



FG Guarantee Platinum 5 E-Application training



- 5 yr. rate guarantee.
- \$20,000 Minimum (0-90).
- RMD friendly, accumulated interest and annuitization.
- Terminal Illness, Nursing home, Full value at death.
- Surrender Charges – 9,8,7,6,5% (30 day window)

Electronic Submission - Easy as 1-2-3

1. Fill out the application
2. Sign the application
3. Submit the application

All with the click of a button

Product Center | Communications | My Business ▾ | My Agents ▾ | My Account ▾

Welcome to the next generation of F&G FIULs

F&G Pathsetter™

1 2 3 4 5

POWER PRODUCER
Program details and information

PRODUCT CALCULATORS

- Income & Death Benefit Calculator

SALES TOOLS & RESOURCES

Online Applications

- FG Guarantee Platinum Series
- FG Life Series
- FG FIA Series

Other

- Suitability Tool
- F&G Company Store
Featuring branded merchandise
- Agent Tool Kit

MANAGE YOUR BUSINESS

- New Business: Summary & Reports
- TAP (Total Annualized Premium)
- Commission Statements & Reports
- Debit Activity
- InForce Policy Search
- Your Training Tracker

POPULAR LINKS

- Monthly Interest Rates
- Illustration Software
- Sales Materials
- Compliance Updates
- Required Training: Agent & Product
- Contact Us

MESSAGES & ALERTS

There are no messages at this time.



Online Applications

Welcome to the NEW Saleslink online application platform!

Available Product: FG Guarantee

 Training  FAQs  Contact Us

START A NEW APPLICATION

Select an agent number (producer ID):

NEXT

VIEW APPLICATIONS*

Select an agent number (producer ID):

NEXT

*View applications in progress or submitted using Saleslink online application platform

Track progress

- Producer**
- Product
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- Participant Details
- Features
- Feature Details
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Save Cancel Next >>

Specify Producer Information

Asterisks indicate required fields.

Primary Producer

Required Info.

Action	Producer ID	Producer First Name	MI	Producer Last Name	SSN	Split Percent (Must Total 100%)
	<input type="text"/> *	<input type="text"/> *	<input type="text"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *

Additional Producers

Action	Producer ID	Producer First Name	MI	Producer Last Name	SSN	Split Percent (Must Total 100%)
Delete	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Delete	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Delete	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Rows

✓ **Producer**

▶ **Product**

▶ **Funding**

Participants

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User: jgrant_FGLDIST_Agent
Region: PRODUCTION
Environment: UAT Environment

Select the annuity product
Asterisks indicate required fields.

Contract Setup

Case Description:

Annuity Plan Type: *

Client Account #:

Resident State: *

Ownership Type: *

Solicitation State: *

Product Search

Insurance Carrier:

Share Class:

Product Type: Variable Fixed Indexed

Order Date:

<< Previous Save Cancel Next >>

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User: jgrant_FGLDIST_Agent
Region: PRODUCTION
Environment: UAT Environment

Description:		Order ID:	FHJ-BVA7-7JL
Premium Amount:	State:	Arizona	
Client Account Number:	Product:	FGLIFEPLATINUM5	

Identify how the annuity will be funded
Asterisks indicate required fields.

Total Order Funding:

← **Required Info.**

<< Previous

Cancel

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Next >>

Description:

Premium Amount:

\$0.00

Client Account Number:

Order ID:

FL3-BVYZ-SOX

State:

Maryland

Product:

FG Guarantee-Platinum 5

Identify how the annuity will be funded

Asterisks indicate required fields.

Total Order Funding:

\$0.00

Add Check

Check with Application

Premium Purchase Amount:

\$0.00

Check Number:

Is this a Contribution or a Qualified Fund Rollover?

Tax Year:

Original Source of Funds

Enter the origin of all funds utilized from this premium source to purchase the annuity.

Press the button(s) below to select an original premium source and then enter the required information.

The amount will be pre-populated with the total amount yet to be accounted for, but will be overwritten with the actual amount.

If the "Total Accounted For" does not equal the "Amount from this source" an error will occur.

