

Agent Guide

Superior  ***Choice***

POWERED BY ALLEGIANT WEALTH GROUP™

Superior Choice

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Maximum face amounts:

	STANDARD	GUARANTEE ISSUE
Issue age 0 - 50	\$1,000 - \$30,000	\$1,000 - \$30,000
Issue age 51 - 70	\$1,000 - \$20,000	\$1,000 - \$30,000
Issue age 71 - 85	\$1,000 - \$10,000	\$1,000 - \$10,000
Death Benefit	Immediate	110% premiums paid for 1 st two years
Riders included	Terminal Illness Dismemberment	Terminal Illness Dismemberment Accidental Death
Optional Paid riders	Accidental Death	

Underwriting:

- No Height/Weight requirement
- Issue age is age of last birthday
- No MIB or RX
- No tobacco usage question
- Physician information is recommended but is not required.

Additional Coverage:

- **Terminal Illness Accelerated Death Benefit** - Maximum accelerated benefit payment equals \$15,000.
- **Accidental Death Benefit** – Doubles the policy face amount. Maximum benefit payment equals \$30K. Available ages 0 – 84. Coverage terminates at attained age 85. Additional premium of \$5 per month regardless of face amount.
- **Dismemberment** - The dismemberment benefit varies based on type:

ACCIDENTAL DISMEMBERMENT BENEFIT PERCENTAGE TABLE OF BENEFITS

A. For loss of both hands by severance at or above the wrist joint	33%	F. For the complete and irrecoverable loss of sight of one eye and the loss of one foot by severance at or above the ankle joint	33%
B. For loss of both feet by severance at or above the ankle joint	33%	G. For the loss of one hand or one foot by severance at or above the wrist or ankle joint	25%
C. For the complete and irrecoverable loss of the sight of both eyes	33%	H. For the complete and irrecoverable loss of the sight of one eye	20%
D. For the loss of one hand and one foot by severance above the wrist joint and the ankle joint	33%	I. For loss of the thumb and index finger of the same hand by severance at or above the metacarpal joint	15%
E. For the complete and irrecoverable loss of sight of one eye and the loss of one hand by severance at or above the wrist joint	33%		

Any health question answered 'yes' will result in the client qualifying only for the Guarantee Issue policy.

A.) Are you currently hospitalized, confined to a bed or nursing facility, residing in an assisted living facility, receiving hospice care, or do you have any physical or mental impairment for which you need or receive assistance or supervision in performing normal activities of daily living, unable to care for yourself, or terminally ill?

B.) Tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection.

C.) Have you been diagnosed by a licensed member of the medical profession with more than one occurrence of any cancer, a recurrence of any cancer, metastasis of any cancer, or currently being treated for cancer (excluding basal cell or squamous cell skin cancer)?

D.) In the past 10 years, have you been medically diagnosed, for which you have **NOT** been treated by a licensed member of the medical profession, or have **NOT** taken medication for the following: uncontrolled diabetes, uncontrolled high blood pressure, stroke/TIA, paralysis, Congestive Heart Failure, heart disease, cardiomyopathy, lung disease (including COPD (Chronic Obstructive Pulmonary Disease)/emphysema), liver cirrhosis or failure, kidney (renal) failure/insufficiency, or chronic/end-stage kidney disease (including dialysis)?

-Standard approval if the client IS taking medication or being treated by a licensed member of the medical profession.

E.) Have you ever been medically diagnosed, treated by a licensed member of the medical profession, or taken medication for mental disorder, disorder of the brain or nervous system, Systemic Lupus (SLE), Alzheimer's disease, dementia, brain disease, organic brain syndrome, Lou Gehrig's disease (ALS), Huntington's disease, Muscular Dystrophy, Cystic Fibrosis, Pulmonary Fibrosis, or Multiple Myeloma?

F.) In the past 2 years, have you been hospitalized 2 or more times, or have you been advised or recommended to have any tests, treatment, surgery, or hospitalization which has **NOT** been received or completed?

G.) Within the last 2 years, have you been treated for or been advised by a licensed medical professional to have treatment for alcohol, drug, opioid, or controlled substance abuse, plead guilty or been convicted of a felony or misdemeanor for any reason, or attempted suicide?

H.) Within the last 5 years have you been advised to by a licensed member of the medical profession to have an organ transplant?

CONDITION	POLICY
AIDS / HIV	Guaranteed
Amputation	Standard
Cardiomyopathy – being treated by a physician/medication	Standard
CHF – being treated by a physician/medication	Standard
Chronic Pancreatitis	Standard
COPD – being treated by a physician/medication	Standard
Current cancer (excluding basal cell or squamous cell)	Guaranteed
Past cancer (no recurrence, metastasis, or multiple occurrence)	Standard
Cystic Fibrosis	Guaranteed
Dementia	Guaranteed
Dialysis – being treated by a physician/medication	Standard
Heart attack – being treated by a physician/medication	Standard
Heart disease – being treated by a physician/medication	Standard
Hepatitis	Standard
Insulin use – any age/amount as long as controlled	Standard
Kidney Failure – being treated by a physician/medication	Standard
Multiple Sclerosis	Guaranteed
Obesity – no height/weight requirement	Standard
Organ transplant – over 5 years ago	Standard
Organ transplant – under 5 years ago	Guaranteed
Oxygen use	Standard
Pacemaker	Standard
Sickle Cell Anemia	Standard
Single cancer occurrence (no metastasis, no more than one occurrence of any type of cancer and not currently being treated)	Standard
Wheelchair confinement (question 1 must be answered ‘no’)	Standard

Premiums:

- Premiums may be paid monthly, quarterly, semi-annually, or annually.
- Payment modes accepted:
 - Electronic Funds Transfer, Credit/Debit Card, & Direct Express card,
- Third party premium payor is allowed. Please be sure that the payors information is entered correctly. If the address entered for the payor, does not match their billing address, the payment may not process correctly.
- Delayed Premiums/future draft dates:
 - Premiums may be scheduled for a future date, up to 28 days in advance, by selecting 'delay premium' on step 8 of the application and inputting desired draft date.

Hold Date

Delay Payment Yes No

Hold Until 10/03/2023

- After entering the desired draft date, and uploading the application, you will be prompted to input the billing information. Please note the initial screen will say to 'process payment', however **no** payment will be taken until the scheduled draft date. A second confirmation screen will appear stating the policy will be held until the scheduled draft date.

CICA America

cicaamerica.citizensinc.com

Allegiant Wealth GROUP

Policy Payment

Payment Information — Billing Information — Card Information

Transaction Total: \$56.84

Order ID: 0000935961

You have successfully scheduled a payment to post on 7/19/2023 for the policy listed below:
2200001008

- The draft date must be within 28 days of the application date.
- Draft dates may be any day between the 1st and 28th of the month. Should the draft date fall on a weekend or holiday, the draft will occur the following business day..

- To accommodate for social security billing, please follow the below guide:

Social Security payment day	Recurring date to select
2 nd Wednesday of the month	13 th of the Month
3 rd Wednesday of the month	19 th of the Month
4 th Wednesday of the month	26 th of the Month

- If a premium is missed, client must pay the due amount to maintain the policy. This can be done in the agents' portal as well as by contacting Policy Holder Services. If the premium is set to be a recurring draft and is returned insufficient funds, Citizens will automatically try to draft the premium for 10 consecutive days. If the draft is still unsuccessful, the policy will be placed in a grace period.
- Premiums taken within the agent portal under 'policy payment' will be a one-time payment unless the 'recurring' options is selected. Initial payment information submitted with the application, is defaulted to be recurring.
- In-force policies will lapse 90 days after missed premium. An agent may collect a missed premium at any time in their agent portal under 'policy payment'.
- Premium changes such as draft date, bank account information, credit card information, can be made by contacting Policy Holder Services
- Premium changes that increase or decrease the clients premium or face amount, must be submitted with a signed change form from the client and submitted to Policy Holder Services. Change form can be found in your agent portal.
- Premiums are calculated based on the insured's last birthday. At the time the application is uploaded, when the agent clicks on Step 9: Upload Application, that is the issue date and will lock in the premium rate. If a hold date is set, and the insured has a birthday between the date of the application and the date of the first premium, the issue date is still the day the application was uploaded and there is no change in the premium. Premium is based only off the rate per thousand, clients age, riders added, and if male or female. There are no additional modal factors or policy fees.

Nonforfeiture Options:

- **REDUCED PAID-UP INSURANCE:** The Owner may elect at any time while this policy is in force on a premium-paying basis, or within 60 days after the due date of any unpaid premium, to have this policy continued from the date to which premiums have been paid as Reduced Paid-Up Insurance for a reduced level amount, payable at the Insured's death. The amount of Reduced Paid-Up Insurance will be such as the net cash value would provide, if applied as a net single premium, at the Insured's then attained age.
- **EXTENDED TERM INSURANCE:** The Owner may elect at any time while this policy is in force on a premium-paying basis, to have this policy continued from that date to which premiums have been paid as Extended Term Insurance, payable in the event of the Insured's death during the period of Extended Term Insurance. The amount of Extended Term Insurance will be for a level amount equal to the Face Amount of insurance as of the premium paid to date, less any indebtedness under this policy. The period of Extended Term Insurance will be such as the net cash value would provide at the Insured's then attained age.
- **AUTOMATIC OPTION:** If any premium remains unpaid at the end of the grace period, and there is cash value, but the Automatic Premium Loan option was not selected, the automatic nonforfeiture option will apply unless the Owner requests another available option within 60 days after the due date of the unpaid premium. Extended Term Insurance is the automatic nonforfeiture option if Extended Term values are shown on the Table of Guaranteed Values page. If Extended Term values are not shown on the Table of Guaranteed Values page, then Reduced Paid-Up Insurance will be the automatic nonforfeiture option.

