

Connex enhancement: Direct links to required form PDFs

A recent Connex update provides users with direct links to forms within the outstanding requirements section of a new business policy detail. This is a change from the current practice which required users to perform a separate search within Forms Depot to find the form.

When a form is required, a link will be found within the detail section of the associated requirement within the Outstanding Requirements section of the policy. The link will open the required form as a PDF allowing the user to either:

- Save the form to their computer as a PDF
- Print the form
- Forward the PDF via email

Please note

- Forms that are specific to individual products such as IUL Supplemental Applications and require additional criteria other than product type will not be linked.
- Additional notes about the forms that reside in Forms Depot will not be added to Connex.

Have questions? Talk to your dedicated Case Relationship Manager.

See page 2 for screen shots

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Connex enhancement: Direct links to required form PDFs

- 1) Pending requirements will appear in **red text** in Requirement(s) section. Click on the blue envelope to open the requirement details.

Requirement(s):

Requirement	Status	Status Date	Posted	Responsible Party	Open/Close
Amount of Coverage / Benefit omitted	Open	5/31/2023	5/31/2023	Agent	1
Comments Exch/Repl - sequence #1 - ZACHARY TAYLOR LIFE					
Motor Vehicle Report	Ordered	5/31/2023	5/31/2023	Home Office	
Comments					
Agent Report	Reviewed	5/31/2023	5/31/2023	Agent	▼
HIPAA Auth	Reviewed	5/31/2023	5/31/2023	Agent	▼

- 2) The form link will be the form description in blue text. Click on blue text.

This will open a PDF of the form in a separate tab. Download the form PDF and complete it as required.

New Business Pending Policy: 4240006832
Policy information is current as of 6/10/2024

Policy Information
Policy Details

Product Type Universal Life Insurance	Insured Name KOFAXI, QLOUL, EDWARD E	Writing Agent JMHWC, KZJJD, 52829-AGL	Policy Status Pending
Face Amount \$300,000.00	Billable Premium \$299.58	Billing Frequency Monthly	Date of Issue
Policy Effective Date 6/10/2024	Underwriting Date Class Preferred Non Tobacco		

Detailed Policy Information
Disclaimer Message: Policy information, including values (if available) and benefits shown reflect what is available on the specified date and are subject to change. Please contact the Home Office if a current validation is needed.

Outstanding Requirements: Application Coverage Insured Owner Beneficiaries Agent List Correspondence Policy Delivery Details

Requirement(s):

Requirement	Status	Status Date	Posted	Responsible Party	Open/Close
Bank Draft Auth	Open	6/10/2024	6/10/2024	Agent	

Comments

Required Documents: [Bank Draft Auth](#) **2**

Upload PDF only (Max Limit: 9.5MB)

Please ensure the pdf you are uploading is not password protected or encrypted

Send an email

Requirement(s):

Requirement	Status	Status Date	Posted	Responsible Party	Open/Close
Bank Draft Auth	Open	6/10/2024	6/10/2024	Agent	

Comments

Required Documents: [Bank Draft Auth](#)

Fully completed Bank Draft Auth and copy of Void Check are required.

Bank Draft Authorization

American General Life Insurance Company, 172-11 46th Avenue, Queens, NY 11357
 The United States Life Insurance Company in the City of New York, 333 State Street, 48th Floor, New York, NY 10003-1000

By check, by computer, or by any other means, the insured hereby authorizes the insurance company to debit the insured's bank account for the payment of premiums and for the payment of any other amounts due under this policy. The insured understands that the insurance company is responsible for the proper use of the insured's bank account information and is not responsible for any loss of funds or other financial consequences resulting from the use of the insured's bank account information. The insured understands that the insurance company is not responsible for any loss of funds or other financial consequences resulting from the use of the insured's bank account information.

Policy Number, if available	Name of Insured Applicant	Policy Number, if available	Name of Insured Applicant

INSURANT'S OPTION: Please select ONE box, no payment option

Bank Draft Payment and Draft Submission Preference
I understand that the insured is authorizing the insurance company to debit the insured's bank account for the payment of premiums and for the payment of any other amounts due under this policy. I understand that the insurance company is not responsible for any loss of funds or other financial consequences resulting from the use of the insured's bank account information.

Debit Payment Preference
I understand that the insured is authorizing the insurance company to debit the insured's bank account for the payment of premiums and for the payment of any other amounts due under this policy. I understand that the insurance company is not responsible for any loss of funds or other financial consequences resulting from the use of the insured's bank account information.

INSURANT'S OPTION: Please provide the requested details

Debit Only Subsequent Payments
I understand that the insured is authorizing the insurance company to debit the insured's bank account for the payment of premiums and for the payment of any other amounts due under this policy. I understand that the insurance company is not responsible for any loss of funds or other financial consequences resulting from the use of the insured's bank account information.

Check Submission in Advance
I understand that the insured is authorizing the insurance company to debit the insured's bank account for the payment of premiums and for the payment of any other amounts due under this policy. I understand that the insurance company is not responsible for any loss of funds or other financial consequences resulting from the use of the insured's bank account information.

INSURANT'S OPTION: Please provide the requested details

Preferred Withdrawal Date (The 28th of the month) _____ Please Add my account for all outstanding premium due.
If a premium withdrawal is made, the insured understands that the insured's bank account will be debited for the amount of the withdrawal.

Account Number: _____ SSN: _____
Frequency: Monthly Quarterly Semi-annual Annual
Financial Institution Name: _____
Financial Institution Address: _____ City: _____ State: _____ ZIP: _____
Type of Account: Checking Savings
Routing Number: _____ (For checking account draft use routing # listed on check)
Account Number: _____ (For checking account draft use routing # listed on check)
Bank Account (Checklist for business accounts, Not Business and Authorized Signer Name)
Name (The Name on the Policy): _____ (Last Name)
Date of Birth: _____ (MM/DD/YYYY)
Name (The Name on the Policy): _____ (Last Name)
Date of Birth: _____ (MM/DD/YYYY)
First Address: _____ (MM/DD/YYYY)
Date of Birth: _____ (MM/DD/YYYY)
Bank Account Owner's Address (The business account, Not Business Address)
Street: _____ City: _____ State: _____ ZIP: _____
Date: _____ Page 1 of 1

- 3) The process for uploading completed forms has not changed:
 - Click Go.
 - Browse your computer for the saved/completed signed form and add it.
 - Click Save Document.
 - The Form's Name will display; if the completed/signed form's name was change, the new name will display.

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Policy Information
Policy Details

Product Type Universal Life Insurance	Face Amount \$300,000.00	Policy Effective Date 6/10/2024
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Detailed Policy Information
Disclaimer Message: Policy information, including values (if available) and benefits shown reflect what is available on the specified date and are subject to change. Please contact the Home Office if a current validation is needed.

Outstanding Requirements: Application Coverage Insured Owner Beneficiaries Agent List Correspondence Policy Delivery Details

Requirement(s):

Requirement	Status	Status Date	Document Name	Added
Bank Draft Auth	Pending	6/19/2024	TEST PURPOSES ONLY - Bank Draft Auth.pdf	6/19/2024

Comments

Required Documents: [Bank Draft Auth](#)

Upload PDF only (Max Limit: 9.5MB)

Please ensure the pdf you are uploading is not password protected or encrypted

Send an email