Equity, Bonds & Cash

Mutual Fund / UIT

Alternate Investment

Variable Annuity

Variable Life

Fixed Insurance

✓ Producer

✓ Product

✓ Funding

▶ Participants

▶ Participant Details

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Forms Submit

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Description:	Order ID: FHR-B6VJ-FR4
Premium Amount: \$20,000.00	State: Maryland
Client Account Number:	Product: FG Guarantee-Platinum 5

Identify the owner, annuitant and beneficiary
Asterisks indicate required fields.

← **Required Info.**

Individuals

Action	Prefix	First Name	MI	Last Name	Suffix	Primary Role	Secondary Role	Additional Role
		r *		r *		Owner	Annuitant	None
Delete		4 *		4 *		Beneficiary	None	None

Add Rows

Entities

Action	Name (Trusts, Corporations, Etc.)	Organization	Primary Role	Secondary Role	Additional Role
Delete			None	None	None

Add Rows



Participant Details

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Client Account Number: _____ **Product:** FGLIFEPLATINUM5

Enter contact details
Asterisks indicate required fields.

Owner/Annuitant

Prefix:	First Name: c	MI:	Last Name: c	Suffix:
----------------	----------------------	------------	---------------------	----------------

Relationship to Owner: Self

Gender: Male * Date of Birth: 10-22-1961* SSN: 444-44-4444*

Address:

(Type) Residence *

(Line 1) 444* (Line 2) _____

City: scottsdale* State: Arizona *

Country: United States of America * Zip Code: 85255-*

Phone Type: * Phone #: Ext:

Email Type: Personal * Email Address: _____

Citizenship: *

Active Military: Yes No*

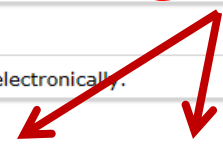
Consents:

This prompt is for Electronic Signature consent for Forms. Select Yes to sign electronically. No Yes*

Participant Consents

If Electronic Signature is selected, which signature method will you use? In-Person signing Remote signing

E Signature Options





✓ Producer

✓ Product

✓ Funding

✗ Participants

✗ Participant Details

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▶ Feature Details

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Description:

Premium Amount:

\$50,000.00

Client Account Number:

Order ID:

FL3-BVYZ-SOX

State:

Maryland

Product:

FG Guarantee-Platinu

Identify product riders and programs

Asterisks indicate required fields.

Living Benefit

Features

Living Benefit

Not Applicable

Death Benefit

Features

Death Benefit

Death Benefit is equal to account value

Program

Features

Surrender Charge Schedule

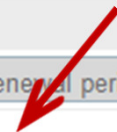
9/8/7/6/5 - Charges repeat each renewal period with the exception of first 30 d

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Description:	Order ID:	FL3-BVYZ-SOX
Premium Amount:	State:	Maryland
Client Account Number:	Product:	FG Guarantee-Platinum 5

Provide program details
Asterisks indicate required fields.

Living Benefits

Feature Selected	Feature Option Selected	Duration
Living Benefit	Not Applicable	<input type="text"/>

Death Benefits

Feature Selected	Feature Option Selected	Duration
Death Benefit	Death Benefit is equal to account value	<input type="text"/>

Programs

Initial Allocation

Feature Name	Destination Allocation Type
Initial Premium	<input checked="" type="radio"/> Percentage *

Feature Selected	Feature Option Selected	Duration
Surrender Charges	9/8/7/6/5 - Charges repeat each renewal period with the exception of first 30 days in each period.	<input type="text"/>





✓ Producer

✓ Product

✓ Funding

✗ Participants

✗ Participant
Details

✓ Features

✓ Feature Details

▶ Sub Accounts

▶ Fulfillment

□ Notes

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□ Forms
Submit

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Description:

Premium Amount:

\$50,000.00

Client Account Number:

Order ID:

FL3-BVYZ-SOX

State:

Maryland

Product:

FG Guarantee-Platinum 5

Specify Interest Credit Allocations

Asterisks indicate required fields.