Commissions:

Commissions are paid on a 6 month advance for policies paid via recurring EFT ONLY. All policies paid with other premium payment methods including direct bill, direct express, credit and debit cards, or not initially submitted as a recurring payment, will be paid to the agent and upline on an as-earned basis.

In the first policy year for a qualifying contract sold (“Policy Year 1”), upon initial receipt of ACH premium payment by the policyholder to CICA, premiums will be annualized and 6 months of commission shall be paid in advance. Beginning in the 7th month of Policy Year 1 and through the end of the 12th month of Policy Year 1, Policy Year 1 commissions shall be paid as-earned

For example: Assuming agent is on a 50% commission contract, if monthly premiums for Standard Issue Option 1 are \$100, then annualized premiums will be \$1,200 and commission advanced will be \$600 (full commission on a 50% level) TIMES 50% (6 month advance), which equals \$300. In months 7-12, upon payment of the \$100 premium by the policyholder to CICA, General Agent would earn and be paid \$100 TIMES 50%, which equals \$50 per month.

Policy Year 1 commissions shall be subject to pro rata charge-backs if a policy lapses in the first 6 months. In such case, the commission will be charged-back in proportion to the amount of the premiums received on the Product (e.g., if the Product lapses after 3 months of Premiums received, 50% of the commission will be charged-back). Charge-backs will be transferred to an Agent’s statement balance and deducted from earned commissions until debt is resolved. Chargebacks as a result of a missed ACH payment, will be deducted from the agents advance statement. Chargebacks as a result of the clients passing in the first 6 months of the policy, will be treated the same as other chargebacks. The agent will only owe the advanced amount remaining. For example, should a client pass in month four, the agent would have a chargeback for the two unearned months.

Commissions are paid each Friday for business settled between the previous Wednesday – Tuesday.

-Any business that is settled between (1st premium payment is successful) Wednesday July 5th - Tuesday July 11th at 5pm, will be paid to the agent on Friday July 14th

July 2023 < Today >

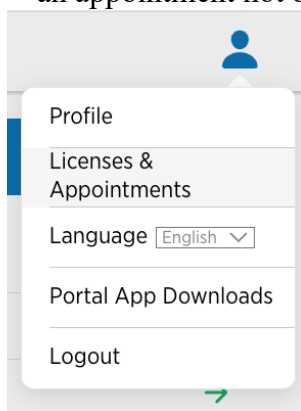
Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	Jul 1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	Aug 1	2	3	4	5

Should an agent be licensed in one of the below states, the agents upline/agency must also hold an active license in order to receive overrides. If the state your downline agent is submitting business in is not listed below, an active license in that state is not required to receive override commissions.

State	May override commissions be paid to an unlicensed person?
FLORIDA	No
GEORGIA	No
KENTUCKY	No
LOUISIANA	No
MASSACHUSETTS	No
MONTANA	No
NEW MEXICO	No
NEW YORK	No
NORTH CAROLINA	No
PENNSYLVANIA	No
SOUTH CAROLINA	No
SOUTH DAKOTA	No
TEXAS	No
VIRGINIA	No
WEST VIRGINIA	No
WISCONSIN	No

Agents must be appointed in the state the client is physically located at the time of the application. CICA will apply for all state appointments for states the agent holds an active license at the time of contracting. Status of individual state appointments can be checked in the agent portal under the agents profile in the 'licenses & appointments' report. Should an agent see an appointment not be approved after 7 days of being contracted, or obtain a new license,

they may reach out to CICA at contractsandcommissions@citizensinc.com to request the appointment.



A vertical navigation menu with a profile icon at the top. The menu items are: Profile, Licenses & Appointments, Language (English), Portal App Downloads, and Logout. A green arrow points to the right at the bottom of the menu.



A screenshot of a web application showing a table titled 'Licenses & Appointments'. The table has columns for Agent ID, Agent Name, Level, Manager ID, Manager Name, License State, License Eff Date, License Exp Date, and Appointed?. The table contains four rows of data for agent BERRY.REBECCA.

Agent ID	Agent Name	Level	Manager ID	Manager Name	License State	License Eff Date	License Exp Date	Appointed?
7250806	BERRY.REBECCA	7	7250883	FIRM.ALLEGIANT WEALTH GROUP LLC	FL	04/01/2014	10/31/2024	Y
7250806	BERRY.REBECCA	7	7250883	FIRM.ALLEGIANT WEALTH GROUP LLC	GA	12/28/2020	10/31/2024	Y
7250806	BERRY.REBECCA	7	7250883	FIRM.ALLEGIANT WEALTH GROUP LLC	SC	09/28/2020	10/31/2024	Y
7250806	BERRY.REBECCA	7	7250883	FIRM.ALLEGIANT WEALTH GROUP LLC	TN	09/28/2020	10/31/2024	Y



Voice Signature Script

Important: All CICA Life Superior Choice voice signatures **MUST be on a recorded line.** You are required to upload the call recording within 24 hours of completing the application. You don't need to trim the call recording, it can be the full presentation. Recording ID requested on the application MUST be the insureds full telephone number and match the label of the upload.

Read everything word for word in black. Follow the directions in red.

Step 1: Prior To Completing E-App, read the following:

We will complete this application and all other forms telephonically which includes a voice signature. A voice signature is a voice representation of your signature and provides the same legal and binding effect as your physical signature and will become a part of your application.

Do I have your consent to record your voice signature? (Yes response required)

Do you agree to complete this application telephonically and to use voice signature and voice authorizations to complete this application and all other applicable forms? (Yes response required)

Step 2: Application Completion:

Agent will complete the application with the Client in its entirety via the CICA Life e-app. Ask every question word for word.

For information gathered during the presentation like spelling of their full name, face amount and payment amount, you must get a confirmation from the client.

The 8 health questions must be asked word for word with clear yes or no responses.

Step 3: HIPAA Privacy Authorizaion

As a final step to completing the application process, I'm required to read a HIPAA disclosure and authorization before applying your voice signature.

HIPAA

By applying my voice signature, I authorize all medical-related service providers involved in the care, diagnosis and treatment (including doctors, hospitals, insurance companies and the Medical Information Bureau) to disclose medical records with CICA Life Insurance Company of America for the the purpose of determining eligibility for insurance, administering coverage and payment of a claim.

Authorization

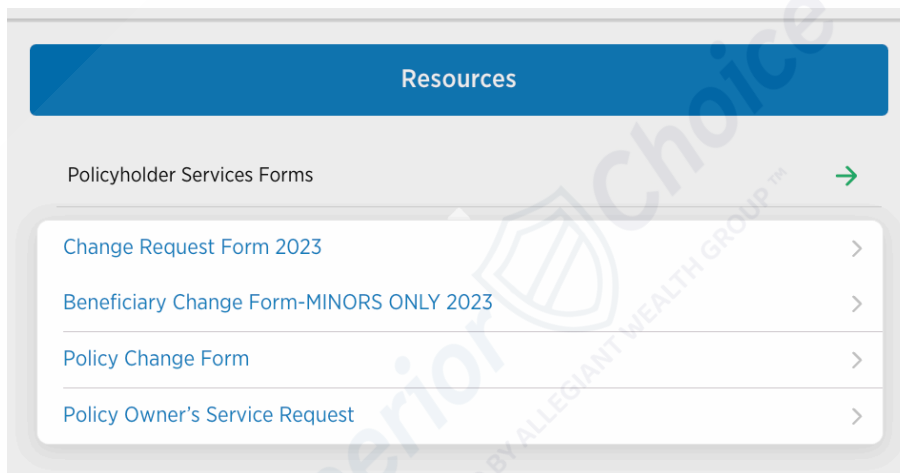
By my voice signature, I authorize: (i) any licensed physician, medical practitioner, clinic, hospital or other medical or medically related facility, insurance company, MIB, or other person, organization or institution that has any records or knowledge of me, my health, or my child's health (as applicable), to give to CICA Life Insurance Company of America or its reinsurers any such information and to testify as to such information, and (ii) the Company to conduct investigations at any time before or after any policy issuance with any sources and regarding information as the Company deems relevant to issuance of a policy or any claims made under a policy. I further authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB or reinsurance companies or other persons or organizations performing business or legal services in connection with this application. I understand that such disclosures are permitted by law.

Step 4: Voice Signature

Do you agree to CICA Life Insurance Company accepting your signature electronically through voice recording and do you understand that by stating 'yes' you are signing the application electronically just as if you had signed a paper application?" (**“Yes” response required**)

Policy Service:

- Once an application is 'uploaded', changes can NOT be made.
- If an error is found or change is needed, please contact Policy Holder Services as soon as possible to make the correction.
- If the error effects the policy type, face amount, premium or beneficiary, the CICA change form must be completed and signed by the insured/policy owner and submitted with a copy of the insured/policy owners drivers license.
- Policy service forms can be found in your agent portal under 'Resources'.



TERMINAL ILLNESS ACCELERATED DEATH BENEFIT:

While this Policy is in force on a premium paying or fully paid-up basis, if the Insured has been diagnosed with a "Terminal Illness," the Company will pay an accelerated benefit equal to the lesser of:

1. one-half (50%) of the applicable death benefit on the base Policy, excluding riders, less any existing indebtedness against this Policy; or
2. \$15,000

The accelerated benefit payment will be reduced by an administrative charge of not more than \$100. The minimum amount of death benefit that will qualify for the terminal illness acceleration benefit is \$5,000. The maximum amount of death benefit that will qualify for the terminal illness acceleration benefit is \$30,000.

Payment will be made in a onetime lump sum to the Owner, if other than the Insured, subject to the rights of any collateral assignment of benefits of this Policy currently in effect and filed with the Company.

