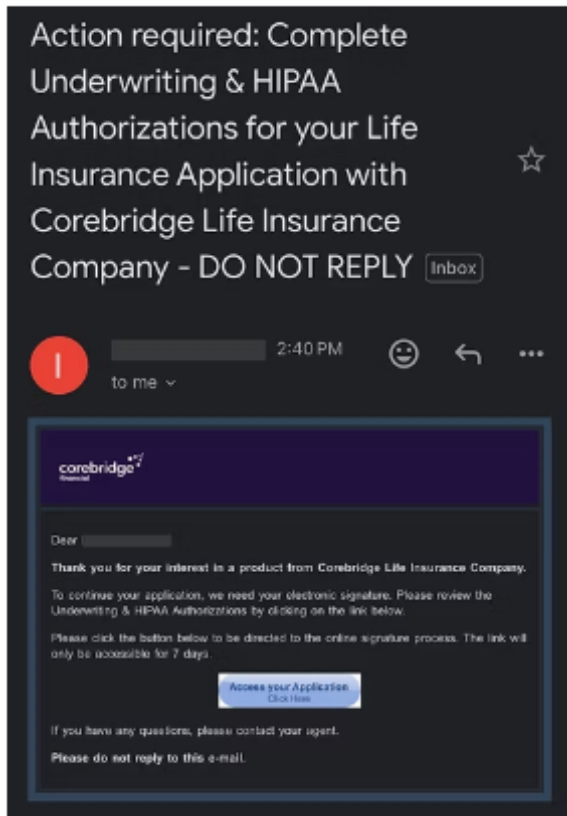


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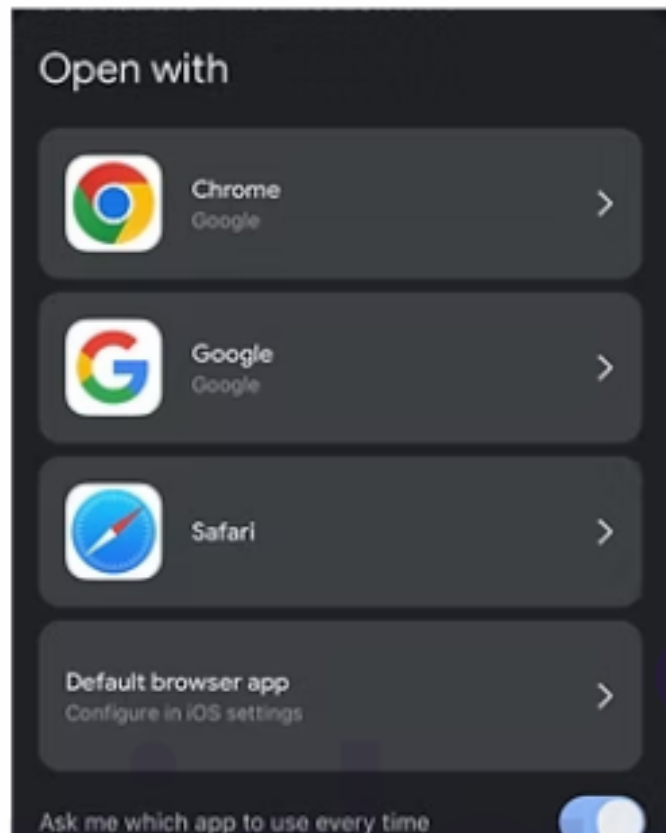
TEXT CODE GUIDE



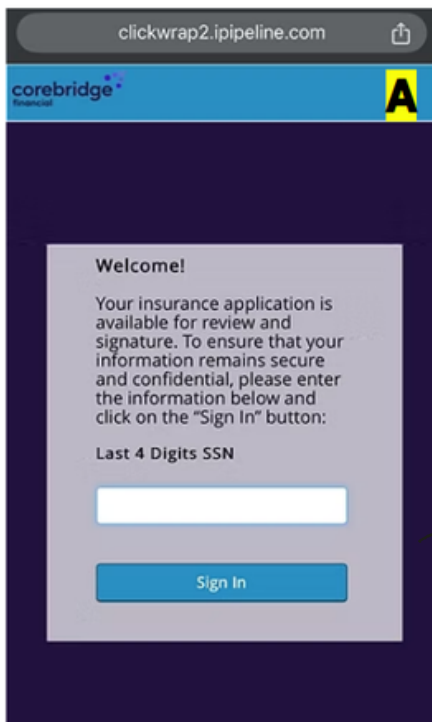
"Now, I'm going to send you a verification code real quick and all that does is confirm that everything you said about your health was true and to the best of your knowledge.. go ahead and read that code back to me once you get it"