Interest Crediting Options

Initial Allocat

5 Year Guaranteed Period



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Description:		Order ID:	FL3-BVYZ-SOX
Premium Amount:	\$50,000.00	State:	Maryland
Client Account Number:		Product:	FG Guarantee-Platinum 5

Commission Options:

Commission Option Selected: *

Not Applicable

Answer questions from the Insurance Company

Main Section

*****Owner Information*****

Employer Name:

Employer Address:

*****Owner Verification*****

Identification Number: *

Type of Identification: *

*****Additional Information*****

Source of Funds

What is the source of funds for this annuity? (If more than one source, check all that apply):

From Liquid Assets


Cash or CDs	<input checked="" type="checkbox"/>
Checking, Savings, Money Market	<input type="checkbox"/>
Mutual Funds except class B	<input type="checkbox"/>
Stocks/Bonds	<input type="checkbox"/>
Fixed annuity not subject to surrender charges	<input type="checkbox"/>
Variable annuity not subject to surrender charges	<input type="checkbox"/>
Life Insurance cash value not subject to surrender charges	<input type="checkbox"/>
Liquid Source Amounts:	<input type="text" value="\$50000.00"/> *

From Other Sources

Fixed annuity subject to surrender charges	<input type="checkbox"/>
Variable annuity subject to surrender charges	<input type="checkbox"/>
Life Insurance cash value subject to surrender charges	<input type="checkbox"/>
IRAs or other qualified plans (if under 59 1/2)	<input type="checkbox"/>
Class B Mutual Funds subject to surrender charges	<input type="checkbox"/>
Lump Sum Pension distribution (defined benefit)	<input type="checkbox"/>
Reverse mortgage/home equity loan	<input type="checkbox"/>
Gift/Inheritance/Death claim proceeds	<input type="checkbox"/>
Other Source Amounts:	<input type="text"/> *

Should equal total amount that is funding the new annuity policy





Message(s) ✕

Error (ADM-X-0007) Identification Number: is Required
 Error (ADM-X-0007) Type of Identification: is Required
 Error (ADM-X-0007) Does the applicant have an existing life

[Evaluate Macros](#)
[Show Monitor](#)
[Log](#)

Employer Address:	
Owner Verification	
Identification Number:	<input type="text" value="x"/> *
Type of Identification:	State Issued ▾ *
State:	-- SELECT -- ▾ *
Additional Information	
Guaranteed Interest Rate:	<input type="text"/>
Annuity Year 1 Percentage or Remainder of Rate Period (if applicable):	<input type="text"/>
Agent's Fax Number:	<input type="text"/>
Special Instructions:	<input type="text"/>

Submit

Main Section

*****Owner Information*****

Error (ADM-X-0007) Approximate Monthly Household Expenses: is Required

Error (ADM-X-0007) Cash: is Required

Error (ADM-X-0007) Checklist/Quizzes/Market: is



<< Previous Cancel Save Next >>



Product - PPFA

View Summary as PDF

Render Forms

Review the completed order

Order Summary Report

Producers

Producer's Name	SSN	Producer's ID	Split Percent
Agent, John	111-11-1111	000031162	100%

Order Information

Order Description:		Affirm Order ID:	FL3-BVYZ-SOX
Order Created Date:	01-21-2015	Ownership Type:	Individually Owned
Estimated Total Premium:	\$50,000.00	Solicitation State:	Maryland
Annuity Plan Type:	Non-Qualified	Resident State:	Maryland
Client Account #:			
Commission Option Code:	Not Applicable		

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Review and print forms and submit for approval

Include	Form Number	Form Name	Required	Form Origin	Control Number	E-Signature	Required Signatures
<input checked="" type="checkbox"/>	FDLGY33732	Platinum Standard Application	Yes	Carrier	1		Annuitant, Primary Agent, Owner
<input checked="" type="checkbox"/>	ADMIN5478_AZ	Replacement AZ	Yes	Carrier	1		Owner, Primary Agent, Primary Agent, Owner, Owner
<input checked="" type="checkbox"/>	ADMIN5463	Suitability Acknowledgement Form non FL	Yes	Carrier	1		Primary Agent, Owner
<input type="checkbox"/>	AFFIRM_OSR	Order Summary Report	No	Vendor	1		

Consent for electronic signatures has been given on this application. Please take a moment to review the list of participants that are expected to sign forms and their contact information.







Signee Name	Signature Roles	E-mail Type	E-mail Address	e-Signature Method
b, r	Primary Agent	Business <input type="button" value="v"/> *	<input type="text" value=""/> *	In Person
c, c	Annuitant, Owner	Personal <input type="button" value="v"/> *	<input type="text" value=""/> *	In Person


By choosing the Submit button below, I certify that I have reviewed all required forms.