DEFINITION OF TERMINAL ILLNESS

Terminal Illness is defined as an illness for which the Insured provides written evidence satisfactory to the Company that the Insured's life expectancy is 12 months or less. Such evidence must include a written certification by a licensed physician as having a terminal condition that is not curable by any means available to the medical profession. The Company, at its expense, may require an examination by a physician of its choice. This examination may include x-rays, blood tests, and other procedures that are reasonable and necessary to determine whether the Insured has a Terminal Illness. To be acceptable to us, this examination must be completed within 90 days after the date we notify the owner of this requirement.

IMPACT OF A BENEFIT PAYMENT ON THE POLICY

The remaining non-accelerated portion of the base policy will have premiums, cash values, and face amounts reduced pro rata based on the portion of face amount accelerated excluding any term insurance riders attached to the policy. The new premiums will be those which would apply if the policy had originally been issued at the reduced base policy insurance amount. Term insurance rider premiums will not be affected.

ACCIDENTAL DISMEMBERMENT BENEFIT PROVISION:

While this Policy is in force on a premium paying or fully paid-up basis, the Company will pay the Accidental Dismemberment Benefit Percentage of the applicable death benefit amount of the base Policy insurance in accordance with the Table of Benefits. The applicable death benefit amount is the base Policy insurance and can be no more than \$30,000 or no less than \$5,000 for any Accidental Dismemberments to be paid. Benefits are only payable under this provision upon receipt of written evidence satisfactory to the Company that the specific losses have resulted, directly and independently of all other causes as listed in the table, from bodily injuries caused by an accident occurring while this Policy was in force and the loss occurred within 90 days following the date of the accident. This benefit will be paid in addition to any other benefits provided in this Policy, except if the same accident causes dismemberment and death, only the death benefit amount will be paid. Dismemberment coverage terminates at attained age 85.

Notice of Claim: Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice may be given to the insurer at its home office or to the insurer's agent. Notice should include the name of the insured and the policy number.

Claim Forms: When the insurer receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant may meet the proof of loss requirements by giving the insurer a written statement of the nature and extent of the loss within the time limit stated in the 'Proof of Loss' provision.

Proof of Loss: If the policy provides for periodic payment for a continuing loss, written proof of loss must be given the insurer within 90 days after the end of each period for which the insurer is liable. For any other loss, written proof must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, the insurer shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

Time of Payment of Claims: After receiving written proof of loss, the insurer will pay monthly all benefits then due for Dismemberment Benefit. Benefits for any other loss covered by this policy will be paid as soon as the insurer receives proper written proof.

Payment of Claims: Benefits will be paid to the insured. Loss-of-life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the insured's estate. Any other benefits unpaid at death may be paid, at the insurer's option, either to the insured's beneficiary or estate.

Denial of claims: Each claimant, or provider acting for a claimant, who has had a claim denied as not medically necessary will be provided an opportunity for an appeal to the Company's licensed physician who is responsible for the medical necessity reviews under the plan or is a member of the plan's peer review group. The appeal may be by telephone, and the Company's licensed physician must respond within a reasonable time, not to exceed 15 business days.

LIMITATIONS FOR ACCIDENTAL DISMEMBERMENT BENEFIT

No benefits will be paid for dismemberment resulting directly or indirectly from:

1. intentionally self-inflicted injury, while sane or insane;
2. suicide or attempted suicide, while sane or insane;
3. the Insured's participation in or attempt to commit a crime, assault, felony or any illegal activity, regardless of any legal proceedings;
4. involvement with or use of alcohol, illegal or controlled chemicals, drugs or substances, unless taken upon the advice of a licensed physician in the prescribed manner and dosage;

5. war or any act of war, whether declared or undeclared;
6. involvement in or as a result of any riot, insurgency, or insurrection;
7. service in military forces of any country, combination of countries or international organization;
8. voluntary exposure to hazards which result in bodily injury;
9. motor vehicle accident or collision where the Insured is the operator of the motor vehicle and the Insured's blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the accident occurred, regardless of any legal proceedings;
10. operating, traveling in, descending or falling from or with, any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft flown by a licensed pilot;
11. bodily or mental infirmity, or disease, or medical or surgical treatment thereof; or
12. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury.

**ACCIDENTAL DISMEMBERMENT BENEFIT
PERCENTAGE TABLE OF BENEFITS**

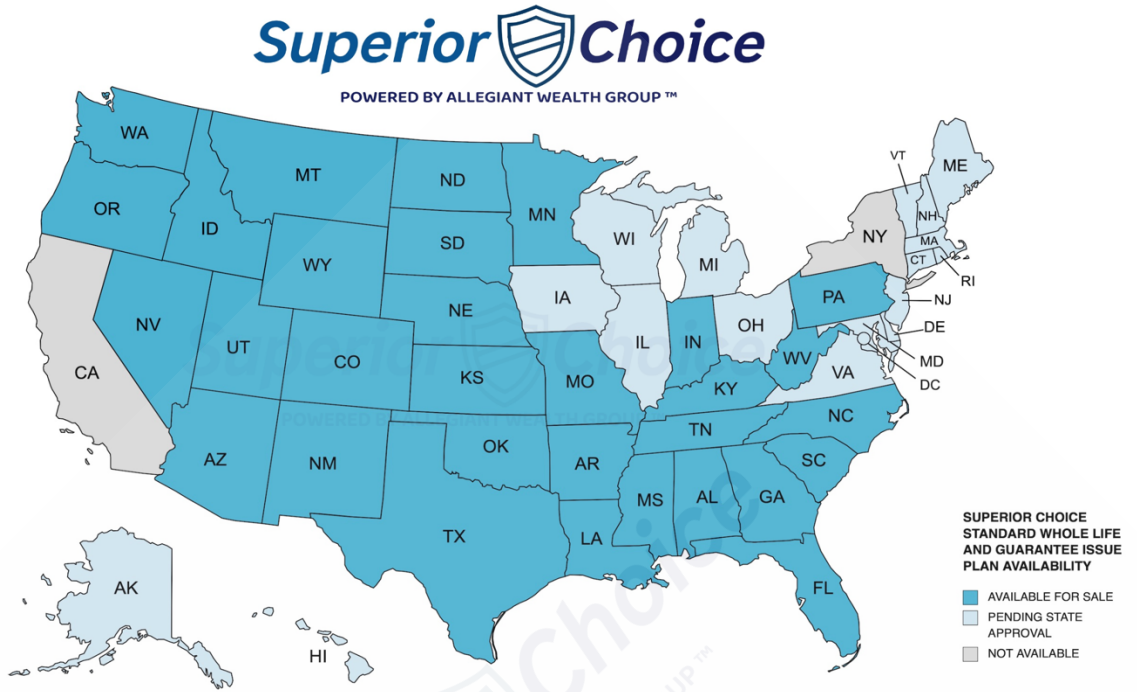
A. For loss of both hands by severance at or above the wrist joint	33%	F. For the complete and irrecoverable loss of sight of one eye and the loss of one foot by severance at or above the ankle joint	33%
B. For loss of both feet by severance at or above the ankle joint	33%	G. For the loss of one hand or one foot by severance at or above the wrist or ankle joint	25%
C. For the complete and irrecoverable loss of the sight of both eyes	33%	H. For the complete and irrecoverable loss of the sight of one eye	20%
D. For the loss of one hand and one foot by severance above the wrist joint and the ankle joint	33%	I. For loss of the thumb and index finger of the same hand by severance at or above the metacarpal joint	15%
E. For the complete and irrecoverable loss of sight of one eye and the loss of one hand by severance at or above the wrist joint	33%		

All of the Accidental Dismemberment benefits under this provision apply to the Insured's loss and will be paid to the Owner, if other than the Insured. The maximum amount payable for loss resulting from any one accident is the percentage shown in the Accidental Dismemberment Benefit Table for the one largest loss suffered.

All of the terms and conditions of the base Policy apply to this provision, except those relating to nonforfeiture and dividends. The insurance provided by this provision is nonparticipating. The dividends paid under the terms of the base Policy, if any, are not increased due to this provision. The values in effect for loans and other nonforfeiture values are not increased as a result of the presence of this provision. The Incontestability provision of the Policy does not apply to this provision.

The Company will issue an endorsement for any Accidental Dismemberment benefits payments. After the endorsement, this provision will remain in force with respect to other additional losses, subject to the preceding terms and conditions.

Current state approval map:



CICA LIFE PRODUCTS AVAILABLE FOR SALE

State	Guarantee Issue	Guarantee Issue [Spanish]	Whole Life	Whole Life Spanish
Alabama	X		X	
Alaska				
Arizona	X	X	X	X
Arkansas	X		X	
California				
Colorado	X		X	
Connecticut				
District of Columbia				
Delaware				
Florida	X	X	X	X
Georgia	X	X	X	X
Hawaii				
Idaho	X		X	
Illinois				
Indiana	X		X	
Iowa				
Kansas	X		X	
Kentucky	X		X	
Louisiana	X		X	
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota	X		X	
Mississippi	X		X	
Missouri	X		X	
Montana	X		X	
Nebraska	X		X	
Nevada	X		X	
New Hampshire				
New Jersey				
New Mexico	X		X	
New York				
North Carolina	X		X	
North Dakota	X		X	
Ohio				
Oklahoma	X		X	
Oregon	X		X	
Pennsylvania	X		X	
Puerto Rico				
Rhode Island				
South Carolina	X	X	X	X
South Dakota	X		X	
Tennessee	X		X	
Texas	X	X	X	X
Utah	X		X	
Vermont				
Virginia				
Washington	X		X	
West Virginia	X		X	
Wisconsin				
Wyoming	X		X	