*"Now once you're inside the email, you should see a box and inside it says "DEAR [Client's Name]". In that box you'll see a light blue button that says "**ACCESS YOUR APPLICATION, CLICK HERE**". Go ahead and click that button."*



corebridge^{financial} E-SIGNATURE GUIDE#1



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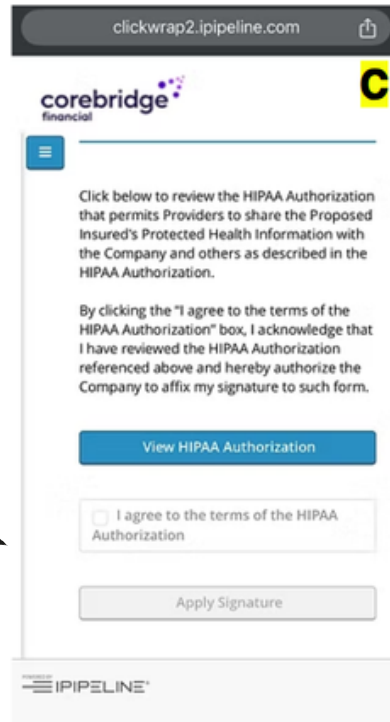
A

Welcome!

Your insurance application is available for review and signature. To ensure that your information remains secure and confidential, please enter the information below and click on the "Sign In" button:

Last 4 Digits SSN

Sign In



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C

Click below to review the HIPAA Authorization that permits Providers to share the Proposed Insured's Protected Health Information with the Company and others as described in the HIPAA Authorization.

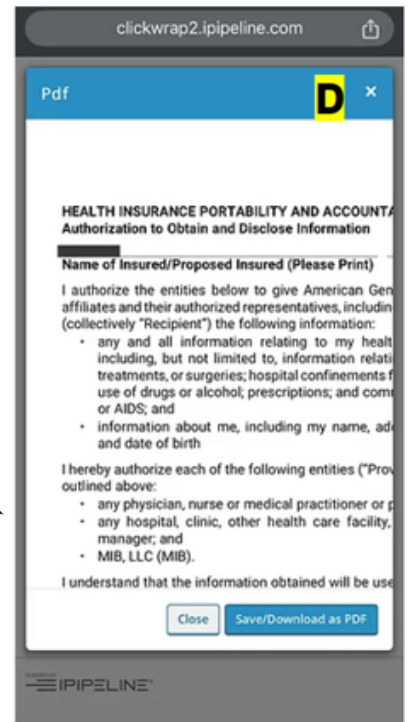
By clicking the "I agree to the terms of the HIPAA Authorization" box, I acknowledge that I have reviewed the HIPAA Authorization referenced above and hereby authorize the Company to affix my signature to such form.

View HIPAA Authorization

☐ I agree to the terms of the HIPAA Authorization

Apply Signature

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PDF

D

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
Authorization to Obtain and Disclose Information

Name of Insured/Proposed Insured (Please Print)

I authorize the entities below to give American General Insurance Company and its affiliates and their authorized representatives, including (collectively "Recipient") the following information:

- any and all information relating to my health, including, but not limited to, information relating to treatments, or surgeries; hospital confinements; use of drugs or alcohol; prescriptions; and conditions or AIDS; and
- information about me, including my name, address and date of birth

I hereby authorize each of the following entities ("Providers") outlined above:

- any physician, nurse or medical practitioner or podiatrist;
- any hospital, clinic, other health care facility, hospital, manager; and
- MIB, LLC (MIB).

I understand that the information obtained will be used for the purposes stated above.

Close Save/Download as PDF

PIPELINE

"Once you click on the button, you might get a pop up that asks you to open with "Chrome".

If not, you should see on the next screen where it says "**COREBRIDGE**" in a light blue box on top. There will also be white box that says "**LAST 4 DIGITS SSN**" on top of it. Go ahead and enter your last 4 inside that box and then click on the blue button that says "**SIGN IN**".