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Cancel
Save

Review and print forms and submit for approval

Description:	Order ID:	FW3-B34K-OHD
Premium Amount: \$50,000.00	State:	Florida
Client Account Number:	Product:	FG Guarantee-Platinum 5

Include	Form Number	Form Name	Required	Form Origin	Control Number	E-Signature	Required Signatures
<input checked="" type="checkbox"/>	Admin5278	Admin5278 Transfer of Assets	Yes	Carrier	1		
<input checked="" type="checkbox"/>	ADV1090	FG Guarantee Platinum Agent Confirm	Yes	Carrier	1		Owner, Primary Agent
<input checked="" type="checkbox"/>	FDLGY33732	Platinum Standard Application	Yes	Carrier	1		Owner, Annuitant, Primary Agent, Primary Agent
<input checked="" type="checkbox"/>	ADMIN5488_FL	FL Disclosure and Comparison of Annuity Contracts	Yes	Carrier	1		Owner, Primary Agent, Owner, Owner, Owner
<input checked="" type="checkbox"/>	ADMIN5525_FL	Replacement FL	Yes	Carrier	1		Primary Agent, Owner
<input checked="" type="checkbox"/>	ADMIN5603_FL	Annuity Suitability Questionnaire FL	Yes	Carrier	1		Owner, Owner, Owner, Owner, Primary Agent, Owner, Owner
<input checked="" type="checkbox"/>	ADMIN 5671	Annuity Suitability Questionnaire – FL Supplement	Yes	Carrier	1		Owner, Owner, Owner, Owner, Primary Agent
<input type="checkbox"/>	AFFIRM_OSR	Order Report	No	Vendor	1		



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Form Manifest

Source	Form Number	Form Name	Description	Population Status
FGLLIFE	Admin5278	Admin5278 Transfer of Assets		formatted form rendered
FGLLIFE	ADV1090	FG Guarantee Platinum Agent Confirm		formatted form rendered
FGLLIFE	FDLGY33732	Platinum Standard Application		formatted form rendered
FGLLIFE	ADMIN5488_FL	FL Disclosure and Comparison of Annuity Contracts		formatted form rendered
FGLLIFE	ADMIN5525_FL	Replacement FL		formatted form rendered
FGLLIFE	ADMIN 5671	Annuity Suitability Questionnaire – FL Supplement		formatted form rendered
FGLLIFE	ADMIN5603_FL	Annuity Suitability Questionnaire FL		formatted form rendered
Count	7			



Annuity 1035 Exchange and Transfer/Rollover Form

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

Instructions: Complete Section A or B

- 1A is for non-qualified annuity transactions
- 1B is for qualified annuity/account transactions

1. Current Contract Information (Please print clearly using a black or blue pen)

Current Company/Financial Institution	Phone Number	Contract/Policy Number Being Exchanged/Transferred	
Street Address of Current Insurance Company/Financial Institution	City	State	Zip
Owner(s) Name		Social Security Number or Tax Identification Number	
Joint Owner (if any)		Social Security Number or Tax Identification Number	
Annuitant(s) Name (if other than owner)		Social Security Number	
Joint/Contingent Annuitant Name (if any)		Social Security Number	




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Forms Submit

Review and print forms and submit for approval

Include	Form Number	Form Name	Required	Form Origin	Control Number	E-Signature	Required Signatures
<input checked="" type="checkbox"/>	FDLGY33732	Platinum Standard Application	Yes	Carrier	1		Annuitant, Primary Agent, Owner
<input checked="" type="checkbox"/>	ADMIN5463	Suitability Acknowledgement Form non FL	Yes	Carrier	1		Primary Agent, Owner

Consent for electronic signatures has been given on this application. Please take a moment to review the list of participants that are expected to sign forms and their contact information.

Signee Name	Signature Roles	E-mail Type	E-mail Address	e-Signature Method
Agent, Test	Primary Agent	Business * 	anyemail@mail.com *	In Person
Policy, Test	Owner, Annuitant	Business * 	anyemail@mail.com *	In Person

By choosing the Submit button below, I certify that I have reviewed all required forms.