X = Available for Sale

= Coming Soon

= Obtaining License

= Not Licensed in State

Superior Choice Standard
Annual Premium Rate per
\$1,000

Iss Age	Male	Female
0	10.02	10.02
1	10.02	10.02
2	10.19	10.02
3	10.45	10.02
4	10.61	10.19
5	10.88	10.45
6	11.06	10.61
7	11.22	10.88
8	11.49	11.06
9	11.65	11.23
10	11.84	11.49
11	12.10	11.65
12	12.36	11.84
13	12.71	12.10
14	13.06	12.36
15	13.32	12.71
16	13.67	13.06
17	14.02	13.32
18	14.26	13.67
19	14.60	14.02
20	14.88	14.27
21	15.22	14.61
22	15.56	14.88
23	15.83	15.22
24	16.18	15.57
25	16.52	15.83
26	16.95	16.18
27	17.42	16.53
28	17.99	16.95
29	18.56	17.43
30	19.13	18.00

Superior Choice GI
Annual Premium Rate per
\$1,000

Iss Age	Male	Female
0	41.59	40.79
1	42.00	39.37
2	42.82	40.14
3	43.53	40.80
4	44.55	41.76
5	45.26	42.43
6	46.18	43.29
7	46.90	43.96
8	47.71	44.73
9	48.63	45.59
10	49.44	46.35
11	50.46	47.31
12	51.18	47.98
13	51.89	48.64
14	52.60	49.31
15	53.22	49.88
16	53.83	50.46
17	54.13	50.75
18	54.44	51.03
19	54.85	51.42
20	55.15	51.70
21	55.26	51.80
22	55.66	52.18
23	56.27	52.75
24	56.89	53.33
25	57.60	54.00
26	57.94	54.36
27	58.28	54.72
28	58.62	55.08
29	58.96	55.44
30	59.30	55.80

31	19.79	18.57	31	59.64	56.16
32	20.44	19.14	32	59.98	56.52
33	21.09	19.79	33	60.32	56.88
34	21.82	20.44	34	60.66	57.24
35	22.56	21.10	35	61.00	57.60
36	23.29	21.83	36	61.34	57.96
37	24.13	22.56	37	61.68	58.32
38	24.94	23.30	38	62.02	58.68
39	25.86	24.13	39	62.36	59.04
40	26.86	24.95	40	62.70	59.40
41	27.86	25.87	41	63.04	59.76
42	28.94	26.87	42	63.38	60.12
43	30.02	27.86	43	63.72	60.48
44	31.20	28.95	44	64.06	60.84
45	32.38	30.03	45	64.40	61.20
46	33.63	31.21	46	64.74	61.56
47	34.89	32.39	47	65.08	61.92
48	36.24	33.64	48	65.42	62.28
49	37.67	34.90	49	65.76	62.64
50	39.11	36.25	50	66.09	63.00
51	40.72	37.68	51	66.43	63.36
52	42.74	39.12	52	66.77	63.72
53	44.92	40.63	53	67.11	64.08
54	47.21	42.54	54	67.45	64.44
55	49.63	44.61	55	67.79	64.80
56	52.39	46.77	56	72.84	69.41
57	55.03	49.05	57	78.25	74.35
58	57.78	51.66	58	84.07	79.64
59	60.68	54.13	59	90.32	85.30
60	63.71	56.70	60	97.04	91.37
61	66.90	59.41	61	104.26	97.87
62	70.25	62.22	62	112.01	104.84
63	73.76	65.18	63	120.34	112.30
64	77.46	68.28	64	129.29	120.29
65	83.12	72.04	65	138.91	128.85
66	89.20	76.36	66	149.24	138.01
67	95.72	80.94	67	160.33	147.83
68	102.72	85.80	68	172.26	158.35
69	110.22	90.94	69	185.07	169.62
70	118.28	96.40	70	198.83	181.68

71	126.93	102.18	71	204.62	190.86
72	136.21	108.31	72	210.42	200.04
73	146.17	114.81	73	216.21	209.22
74	156.85	121.70	74	222.00	218.40
75	168.32	129.00	75	232.83	229.05
76	180.62	136.74	76	244.58	240.61
77	193.83	144.95	77	257.27	253.10
78	208.00	153.65	78	270.89	266.50
79	223.08	164.40	79	284.86	280.23
80	239.25	175.91	80	299.07	294.21
81	256.60	188.22	81	318.97	318.97
82	275.20	201.40	82	338.76	338.76
83	295.15	215.50	83	358.55	358.55
84	316.55	230.58	84	378.34	378.34
85	339.50	246.72	85	397.67	397.67

Superior Choice
POWERED BY ALLEGIANT WEALTH GROUP™

CONTACTS:

Superior Choice Agent support:

Team Email: cps@citizensinc.com

Team Phone: (737) 289-4670

Policy Holder Services Information:

Team Email: PHS.USA@citizensinc.com

Team Phone: (877) 282-7127

New Business Department Information:

Team Email: nb@citizensinc.com

Claims Department Information:

Team Email: Claims@citizensinc.com

Team Phone:

P-english: 737-530-0337 or ext 10151

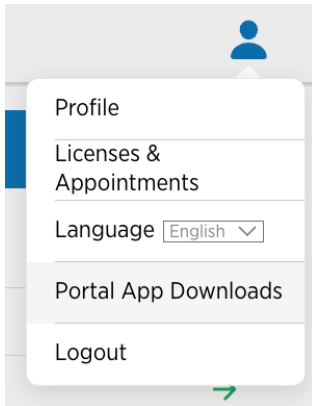
P-spanish: 737-530-0339 or ext 10153

Contracting, Appointments and Commission Department Information:

Team Email: cps@citizensinc.com

Team Phone: (737) 289-4670





The CICA mobile app is available for download on any mobile device, tablet, or desktop.

From the agent portal, select the agent profile and then Portal App Downloads. Make the selection for the device you are needing the app loaded to, and select the appropriate OS button. You will be prompted to 'trust developer' at initial download. This can be done in your settings for the device.

Should you open the app and be prompted to update it, follow these steps again. Instead of being prompted to trust the developer, your app will begin to update.

The mobile app can be a great resource for agents working in remote areas with limited reception.



Portal App Downloads

Welcome to the Access Page of the Independent Advisor Portal. Below you will find the links for the different platforms and versions. If you have any questions or comments, please email marketingintl@citizensinc.com.

Apple iOS - iPhone and iPad

Download the original file for your Apple devices. Once you click "Install", the portal app will need to approve Computing Technology as a provider by going to Settings -> General -> Device Management -> Computing Technology, Inc. and clicking the blue link that says "Trust" on Computing Technology, Inc.

APPLE IOS

Android Operating System - Phone and Tablet

Click the link below to download the Android app. Once you have downloaded the file, go to the downloads folder and click on the CICA Life app to install. On some devices, it may warn you about security, so you'll need to check that you want to "Install Anyway"

ANDROID OS

Mac OS X Desktop Version

Click the link below to download the Mac OSX installer. Once you open the file, you will drag the "CICA Life" app to your "Applications" folder. When you click on the CICA Life Application for the first time, you will need to confirm that you want to "Open" the application.

MAC OS X

Windows Desktop Version

Click the link below to download the Windows installer. Once you open the file, the install will complete and place a shortcut on your desktop.

WINDOWS

AGENT PORTAL



POWERED BY ALLEGIANT WEALTH GROUP™

*The CICA website and agent portal should ONLY be used in **GOOGLE CHROME**. All features are not supported by Safari and other browsers and will result in inaccurate error messages.*

Agent portal: www.cicaamerica.citizensinc.com



Sign In

User Name

Password

Forgot Your [Password](#) ?

Set Language ▾

Version 1.5.9

If you did not receive your welcome email after 7 business days, please reach out to CPS@citizensinc.com for your writing number.

Your writing number will be your username. You can select 'forgot password', input your writing number and a reset link will be sent to the email on file.

The agent dashboard will provide you with a snapshot of all business issued (has paid a premium) and any business that has missed a premium.

CUSTOMER QUICK SEARCH

Quickly find a clients policy information to view their current status and information.

The screenshot shows the CICA America agent dashboard. At the top, there's a navigation bar with 'DASHBOARD', 'CUSTOMERS', 'POLICY PAYMENT', 'REPORTS', and 'APPLICATIONS'. Below this is a 'YTD PRODUCTION' section with four charts: 'Individual Production' (Issued and Premium) and 'Agency Production' (Issued and Premium). A 'Whistleblower Hotline' link is also present. Below the charts is a 'STATUS OF BOOK OF BUSINESS' section with three cards: '1 Month Arrears Premium' (0), '2 Month Arrears Premium' (0), and 'Pending Lapse Premium' (0). On the right side, a 'Customer Quick Search' widget is highlighted with an orange border. It contains input fields for 'First Name', 'Last Name', and 'Policy Number', along with a 'SEARCH' button.