Go ahead and **tap the blue 'View HIPAA Authorization' button** first so we can unlock the signature section below. Once the document opens, just review it quickly and close it out. After that, the checkbox and signature button should become available for you automatically.

"Once you click on the blue button, you'll see a box pop up that says "**HEALTH INSURANCE PORTABILITY**". Now you can read that whole document or you can go to the bottom of the box where there's a button that says "**CLOSE**".

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E-SIGNATURE GUIDE #1

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corebridge^{financial} **E**

Click below to review the HIPAA Authorization that permits Providers to share the Proposed Insured's Protected Health Information with the Company and others as described in the HIPAA Authorization.

By clicking the "I agree to the terms of the HIPAA Authorization" box, I acknowledge that I have reviewed the HIPAA Authorization referenced above and hereby authorize the Company to affix my signature to such form.

[View HIPAA Authorization](#)

☐ I agree to the terms of the HIPAA Authorization

[Apply Signature](#)

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corebridge^{financial} **F**

Click below to review the HIPAA Authorization that permits Providers to share the Proposed Insured's Protected Health Information with the Company and others as described in the HIPAA Authorization.

By clicking the "I agree to the terms of the HIPAA Authorization" box, I acknowledge that I have reviewed the HIPAA Authorization referenced above and hereby authorize the Company to affix my signature to such form.

[View HIPAA Authorization](#)

☒ I agree to the terms of the HIPAA Authorization

[Apply Signature](#)

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corebridge^{financial} **G**

By clicking the "I agree to the terms of the HIPAA Authorization" box, I acknowledge that I have reviewed the HIPAA Authorization referenced above and hereby authorize the Company to affix my signature to such form.

[View HIPAA Authorization](#)

☒ I agree to the terms of the HIPAA Authorization

[Apply Signature](#)

[Signatures Complete](#)

[View Signed Documents](#)

IPipeline

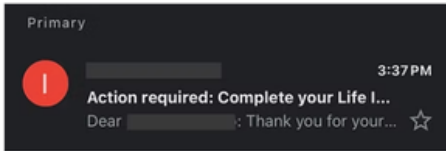
"Once you click on the close button, you'll see a yellow box with a white check box that says **"I AGREE TO THE TERMS OF THE HIPAA AUTHORIZATION"**. Go ahead and click inside that check box."

"NEXT, click on the blue button that pops up that says **"APPLY SIGNATURE"**."

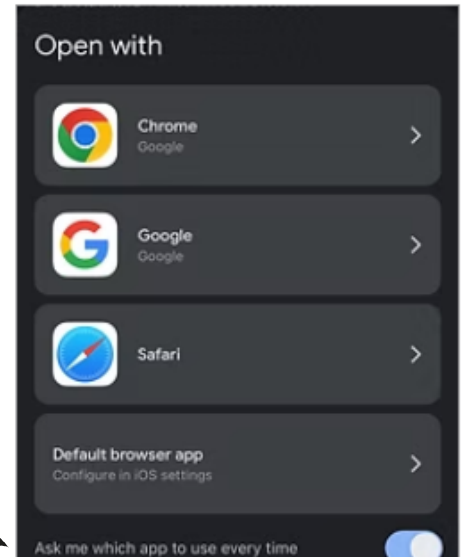
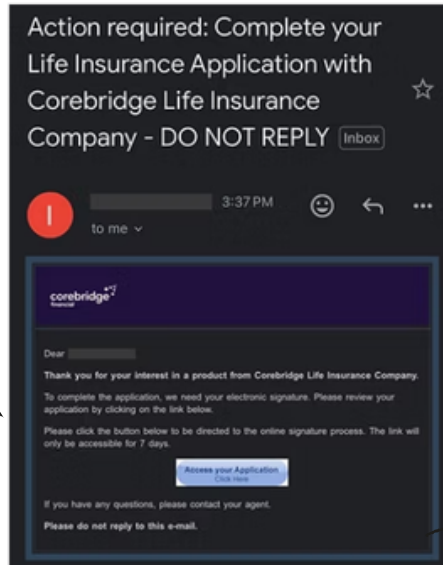
"Once you click the blue button, you should now see a green box that says **"SIGNATURES COMPLETE"**."