<< Previous Cancel Save Next >>

Description:		Order ID:	FL3-BVYZ-SOX
Premium Amount:	\$50,000.00	State:	Maryland
Client Account Number:		Product:	FG Guarantee-Platinum 5

Add comments for internal use only

Asterisks indicate required fields.

Subject	Message	From	Date	Time
---------	---------	------	------	------

Add

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Review and print forms and submit for approval

Include	Form Number	Form Name	Required	Form Origin	Control Number	E-Signature	Required Signatures
<input checked="" type="checkbox"/>	FDLGY33732	Platinum Standard Application	Yes	Carrier	1		Annuitant, Primary Agent, Owner
<input checked="" type="checkbox"/>	ADMIN5463	Suitability Acknowledgement Form non FL	Yes	Carrier	1		Primary Agent, Owner

View Selected

Consent for electronic signatures has been obtained from all signers and their contact information.

Signee Name	Signature Role
Agent, Test	Primary Agent
Policy, Test	Owner, Annuitant

View the list of participants that are expected to sign forms

	e-Signature Method
<input type="checkbox"/> *	In Person
<input type="checkbox"/> *	In Person

Confirmation ✕

⚠ Clicking [OK] below will send your order for approval. Upon all the required approvals, the order will be submitted to the carrier.

Click [OK] if you wish to proceed.

By choosing the Submit button below, I certify that I have reviewed all required forms.

Submit

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Cancel

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Review and print forms and submit for approval

Include	Form Number	Form Name	Required	Form Origin	Control Number	E-Signature	Required Signatures
<input checked="" type="checkbox"/>	FDLGY33732	Platinum Standard Application	Yes	Carrier	1		Annuitant, Primary Agent, Owner
<input checked="" type="checkbox"/>	ADMIN5463	Suitability Acknowledgement Form non FL	Yes	Carrier	1		Primary Agent, Owner

Consent for electronic signatures has been obtained from the list of participants that are expected to sign forms and their contact information.

Order Submitted ✕

Thank You for your Order, it has now been submitted.

Review the list of participants that are expected to sign forms

Signee Name	Signature	e-Signature Method
Agent, Test	Primary Agent	In Person
Policy, Test	Annuitant, Owner	In Person

By choosing the Submit button below, I certify that I have reviewed all required forms.



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▶ Signatures

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In Person Electronic Signing Instructions :

1. Following the Signer sequence in the list below, please hand the control of your computer to the Signer.
2. Instruct the Signer to click "eSign Now" to start document review and signing.
3. When documents are presented, instruct the Signer to follow instructions on screen to review and apply signatures.

Signers

Role(s)	Signature Status	eSign Now
Primary Agent	Pending	
Annuitant, Owner	Pending	eSign Now

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Review and print forms and submit for approval

Include	Form Number	Form Name	Required	Form Origin	Control Number	E-Signature	Required Signatures
<input checked="" type="checkbox"/>	FDLGY33732	Platinum Standard Application	Yes	Carrier	1		Annuitant, Primary Agent, Owner
<input checked="" type="checkbox"/>	ADMIN5478_AZ	Replacement AZ	Yes	Carrier	1		Owner, Primary Agent, Primary Agent, Owner, Owner
<input checked="" type="checkbox"/>	ADMIN5463	Suitability Ack FL					Primary Agent, Owner
<input type="checkbox"/>	AFFIRM_OSR	Order Summary					

Order Submitted

Thank You for your Order, it has now been submitted.

Consent for electronic signatures has been given on this application. Please take a moment to review the list of participants that are expected to sign forms and their contact information.

Signee Name	Signature Roles	E-mail Type	E-mail Address	e-Signature Method
b, r	Primary Agent	Business		In Person
c, c	Annuitant, Owner	Personal		In Person

By choosing the Submit button below, I certify that I have reviewed all required forms.

! ☆ | From | Subject | Received ▾

▲ Date: Today

✉ iPipeline AFFIRM Test via Doc... Application Packet for FG Guarantee-Platinum 5 (Case ID: FL3-CC4P-OZ3) Wed 1/21/2015 1:33 PM

From: DocuSign Demo System <dse_demo@docusign.net>
To: Sorensen, Gary
Cc:
Subject: Application Packet for FG Guarantee-Platinum 5 (Case ID: FL3-CC4P-OZ3)

Please review and sign your document

From: iPipeline AFFIRM Test (fl.supportservices@ipipeline.com)
Fidelity & Guaranty Life Online Application


Hello Joe Client,

[View Documents](#)

Thank you for choosing DocuSign.