Policy Details

PRINT

Policy Information

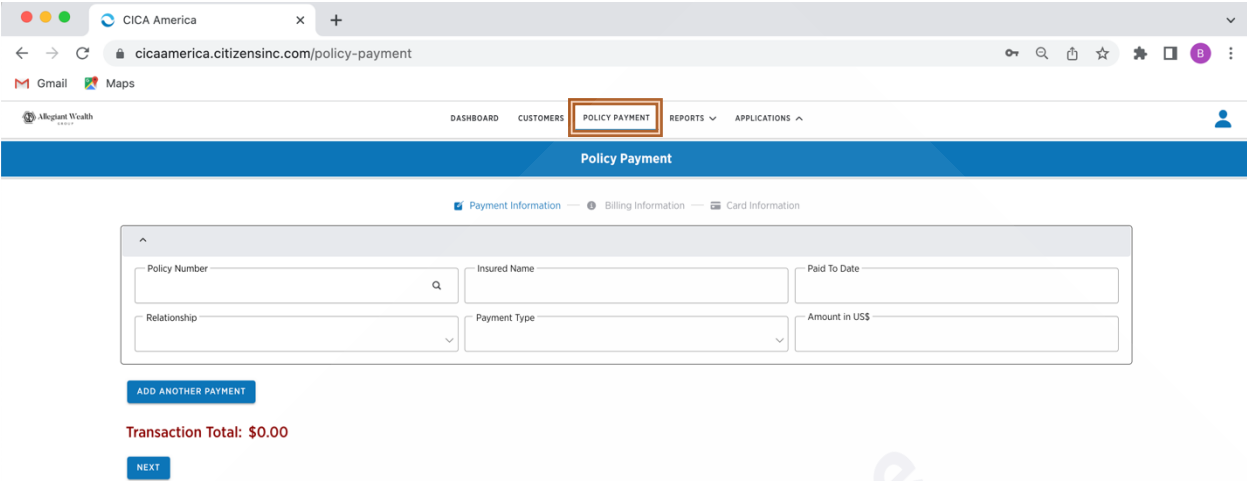
Policy Number	2200 [REDACTED]	Issue Date	10/11/2023
Owner Name	W [REDACTED] RD	Issue Age	57
Address	[REDACTED] NG AVENUE [REDACTED] HAMMOND LA 70401-0000	Policy Status	Premium Paying
		Paid To Date	11/11/2023
		Payment Method	Monthly Credit card
		Last Premium Paid	\$45.86 as of 10/11/2023
		Mode Premium	\$45.86

Benefit Information

Policy Description	CICA Life Plus Std Male	Benefit Amount	\$10,000.00
Supplemental			

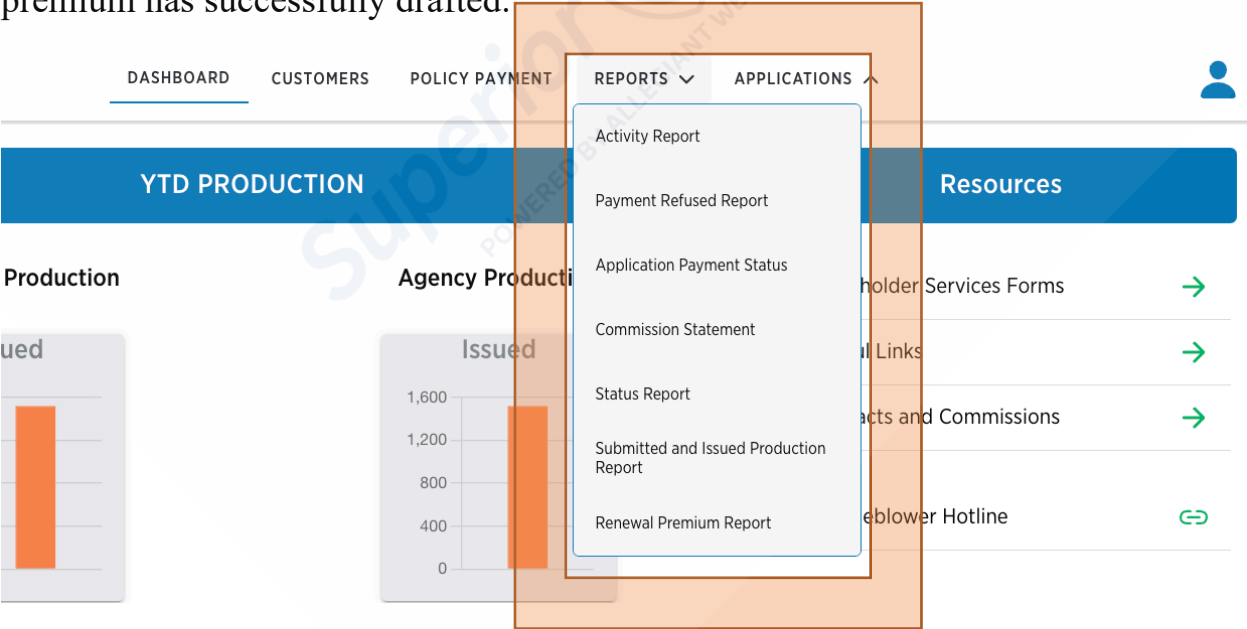
'POLICY PAYMENT' allows a missed payment to be made at any time.

An issued policy will not lapse until 3 consecutive premiums are missed



The **REPORTS** tab, will provide a variety of policy reports for both you and your downline.

Please note that policies may not appear on certain reports until AFTER the initial premium has successfully drafted.



ACTIVITY REPORT

Please note that policies will not appear on the report until AFTER the initial premium has successfully drafted.



Activity Report

Agency Sales Summary

Sales Activities	Apps	Volume	Premium
PENDING 09-01-23	2	\$30,000.00	\$3,350.88
+SUBMITTED MTD	103	\$1,225,329.00	\$80,598.30
+RE-OPENED MTD	0	\$0.00	\$0.00
-REJECTED MTD	2	\$45,000.00	\$1,767.96
-WITHDRAWN MTD	1	\$20,000.00	\$1,041.00
-PAID MTD	100	\$1,150,329.00	\$79,331.82
PENDING 09-18-23	2	\$40,000.00	\$1,808.40

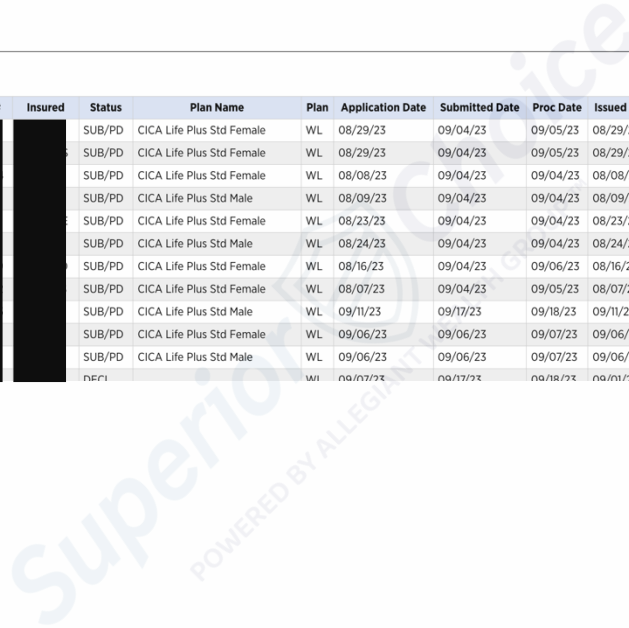
Agency Inforce Report

In-Force Activity	Apps	Volume	Premium
PAID MTD	100	\$1,150,329.00	\$79,331.82
-NOT TAKEN MTD	0	\$0.00	\$0.00
-LAPSE/SURR MTD	0	\$0.00	\$0.00
+MISC INCR/DECR MTD	0	\$0.00	\$0.00
NET IN FORCE CHANGE	100	\$1,150,329.00	\$79,331.82

Agency Activity Report

IC #	IC Name	Contract #	Insured	Status	Plan Name	Plan	Application Date	Submitted Date	Proc Date	Issued Date	Paid To Date	Apps	Volume	Premium
		22000		SUB/PD	CICA Life Plus Std Female	WL	08/29/23	09/04/23	09/05/23	08/29/23	09/29/23	1	\$8,000.00	\$535.32
		22000		SUB/PD	CICA Life Plus Std Female	WL	08/29/23	09/04/23	09/05/23	08/29/23	09/29/23	1	\$4,000.00	\$408.72
		22000		SUB/PD	CICA Life Plus Std Female	WL	08/08/23	09/04/23	09/04/23	08/08/23	09/08/23	1	\$30,000.00	\$451.80
		22000		SUB/PD	CICA Life Plus Std Male	WL	08/09/23	09/04/23	09/04/23	08/09/23	09/09/23	1	\$4,000.00	\$891.96
		22000		SUB/PD	CICA Life Plus Std Female	WL	08/23/23	09/04/23	09/04/23	08/23/23	09/23/23	1	\$8,000.00	\$647.52
		22000		SUB/PD	CICA Life Plus Std Male	WL	08/24/23	09/04/23	09/04/23	08/24/23	09/24/23	1	\$5,000.00	\$551.04
		22000		SUB/PD	CICA Life Plus Std Female	WL	08/16/23	09/04/23	09/06/23	08/16/23	09/16/23	1	\$15,000.00	\$1,287.00
		22000		SUB/PD	CICA Life Plus Std Female	WL	08/07/23	09/04/23	09/05/23	08/07/23	09/07/23	1	\$30,000.00	\$522.84
		22000		SUB/PD	CICA Life Plus Std Male	WL	09/17/23	09/17/23	09/18/23	09/11/23	10/11/23	1	\$17,000.00	\$664.92
		22000		SUB/PD	CICA Life Plus Std Female	WL	09/06/23	09/06/23	09/07/23	09/06/23	10/06/23	1	\$10,000.00	\$682.80
		22000		SUB/PD	CICA Life Plus Std Male	WL	09/06/23	09/06/23	09/07/23	09/06/23	10/06/23	1	\$10,000.00	\$831.24
		22000		DECL		WL	09/07/23	09/07/23	09/18/23	09/07/23	09/07/23	1	\$75,000.00	\$809.52

EXPORT



COMMISSION STATEMENT

Commission statement detail will be broken down by agent and policy.

Please see the commission section of the agent guide for details on how commissions are calculated and paid to the agent.

The 'Monthly Advance' selection will populate a breakdown showing each individual commission paid for each policy that month.

