Electronic Application Disclosure Documents
Final Expense – Kansas

Dear Applicant:

We are pleased to accept your application for life insurance. The application process will be completed electronically. The electronic application process allows you to review all of the information entered into the application form for accuracy before you sign. Your agent will ask all application questions and record your answers as you provide them. Once the application is complete, you will be asked to review all of the information before typing your name in the signature section.

After the electronic document is signed, it is reviewed one more time before being submitted to the Company. If any changes are required at this point, the signature process will be repeated after the changes are made, including another final review before the application is transmitted to the Company. Typing your name into the electronic document indicates your acceptance of its terms. Your electronic signature is legally binding.

Columbian's electronic application, and in particular electronic signature systems and processes use Adobe's PDF SSL digital encryption and lock down facilities. Columbian uses the signed PDF documents as the authoritative data. The electronic application process requires positive action on the part of the proposed insured and the agent and immediately produces a corresponding locked PDF document. Any subsequent alterations will be easily viewed as it will break the PDF locked and encrypted validation seals. Additionally, the data collected and the PDF document will be kept in separate but secured systems providing another validation method.

Columbian's digital signature process involves using an enterprise custom certificate authority. This certificate is a file in a folder on the Columbian hosting server. Once stored on the hosting server, an applicant's signature may not be transmitted to any other forms.

To protect the privacy of the information collected HTTPS (SSL) certificates are employed to encrypt the entire application data gathering session. All collected data is stored in secured databases with access granted only to appropriate Company staff.

DocuSign eSignature complies with the U.S. ESIGN Act and UETA.

All of the Company's data and systems, including that of the electronic application data and process, are secured using current technology standards and procedures that undergo a variety of both internal and external audits and periodic reviews of the process and of the systems to ensure they are kept current.

We are providing you with printed versions of the disclosure documents checked below. Please keep these items with your important insurance documents.

☒ Information Practices Relating to Underwriting Your Application, Form No. ICC21 A745-CL-NOTICE
(required for all applications)

☐ Completed Conditional Receipt Section of Form No. ICC21 745-CL-NOTICE
(only if electing an immediate premium payment)

☐ Accelerated Benefit Rider Disclosure, Form No. 6180-CL (IC)
(only if applying for the Accelerated Benefit Rider and in states where the disclosure is required)

Thank you for giving us the opportunity to serve you and your insurance needs. We appreciate your business and are dedicated to providing you with the highest level of service.

Form No. 5354CFG-KS (Rev. 11/21)

INFORMATION PRACTICES RELATING TO UNDERWRITING YOUR APPLICATION

Thank you for choosing insurance from Columbian Life Insurance Company. This Notice is given to you at the time you apply for life or health insurance to tell you about the kinds of information we may obtain in connection with your application. **We will treat all personal information about you as confidential**.

INVESTIGATIVE CONSUMER REPORT
We may obtain an investigative consumer report and may tell the consumer reporting agency the amount and type of your coverage. The report may contain data about your identity, age, residence, past and present job (including work duties), economic conditions, driving record, personal and business reputation in the community and mode of living, but will not include any information relating directly or indirectly to sexual orientation.

IDENTIFICATION
To obtain the data described above, the insurer may give my name, address and date and place of birth to the above persons or organizations.

ACCESS TO INFORMATION
You may request, in writing, to receive information from Columbian Life Insurance Company about the nature and scope of an investigative consumer report. Within five (5) business days of receipt of a written request, we will provide you with the name, address and phone number of any agency we ask to prepare such a report. By contacting the investigative agency, you may inspect or receive a copy of such report.

WHERE TO WRITE US
You have a right of access and correction with respect to this information. If you wish a more detailed explanation of our information practices, please send your written request to Underwriting Department, Columbian Life Insurance Company, PO Box 1381 Binghamton, NY 13902-1381.

MIB, INC. PRE-NOTICE
MIB, Inc. is a not-for-profit membership organization of life insurance companies. The MIB provides an information exchange for its members. It maintains information of underwriting significance on policyholders and applicants as furnished to it by member companies. Such information is available only to member companies and only when such company has an authorization signed by you to request such information.

We use the MIB to check information of underwriting significance, but only as a guide to identify areas about which we might need additional information before reaching a final underwriting decision. Columbian Life does not rely, in whole or in part, on an MIB report in making a final underwriting decision.

We make a brief report to the MIB on those individuals about whom we have information about underwriting significance. We will not report what action we have taken on your application. The MIB, on request, supplies other member companies with information in its files if an application for life or health insurance, or a claim for benefits, is submitted to such company. MIB rules require that a member company have our authorization before requesting information about you.