DocuSign. The fastest way to get a signature.®

This message was sent to you by iPipeline AFFIRM Test who is using the DocuSign Electronic Signature Service. If you would rather not receive email from this sender you may contact the sender with your request.



DocuSign Signing Ceremony

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Security Requests from Sender

From:  **iPipeline AFFIRM Test**
Fidelity and Guaranty

The sender has requested you enter a secret access code prior to reviewing the document. You should have received an access code in a separate communication. Please enter the code and validate it in order to proceed to viewing the document.

Access Code

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DocuSign Signing Ceremony

Subject: Application Packet for FG Guarantee-Platinum 5 (Case ID: FHU-BRP7-NQW)



▲ ▼ 3 of 7 100% ▼ Download Print More ▼

If the annuity is issued with a market value adjustment rider, the cash surrender values may increase or decrease based on a market value adjustment prior to the date or dates specified in the annuity; the market value adjustment applies when the surrender charge applies.

Signature(s)

I/(We) certify, under penalties of perjury, that I am a/(we are) U.S. Citizen(s) or resident(s) of the U.S. (includes U.S. resident aliens) and that the taxpayer identification number(s) is (are) correct. I/(We) understand that federal law requires all financial institutions to obtain identity information in order to verify my (our) identity(ies) and I (we) authorize its use for this purpose. This information includes, but is not limited to, the name(s), residential address(es), date(s) of birth, Social Security or taxpayer identification number(s), and any other information necessary to sufficiently verify identity(ies).

I/(We) understand that failure to provide this information could result in the application being rejected. Third party sources may be used to verify the information provided.

Next

Signed at: GA  Date: Party[a0d79fb4-bc7a-417'

Signature of Owner: 

Signature of Joint Owner:  

Signature of Annuitant: 

Signature of Joint Annuitant: _____

Agent

Does the applicant have an existing life or annuity policy? Yes No

To the best of your knowledge, does this application replace or change existing life insurance or annuities? Yes No

I attest that I have witnessed all signatures. I certify that the Company's disclosure material has been presented to the applicant and a copy was provided to the applicant. I have not made any statements which differ from this material nor have I made any guarantees or promises about the expected future values of the annuity. I have received a copy of, have carefully read and complied with the applied for fixed annuity's training manual

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DocuSign Signing Ceremony

Subject: Application Packet for FG Guarantee-Platinum 5 (Case ID: FHU-BRP7-NQW)



▲ ▼ 3 of 7 100% ▼ Download Print More ▼

If the annuity is issued with a market value adjustment rider, the cash surrender values may increase or decrease based on a market value adjustment prior to the date or dates specified in the annuity; the market value adjustment applies when the surrender charge applies.

Signature(s)

I/(We) certify, under penalties of perjury, that I am a/(we are) U.S. Citizen(s) or resident(s) of the U.S. (includes U.S. resident aliens) and that the taxpayer identification number(s) is (are) correct. I/(We) understand that federal law requires all financial institutions to obtain identity information in order to verify my (our) identity(ies) and I (we) authorize its use for this purpose. This information includes, but is not limited to, the name(s), residential address(es), date(s) of birth, Social Security or taxpayer identification number(s), and any other information necessary to sufficiently verify identity(ies).

I/(We) understand that failure to provide this information could result in the application being rejected. Third party sources may be used to verify the information provided.

Next

Signed at: GA _____ Date: Party[a0d79fb4-bc7a-417]

Signature of Owner: _____

Signature of Joint Owner: _____

Signature of Annuitant: _____

Signature of Joint Annuitant: _____

Agent

Does the applicant have an existing life or annuity policy? Yes No

To the best of your knowledge, does this application replace or change existing life insurance or annuities? Yes No

I attest that I have witnessed all signatures. I certify that the Company's disclosure material has been presented to the applicant and a copy was provided to the applicant. I have not made any statements which differ from this material nor have I made any guarantees or promises about the expected future values of the annuity. I have received a copy of, have carefully read and complied with the applied for fixed annuity's training manual

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DocuSign Signing Ceremony

Subject: Application Packet for FG Guarantee-Platinum 5 (Case ID: FL3-BVYZ-SOX)


Fidelity & Guaranty Life™

11 of 15 100%

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important features of the annuity and proposed transaction.