Commission Statement

09/2023

MONTHLY ADVANCE

Commission Account Summary

Description	Commission Premium	Direct Commission	O/W Commission	Totals
LIFE - 1ST YR	\$7,986.88	\$0.00	\$1,411.42	\$1,411.42
1ST YR TOTAL	\$7,986.88	\$0.00	\$1,411.42	\$1,411.42
TOTAL COMMISSIONS	\$7,986.88	\$0.00	\$1,411.42	\$1,411.42
TOTAL CURRENT EARNINGS	\$0.00	\$0.00	\$1,411.42	\$1,411.42
TOTAL Y-T-D EARNINGS	\$0.00	\$0.00	\$3,159.29	\$3,159.29

Balance Statement

Posted Date	Reference	Description	Amount
08/31/2023		Beginning Account Balance	-\$5,277.99
09/07/2023	72CK251549	COMMISSIONS-7250883\$ACH	-\$3,006.99
09/14/2023	72CK252548	COMMISSIONS-7250883\$ACH	-\$697.85
09/30/2023		Current Commissions	\$1,411.42
09/30/2023		Ending Balance	-\$7,571.41

Commission Statement Detail

Independent Consultant Name	NIPR	IC #	Level	Policy #	Insured Name	Due Date	Acct Date	Mode	Type	Premium	Rate	Amount
				2200		08/21/2023	09/04/2023	1	FY O-LIFE	\$156.85		\$116.07
				2200		08/29/2023	09/12/2023	1	FY O-LIFE	\$90.26		\$66.79
				2200		08/06/2023	09/04/2023	1	FY O-LIFE	\$134.50		\$99.54
				2200		08/12/2023	09/04/2023	1	FY O-LIFE	\$47.21		\$34.93
				2200		08/13/2023	09/06/2023	1	FY O-LIFE	\$16.49		\$12.20
				2200		08/17/2023	09/05/2023	1	FY O-LIFE	\$16.38		\$12.20

Monthly Advance Summary CLOSE

Agent: # 51069 11/20/2023 - 11/30/2023

Agent Name: A [REDACTED] M

Agent Address: [REDACTED] 0000

Agent	Agent #	Agent Level	Insured	Policy Number	Annualized Premium	Annualized Commission	Advance Rate	Advance Paid	Totals
[REDACTED]	[REDACTED]	1	HE	22000	849.84	1062.30	50.00	531.16	
[REDACTED]	[REDACTED]	1	WA	22000	719.88	899.85	50.00	449.93	
[REDACTED]	[REDACTED]	1	TA	22000	574.32	717.90	50.00	358.95	
[REDACTED]	[REDACTED]	1	ST	22000	1549.20	1936.50	50.00	968.25	
[REDACTED]	[REDACTED]	1	AP	22000	498.72	623.40	50.00	311.70	
[REDACTED]	[REDACTED]	1	MA	22000	249.36	311.70	50.00	155.86	
[REDACTED]	[REDACTED]	1	LIS	22000	960.00	1200.00	50.00	600.00	
[REDACTED]	[REDACTED]	1	DU	22000	1461.72	1827.15	50.00	913.58	
[REDACTED]	[REDACTED]	1	GU	22000	1644.00	2055.00	50.00	1027.50	
[REDACTED]	[REDACTED]	1	TIC	22000	1182.24	1477.80	50.00	738.91	
[REDACTED]	[REDACTED]	1	BE	22000	358.44	448.05	50.00	224.03	
[REDACTED]	[REDACTED]	1	OL	22000	576.36	720.45	50.00	360.23	
[REDACTED]	[REDACTED]	1	CH	22000	204.84	256.05	50.00	128.03	
[REDACTED]	[REDACTED]	1	BR	22000	626.88	783.60	50.00	391.80	
[REDACTED]	[REDACTED]	1	WI	22000	567.00	708.75	50.00	354.38	
Sub Total									\$7,514.31
Final Total									\$7,514.31

STATUS REPORT

Status report will provide a breakdown on the number of applications and premium totals for a variety of situations. This report can be narrowed down to view a single agent or the whole agency

Allegiant Wealth | DASHBOARD | CUSTOMERS | POLICY PAYMENT | REPORTS | APPLICATIONS

Status Report

6 - 50873 - FIRM,STRATTON BENEFITS GROUP | 06/2023 | Agency

Commission Premiums Collected and Commissions Paid

Type	Month To Date				Year To Date				
	First Year		Renewal Years		First Year		Renewal Years		
	Premium	Comm	Premium	Comm	Premium	Comm	Premium	Comm	

Activity Summary

Sales Activity	Month To Date			Year To Date		
	Apps	Volume	Premium	Apps	Volume	Premium

In-Force Activity

In-Force Activity	Month To Date			Year To Date		
	Apps	Volume	Premium	Apps	Volume	Premium

Net In-Force All Years

	Apps	Volume	Premium

Persistency Summary

Mos	Apps	Pers %	Volume	Pers %	Premium	Pers %

Consultant's Financial Status

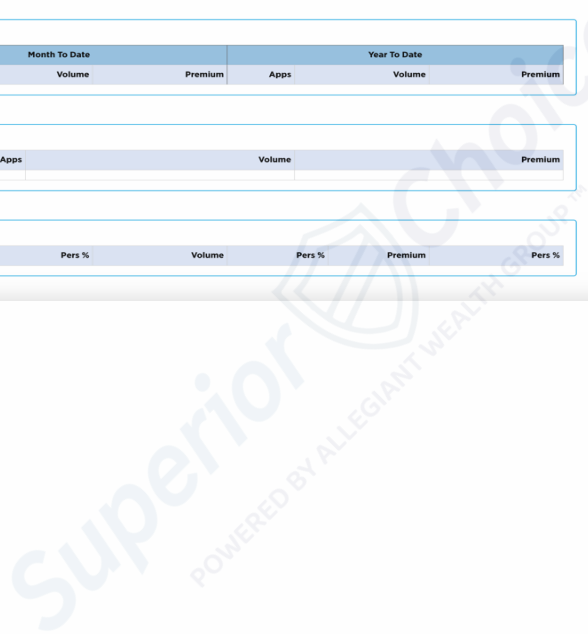
- Current Acct Bal
- Net Change
- Prior Acct Bal
- MTD Direct Comm
- MTD O/W Comm
- MTD Misc Earnings
- MTD Earnings
- MTD Oth Credits
- MTD Total Credits

- YTD Direct Comm
- YTD O/W Comm
- YTD Misc Earnings
- YTD Earnings

Financial Information

- Debit Bal Int Rate %
- Interest Paid YTD

- Max Wily Adv/Loan
- Adv Reserve Bal
- MTD Adv/Loans



SUBMITTED AND ISSUED PRODUCTION REPORT

This report is broken down by calendar year.

The screenshot displays a web dashboard with a navigation bar at the top containing 'DASHBOARD', 'CUSTOMERS', 'POLICY PAYMENT', 'REPORTS', and 'APPLICATIONS'. A 'YTD PRODUCTION' banner is visible. Below the banner, there are two bar charts: 'Production' and 'Agency Production Issued'. A 'Resources' sidebar on the right lists various links with green arrows. A 'REPORTS' dropdown menu is open, showing options like 'Activity Report', 'Payment Refused Report', 'Application Payment Status', 'Commission Statement', 'Status Report', 'Submitted and Issued Production Report', and 'Renewal Premium Report'. A pop-up window titled 'Download Production Data' is shown in the bottom right, with the text 'This is a download link only.' and a field for 'Enter 4 digit year.' with 'OK' and 'CANCEL' buttons.

Type in the desired year in the pop up window and an excel report will automatically generate and be available to download.

Please note that policies will not appear on the submitted & issued production report until AFTER the initial premium has successfully drafted.

RENEWAL PREMIUM REPORT

This report will show all policies that have missed premiums and those with upcoming premiums. CICA will not lapse a policy until 3 premiums have been missed. If a client can pay the missed premium, this can be done in the agent portal, the client portal or by calling PHS.

When taking the payment, the agent will be able to turn the recurring draft back on to allow for future payments.

Policies with a draft date that is more then 15 days past the issue date, may show as needing a premium payment. Please verify the draft date before collecting additional premium from the client. CPS@citizensinc.com can assist with confirmation of a policy status when needed.

The report can be broken down by individual agent or the agency as a whole.