If you question the accuracy of information in the MIB file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the information office of MIB, Inc. is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, Telephone Number (866) 692-6901. MIB's website is www.mib.com.

CONDITIONAL RECEIPT

Complete Only When Payment Received

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO COLUMBIAN LIFE INSURANCE COMPANY.
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received from (Print) _____ , the sum of _____ on the life of (Proposed Insured) _____. Columbian Life Insurance Company ("the Company") accepts this payment in connection with your application for insurance and, subject to the terms and conditions of this Conditional Receipt and subject to all the terms and conditions of the policy applied for, agrees to provide coverage under the following conditions:

EFFECTIVE DATE OF COVERAGE: Provided that each of the conditions below is satisfied, coverage under this Conditional Receipt will begin on the later of the Underwriting Date (as defined below) or the specific policy date requested on the application. The Underwriting Date is the later of (1) the date of the application; or (2) the date all underwriting requirements, as required by the Company's underwriting rules, are completed.

CONDITIONS: Insurance coverage under this Conditional Receipt will begin on the Effective Date (as defined above) only if, on that date, all of the following criteria are met:

(1) You had paid the full first modal premium on the policy applied for; and
(2) All Proposed Insureds were insurable at standard rates on the date of the application; and
(3) The Company is able to issue the policy as applied for; and
(4) The amount of insurance applied for, with respect to any Proposed Insured, is not in excess of $50,000.

TERMINATION OF COVERAGE: Any insurance provided under this Conditional Receipt will terminate: (1) Immediately, if the Company refunds your payment or your check was not honored by your Bank; or (2) The date coverage under the policy applied for becomes effective; or (3) Ninety (90) days after the date of the application.

_____ **X** _____
Date Signature of Licensed Agent

IMPORTANT NOTICE TO THE AGENT: DO NOT SIGN THE CONDITIONAL RECEIPT UNLESS PREMIUM IS TAKEN WITH THE APPLICATION.

LEAVE WITH PROPOSED INSURED/OWNER

COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICES:
PO BOX 1381 • BINGHAMTON, NY 13902-1381
PO BOX 1056 • SYRACUSE, NY 13201-1056

Important Disclosures
Accelerated Benefit Rider

This briefly describes the provisions of the Accelerated Benefit Rider. Consult your rider for specific information. Please read your policy and rider carefully.

The Accelerated Benefit Rider allows you to elect to receive an advance on the death benefit of the policy when the Insured is diagnosed as having a non-correctable terminal illness which, in the best medical judgment of a physician, will result in the death of the insured within twelve (12) months from the date of the diagnosis. Diagnosis must be made during the time the rider and the policy are in force.

The Accelerated Benefit is equal to fifty percent (50%) of the insured's base policy death benefit. We will pay this amount less any loan (and unpaid loan interest) on the policy, any due and unpaid premium, and an Administrative Service Fee of $250.00. The policy loan and unpaid loan interest will be repaid. There will be no change in premiums. Regular premium payments as specified in the policy will be required in order to keep the policy in force. We will establish a lien against the death benefit of the policy equal to the amount of the Accelerated Benefit, plus accrued interest at the Accelerated Benefit interest rates. At the death of the insured, we will deduct the lien from the death benefit of the policy. If the Policy has a Surrender Value, the total amount of the lien and any policy loans and loan or lien interest will be deducted from the Surrender Value of the policy. If the total of all liens, loans and loan interest equals or exceeds the death benefit of the Policy, the Policy will terminate.

IF AN ACCELERATED BENEFIT IS PAID THE POLICY DEATH BENEFIT AND SURRENDER VALUE WILL BE REDUCED. RECEIPT OF ACCELERATED BENEFITS MAY BE TAXABLE. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO DETERMINE THE CURRENT TAX CONSEQUENCES PRIOR TO MAKING ANY ELECTION.

The rider may affect your ability to receive certain government benefits or entitlements. The Accelerated Benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information.

The Accelerated Benefit Rider is not long-term care insurance and does not provide long-term care benefits.

There is no premium charge for the rider; however, there is a $250 Administrative Service Fee for processing an Accelerated Benefit payment.

I hereby acknowledge that I have received a copy of this statement. I understand that there is no premium charge for the rider, but there will be a $250 Administrative Service Fee for processing an Accelerated Benefit payment. I understand that the rider may affect my ability to receive certain government benefits or entitlements and that receipt of an Accelerated Benefit may be taxable.

Signature of Applicant/Owner	Date
Printed Name of Applicant/Owner	Social Security Number
Signature of Licensed Agent License No.	Date