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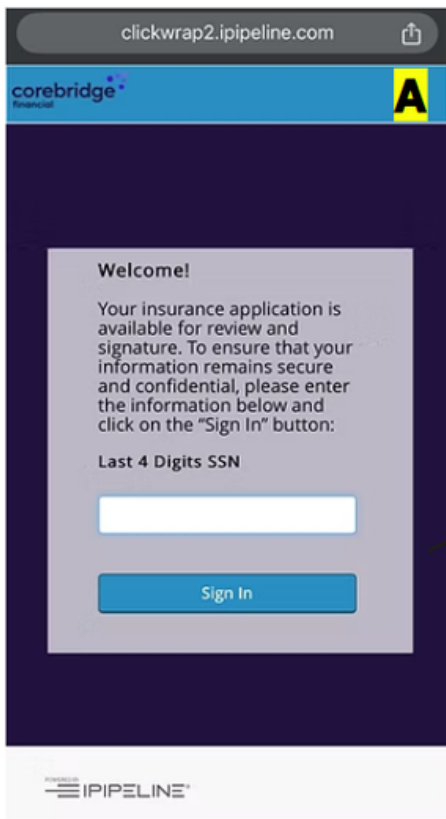
E-SIGNATURE GUIDE #2



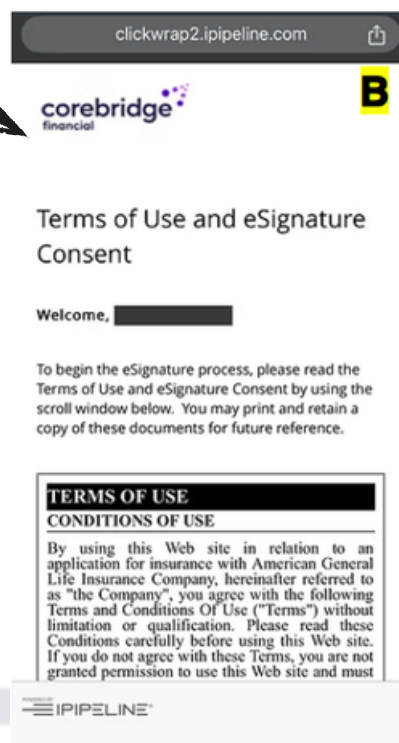
"Alright, we are gonna send you one more text code and we are all done.. go ahead and read that code back to me once you get it"



"Now once you're inside the email, you should see a box and inside it says 'DEAR [Client's Name]'. In that box you'll see a light blue button that says '**ACCESS YOUR APPLICATION, CLICK HERE**'. Go ahead and click that button."



"Once you click on the button, you might get a pop up that asks you to open with '**Chrome**'. If not, you should see on the next screen where it says '**COREBRIDGE**' in a light blue box on top. There will also be white box that says '**LAST 4 DIGITS SSN**' on top of it. Go ahead and enter your last 4 inside that box and then click on the blue button that says '**SIGN IN**'."



"On the next screen, you will see where it says '**TERMS OF USE**'. Go ahead and go all the way down to where there is a yellow box with a white check box that says '**I HAVE READ THE ELECTRONIC CONSENT AND DISCLOSURE**'."

*"It will now take you to a part where you will see a yellow box with a pen icon and a green button that says **"CLICK HERE TO SIGN"**. Go ahead and click on either one of those."*

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E-SIGNATURE GUIDE #2

"Once you click on the box, you should now see a box come up that says **"PLEASE DRAW YOUR SIGNATURE"** with a white box that has dotted lines below that. Go ahead and sign your name inside of that white box with your finger. Once you sign, go ahead and press the green **"APPLY SIGNATURE"** button below."

"Now should see the light blue button at the top left that says **"GO TO NEXT SIGNATURE"**. Go ahead and click on it and it should take you to another yellow box with the pen icon. Click on the yellow box and then press the light blue button again to be taken to the next yellow signature box."

"Go ahead and keep going until all yellow boxes have been clicked to sign"

"Once all yellow boxes have been clicked to sign, you should now see a screen that says **"SUBMIT"** at the top. Now go down to a button that says **"SUBMIT TO"** and click on that button. Once you press the **"SUBMIT TO"** button, you should now see a green box that says **"THE REQUEST HAS BEEN SUBMITTED FOR PROCESSING."**