Allegiant Wealth DASHBOARD CUSTOMERS POLICY PAYMENT REPORTS APPLICATIONS

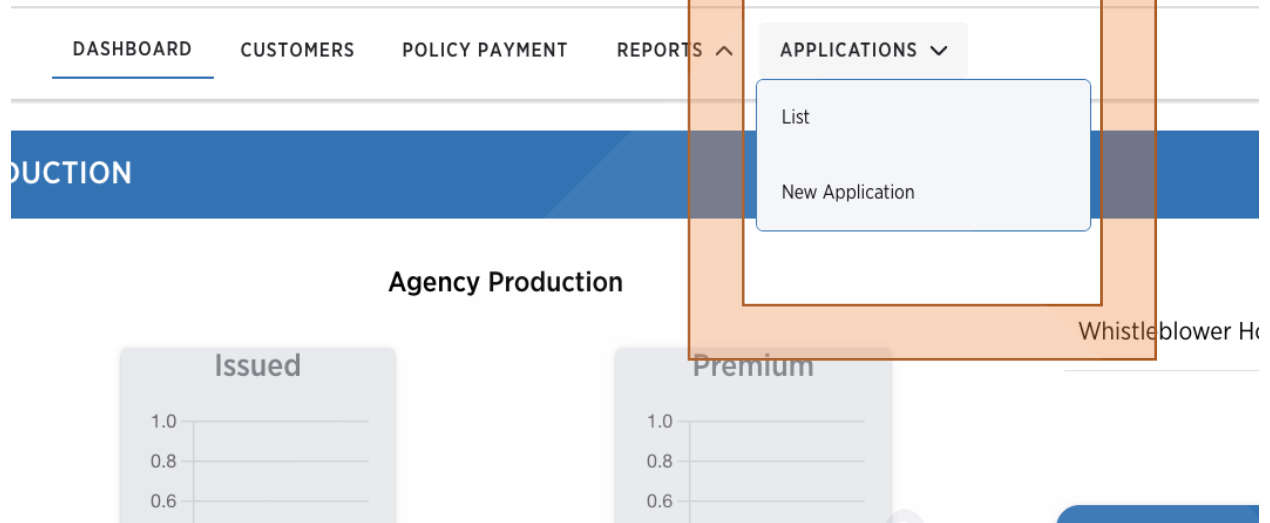
Renewal Premium Report

4 - - 7250885 - BARNES,KENNETH

EXPORT

Agent #	Agent Name	Policy #	Owner	PTD	Policy Status	Payment Method	Recurring	Next Payment Date	Mode	Mode Premium	Issue Date
85	B. [REDACTED]	2200	[REDACTED]	10/11/2023	Premium Paying - Arrears	Direct		12/05/2023	Monthly	\$29.60	09/11/2023
85	B. [REDACTED]	2200	[REDACTED]	10/11/2023	Premium Paying - Arrears	Direct		12/05/2023	Monthly	\$26.52	09/11/2023
85	B. [REDACTED]	2200	[REDACTED]	10/11/2023	Premium Paying - Arrears	Direct		12/01/2023	Monthly	\$26.52	09/11/2023
85	B. [REDACTED]	2200	[REDACTED]	10/11/2023	Premium Paying - Arrears	Direct		12/05/2023	Monthly	\$27.20	09/11/2023
85	B. [REDACTED]	2200	[REDACTED]	10/11/2023	Premium Paying - Arrears	Direct		12/01/2023	Monthly	\$33.45	09/11/2023
85	B. [REDACTED]	2200	[REDACTED]	10/11/2023	Premium Paying - Arrears	Direct		12/05/2023	Monthly	\$29.12	09/11/2023
85	B. [REDACTED]	2200	[REDACTED]	10/11/2023	Premium Paying - Arrears	Direct		12/01/2023	Monthly	\$25.05	09/11/2023
85	B. [REDACTED]	2200	[REDACTED]	10/12/2023	Premium Paying - Arrears	Direct		10/12/2023	Monthly	\$79.64	09/12/2023
85	B. [REDACTED]	2200	[REDACTED]	11/11/2023	Premium Paying - Current	ACH	Yes	12/03/2023	Monthly	\$70.21	08/11/2023
85	B. [REDACTED]	2200	[REDACTED]	11/21/2023	Premium Paying - Current	ACH	Yes	12/03/2023	Monthly	\$59.47	09/21/2023
85	B. [REDACTED]	2200	[REDACTED]	11/21/2023	Premium Paying - Current	ACH	Yes	12/03/2023	Monthly	\$229.33	10/21/2023

APPLICATIONS



LIST will show policies uploaded and being held for payment, as well as any saved applications.

Applications that are uploaded with NO hold date (delayed payment), will expire after 2 days and be deleted from the portal if no payment information is provided.

Proposed Name	Plan Description	Amount Of Insurance	Application Status	Hold Until	Expire Date	Created ↑	Application Number	Actions
Ma	Allegiant Superior Choice Standard Issue	\$10,000.00	Sent Application	07/03/2023		06/21/2023	2200	
tes	Allegiant Superior Choice Standard Issue	\$10,000.00	Saved			06/26/2023		
Del	Allegiant Superior Choice Standard Issue	\$10,000.00	Hold Application	07/12/2023		06/29/2023	2200	<input checked="" type="radio"/>
Wil	Allegiant Superior Choice Standard Issue	\$10,000.00	Saved			07/03/2023		
Gw	Allegiant Superior Choice Standard Issue	\$7,500.00	Hold Application	07/19/2023		07/06/2023	2200	<input checked="" type="radio"/>
Ma	Allegiant Superior Choice Standard Issue	\$7,000.00	Saved			07/06/2023		
Ma	Allegiant Superior Choice Standard Issue	\$10,000.00	Saved			06/21/2023		
Bar	Allegiant Superior Choice Standard Issue	\$7,000.00	Hold Application	08/01/2023		07/06/2023	2200	<input checked="" type="radio"/>

NEW APPLICATION

The table of contents may be reached any time by selecting ‘table of contents’ in the bottom right corner.

A 👍 to the right of the step, indicates the page is completed and there are no errors.

An application number will appear along ‘step 9’ once the application has been uploaded.

NO CHANGES may be made from the agents portal once an application is uploaded.

The screenshot shows the Allegiant Wealth application portal. The top navigation bar includes 'Allegiant Wealth', 'DASHBOARD', 'CUSTOMERS', 'POLICY PAYMENT', 'REPORTS', and 'APPLICATIONS'. A blue header bar displays 'Application'. Below this is a table of contents for the application process:

STEP 1: PRODUCT INFORMATION	👍
STEP 2: PROPOSED INSURED INFORMATION	→
STEP 3: OWNER INFORMATION	→
STEP 4: BENEFICIARY INFORMATION	→
STEP 5: EXISTING INSURANCE	→
STEP 6: PREDETERMINATION QUESTIONS	→
STEP 7: REMARKS	→
STEP 8: DISCLOSURE AND SIGNATURE	→
STEP 9: UPLOAD APPLICATION	→
STEP 10: MAKE A PAYMENT	☰

A large watermark for 'Superior Choice' and 'POWERED BY ALLEGIAN WALTH GROUP' is visible across the page.

You must be appointed in the state the client is currently in at the time of the application, in order to move forward with the application.

If you need to verify your appointment or have a question about the status of an appointment, please reach review the ‘licenses & appointments’ report in your agent profile or reach out to contractsandcommissions@citizensinc.com

Upon completion of client information, select ‘calculate’ to complete the page, and ‘next step’ to move forward.

Premiums are calculated based on the insured's last birthday. At the time the application is uploaded, when the agent clicks on ‘Step 9: Upload Application’, the premium rate is locked in.

If a hold date is set, and the insured has a birthday between the date of the application and the date of the first premium, the issue date is still the day the application was uploaded and there is no change in the premium.

If taking application via tele-sales or a call center, be sure to mark ‘yes’ on the Authorization/Consent question. This will replace the signature box with a Recording ID box. The Recording ID is the insureds phone number. Please see tele-sales instructions for additional information.

The screenshot shows the 'New Application' form in the Allegiant Wealth system. The form is divided into three main sections: 'Proposed Insured Info', 'Authorization/Consent', and 'Plan Options'. The 'Authorization/Consent' section is highlighted with an orange box. The 'Plan Options' section includes fields for 'Basic Plan', 'Face Amount', 'Mode', and 'Is Automatic Premium Loan Desired'. A 'CALCULATE' button is visible at the bottom of the 'Plan Options' section. The form also includes a 'NEXT STEP' button and 'TABLE OF CONTENTS' and 'BACK TO LIST' buttons at the bottom.

Proposed Insured Info

First Name Middle Name Last Name

State Gender Date of Birth Current Age Where is the applicant currently physically located? Preferred Language

Authorization/Consent

Is this application being completed by a call center?

Yes No

Plan Options

Basic Plan Face Amount

★ Includes benefit - Terminal Illness Accelerated Death Benefit
★ Includes benefit - Dismemberment
★ Includes benefit - Accidental Death

Mode

Monthly Quarterly Semi-Annually Annually

Is Automatic Premium Loan Desired?

Yes No

CALCULATE Total Annual Premium Mode Premium

NEXT STEP TABLE OF CONTENTS BACK TO LIST

Insureds Tax ID number may be used if they do not hold a social security number.

If client does not maintain an email address, none@none.com may be used to clear the requirement. Do NOT use your agent email in this field. Doing so will result in the policy being sent to underwriting.

← Proposed Insured Information Step 2 of 8

Insured General Information

Proposed Insured Full Name
test, test

Date of Birth: 10/30/1960 Current Age: 62 Gender: Male

SSN

Contact Information

Email Address Phone Number

Address Line 1

Address Line 2

City: State: Florida Zip Code:

[NEXT STEP](#) [TABLE OF CONTENTS](#) [BACK TO LIST](#)

Clients address listed will be their mailing address. A PO Box will be accepted here is needed.

Step 3 will designate the owner of the policy. If the owner is someone other than the proposed insured, please complete the required fields and select 'next step'

← Policy Owner Information Step 3 of 8

Policy Owner Information

Is Owner someone other than the Proposed Insured?
 Yes No

Secondary Addressee Designation

Would you like to designate a secondary addressee (third party) to receive lapse/terminated notices?
 Yes No

[NEXT STEP](#) [TABLE OF CONTENTS](#) [BACK TO LIST](#)

← Policy Owner Information Step 3 of 8

Policy Owner Information

Is Owner someone other than the Proposed Insured?
 Yes No

First Name Middle Name Last Name

Email Address Phone

SSN Current Age Relationship

Address (Street)

Address (Street Line 2)

City State Zip Code

[NEXT STEP](#) [TABLE OF CONTENTS](#) [BACK TO LIST](#)

Up to four beneficiaries may be entered. Percentage total must equal 100%.

If you can not obtain the beneficiary's email address, none@none.com may be input in the required section to move forward with the application.

If you can not obtain the beneficiary's social security number, 000000000 may be input in the required section to move forward with the application.

UASHBORGU LUSURERS PUBLIC PAYMENT REPORTS APPLICATIONS

New Application

← Beneficiary Information Step 4 of 8

Beneficiary Information

Is This a Business? Yes No

Person Icon

First Name Middle Name Last Name

Address Line 1

Address Line 2

City State Zip Code

Email Address Phone Number Social Security Number Date of Birth Age

mm/dd/yyyy

Percent Relationship to Applicant

ADD BENEFICIARY

Contingent Beneficiary Information

ADD CONTINGENT BENEFICIARY

NEXT STEP **TABLE OF CONTENTS** **BACK TO LIST**

Superior Choice
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The replacement form is included in step 5 of the application. If the client is replacing a policy, please complete all required information.

Allegiant Wealth GROUP

DASHBOARD CUSTOMERS POLICY PAYMENT REPORTS APPLICATIONS

New Application

< Existing Insurance Step 5 of 8

Existing Insurance

Do you have life insurance coverage in force with CICA Life Insurance Company of America or another company?

Yes No

REPLACEMENT INSURANCE: Is this insurance applied for intended to replace all or part of existing insurance on any proposed insured with this or any other company?