To the best of my knowledge, the questions on this form have been answered truthfully and I have complied with Fidelity & Guaranty Life suitability requirements consistent with my contractual obligations.


 Agent Signature
 John Agent
 Date: 1/21/2015 | 11:35:29 AM ET
 Agent's Printed Name and Producer Number: 000031162

Confirm Signing

All required fields complete.

You will have an opportunity to save your copy on the next screen.

Click "Confirm Signing" when you are ready.

Life Insurance Company Des Moines, IA
 Insurance Company of New York New York, NY
 Page 4 of 4 Rev. 6-2014

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Producer's Name	SSN	Producer's ID	Split Percent
Agent, John	111-11-1111	000031162	100%

11 12 13 14 15

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► Annuity Orders

Enter New Business

Search specific order(s):

Select criteria below to search for Order, Account, Client and Rep information. Please note that the default search date range is the previous 0 days.


Order ID	<input type="text"/>	Account Number	<input type="text"/>			
Order Description	<input type="text"/>	Client Name	<input type="text"/>	Producer ID	<input type="text"/>	
Order Type:	----- SELECT ----- ▼	Date Range:	<input type="radio"/> Created <input checked="" type="radio"/> Updated	Rep First Name	<input type="text"/>	
Status:	----- SELECT ----- ▼	From:	<input type="text" value="01-12-2016"/> *	Rep Last Name	<input type="text"/>	
Funding Type:	----- SELECT ----- ▼	To:	<input type="text" value="01-12-2016"/> *			



Show All

Search Orders

Clear Criteria

 Edit
  View
  Copy
  Delete
  Cancel
  Info
  E-Signature

Search specific order(s):

Select criteria below to search for Order, Account, Client and Rep information. Please note that the default search date range is the previous 0 days.

Order ID: Account Number:

Order Description: Client Name: Producer ID:

Order Type: Date Range: Created Updated Rep First Name:

Status: From: Rep Last Name:

Funding Type: To:

Order ID	Order Desc	Type	Status	Product	Account #	Policy #	Client Name	Created	Updated	NSSC Submitted	Producer	Rep First	Rep Last	E-Signature
	FWF-B7YP-26F	NB	Transmitted	FG Guarantee-Platinum 5		MX000000		12-17-2015 01:34:22 PM	12-17-2015 03:04:48 PM	12-17-2015 02:26:47 PM				
	FWF-CCBR-BCF	NB	In Progress					12-17-2015 02:14:16 PM	12-17-2015 02:14:16 PM					
	FV3-CL7M-LSI	NB	Transmitted	FG Guarantee-Platinum 5		MX000000		12-07-2015 05:07:51 PM	12-08-2015 05:09:26 PM	12-08-2015 04:26:08 PM				
	FV3-CNQB-H7Y	NB	Transmitted	FG Guarantee-Platinum 5		MX000000		12-07-2015 05:34:25 PM	12-08-2015 05:09:21 PM	12-08-2015 04:19:21 PM				
	FVX-CKLQ-KTL	NB	Transmitted	FG Guarantee-Platinum 5		MX000000		12-03-2015 04:39:31 PM	12-04-2015 06:10:02 PM	12-04-2015 05:46:16 PM				

1. Have your client sign the form(s).
2. Write the policy number assigned by the system at the top right corner of each page.

3. Mail the document to:

Fidelity & Guaranty Life Insurance Company

Attn: New Business

Two Ruan Center

601 Locust Street, 14th Floor

Des Moines, IA 50309

1. Fill out the application- Improved In-Good-Order
2. Sign the application- A click of a button
3. Submit the application- Expedite processing

Mail Check with Policy Number to:

Fidelity & Guaranty Life Service Center
777 Research Drive
Lincoln, NE 68521



Fidelity &
Guaranty Life

Thank you

BE SMART

TAKE ACTION

OWN YOUR FUTURE