Yes No

To Be Completed by the Agent

Is this insurance applied for intended to replace all or part of existing insurance on the proposed insured with this or any other company?

Yes No

[NEXT STEP](#) [TABLE OF CONTENTS](#) [BACK TO LIST](#)

Allegiant Wealth GROUP

DASHBOARD CUSTOMERS POLICY PAYMENT REPORTS APPLICATIONS

New Application

Existing Insurance

Does the applicant have existing life insurance or annuity contracts?

Yes No

Will the policy replace or change other insurance or annuities?

Yes No

Replacement Form

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

Yes No

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

Yes No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME

CONTRACT OR POLICY #

INSURED OR ANNUITANT

REPLACED FINANCING

[ADD](#)

Name of the carrier being replaced is **REQUIRED**. If the client is unable to provide their policy number, their social security number or all 0's may be input in that box.

Reason for replacement and client/agent signatures will populate at the bottom of the form.

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate:

PROPOSED CLICK HERE TO SIGN.

test test

Proposed Date Signed _____

AGENT CLICK HERE TO SIGN.

ALLEGIANTE WEALTH GROUP LLC FIRM

Agent Date Signed _____

I do not want this notice read aloud to me.

(Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:





New Application

I affirm that the answers provided below will be true and complete to the best of my knowledge and belief.

A.) Are you currently hospitalized, confined to a bed or nursing facility, residing in an assisted living facility, receiving hospice care, or do you have any physical or mental impairment for which you need or receive assistance or supervision in performing normal activities of daily living, unable to care for yourself, or terminally ill?

Yes

No

B.) Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?

Yes

No

C.) Have you been diagnosed by a member of the medical profession with more than one occurrence of any cancer, a recurrence of any cancer, metastasis of any cancer, or currently being treated for cancer (excluding basal cell or squamous cell skin cancer)?

Yes

No

D.) In the past 10 years, have you been medically diagnosed, for which you have not been treated by a member of the medical profession, or have not taken medication for the following: uncontrolled diabetes, uncontrolled high blood pressure, stroke/TIA, paralysis, Congestive Heart Failure, heart disease, cardiomyopathy, lung disease (including COPD (Chronic Obstructive Pulmonary Disease)/emphysema), liver cirrhosis or failure, kidney (renal) failure/insufficiency, or chronic/end-stage kidney disease (including dialysis)?

Yes

No

E.) Have you ever been medically diagnosed, treated by a member of the medical profession, or taken medication for mental disorder, disorder of the brain or nervous system, Systemic Lupus (SLE), Alzheimer's disease, dementia, brain disease, organic brain syndrome, Lou Gehrig's disease (ALS), Huntington's disease, Muscular Dystrophy, Cystic Fibrosis, Pulmonary Fibrosis, or Multiple Myeloma?

Yes

No

F.) In the past 2 years, have you been hospitalized 2 or more times, or have you been advised or recommended to have any tests, treatment, surgery, or hospitalization which has not been received or completed?

Yes

No

G.) Within the last 2 years, have you been treated for or been advised by a medical professional to have treatment for alcohol, drug, opioid, or controlled substance abuse, plead guilty or been convicted of a felony or misdemeanor for any reason, or attempted suicide?

Yes

No

H.) Within the last 5 years have you been advised to by a member of the medical profession to have an organ transplant?

Yes

No

No Physician

Physician Name And Address _____

Please read the health questions carefully.

D) Standard approval if the client **IS** taking medication or being treated by a licensed member of the medical profession.

If any health question is answered yes, you will be prompted to return to Step 1 and change the product type to the guaranteed option.

All client information will remain saved in the application. Return to Step 1 to recalculate the premium and click through each step to verify the information.

Steps are complete when the 👍 is shown next to each in the table of contents.

The screenshot shows a 'New Application' form with the following questions and answers:

- A.) Are you currently hospitalized, confined to a bed or nursing facility, residing in an assisted living facility, receiving hospice care, or do you have any physical or mental impairment for which you need or receive assistance or supervision in performing normal activities of daily living, unable to care for yourself, or terminally ill? Yes No
- B.) Tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection. Yes No
- C.) Have you been diagnosed by a licensed member of the medical profession with more than one occurrence of any cancer, a recurrence of any cancer, metastasis of any cancer, or currently being treated for cancer (excluding basal cell or squamous cell skin cancer)? Yes No
- D.) In the past 10 years, have you been medically diagnosed, for which you have not been treated by a licensed member of the medical profession, or have not taken medication for the following: uncontrolled diabetes, uncontrolled high blood pressure, stroke/TIA, paralysis, Congestive Heart Failure, heart disease, cardiomyopathy, lung disease (including COPD, emphysema), liver cirrhosis or failure, kidney (renal) failure/insufficiency, or chronic/end-stage kidney disease (including dialysis)? Yes No
- E.) Have you ever been medically diagnosed, treated by a licensed member of the medical profession, or tested positive for the following: HIV infection, hepatitis B, hepatitis C, rabies, meningitis, encephalitis, poliomyelitis, multiple sclerosis, Alzheimer's disease, dementia, brain disease, or other disorder of the brain or nervous system, Systemic Lupus (SLE), Alzheimer's disease, dementia, brain disease, or other disorder of the brain or nervous system? Yes No
- F.) In the past 2 years, have you been hospitalized 2 or more times, or have you been advised or recommended by a licensed medical professional to have any tests, treatment, surgery, or hospitalization which has not been received or completed? Yes No
- G.) Within the last 2 years, have you been treated for or been advised by a licensed medical professional to have treatment for alcohol, drug, opioid, or controlled substance abuse, plead guilty or been convicted of a felony or misdemeanor for any reason, or attempted suicide? Yes No
- H.) Within the last 5 years have you been advised to by a licensed member of the medical profession to have an organ transplant? Yes No

A 'Standard Issue' pop-up is displayed over question E, stating: 'Standard Issue is no longer applicable'. At the bottom of the form are buttons for 'NEXT STEP', 'TABLE OF CONTENTS', and 'BACK TO LIST'.

Step 7 of the applications allows for additional remarks be sent to the underwriter. If any information is input in this section, the application WILL go to an underwriter for review. This may prompt a MIB check, withdrawal of application, or delay in processing.

The screenshot shows the 'New Application' form at Step 7 of 8. The section is titled 'Remarks' and contains two text input fields for providing additional information. At the bottom of the form are buttons for 'NEXT STEP', 'TABLE OF CONTENTS', and 'BACK TO LIST'.

Allegiant Wealth DASHBOARD CUSTOMERS POLICY PAYMENT REPORTS APPLICATIONS

New Application

Authorization/Consent

Is this application being completed by a call center?

Yes No

Signature

Signed at City _____ Signed at State Florida

SIGNATURE OF PROPOSED INSURED Date Signed 07/06/2023

Parent or Guardian, if minor

Hold Date

Delay Payment Yes No Hold Until mm/dd/yyyy

Agent

Agent Number 7250873 Agent Name FIRM,STRATTON BENEFITS GROUP NIPR # _____ **SIGNATURE OF AGENT/PRODUCER** Date Signed _____

ADD AGENT

NEXT STEP **TABLE OF CONTENTS** **BACK TO LIST**

To schedule a future draft date, select 'yes' to the 'Delayed Payment' under the 'Hold Date' section and input the desired draft date for the policy in the 'hold until' box. Any date between the 1st and 28th of the month, maybe selected within 28 days from the application. Please see agent guide for additional information on coinciding with social security billing.

Hold Date

Delay Payment Yes No Hold Until 08/08/2023

Date can not be more than 28 days out.

THIS AUTHORIZATION COMPLIES WITH HIPAA PRIVACY RULE. By executing this Authorization, I authorize all health care providers that have been involved in the care, diagnosis or treatment (including but not limited to, physicians, hospitals, clinics, medical practitioners, and other medically related facilities) to disclose medical records of the Proposed Insured (including but not limited to, patient histories, progress notes, test results, x-rays, and other diagnostic information) to CICA Life Insurance Company of America or its Authorized Representatives for the purpose of determining eligibility for payment of a claim or issuance of a policy.

I understand and agree that the hospital or doctor indicated may disclose the medical records on the Proposed Insured and the information contained in those records to CICA Life Insurance Company of America or its Authorized Representatives for the purpose stated above.

I also understand that when the medical records are disclosed pursuant to this Authorization, the medical records on the Proposed Insured and the information contained in those records may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws.

I understand that I may revoke this Authorization, except to the extent that any health care provider or hospital or doctor indicated above has acted in reliance upon this Authorization. My revocation of this Authorization must be submitted in writing to CICA Life Insurance Company of America, P.O. Box 149151 - Austin, TX 78714.

This Authorization will expire six months after the date the Authorization is signed.

FOR GUARANTEED ISSUE PLANS ONLY: I FULLY UNDERSTAND THAT THIS POLICY.
Allegiant Superior Choice Guarantee Issue, HAS A LIMITED NATURAL DEATH BENEFIT FOR THE FIRST 2 POLICY YEARS.

Authorization/Consent

Is this application being completed by a call center?

Yes No

Signature

Signed at City
Glenwood

Signed at State
Arkansas

Recording ID

Date Signed
07/14/2023

For applications completed remotely or via tele-sales, select 'YES' to the question regarding the application being completed in a call center.

The signature box will then change to a 'RECORDING ID' box. Your call with the client must be recorded and the insureds phone number input in that section as the recording ID.

At any time, CICA retains the right to request a copy of the recording matching the record number listed.

Please see Voice Signature section of the agent guide for additional information.

When all sections of the application are complete, all steps will show a thumbs up emoji to the right, within the table of contents.

Select 'STEP 9: UPLOAD APPLICATION' to submit the application.

Once the application is uploaded, the application is locked and the agent may not make any changes to steps 1 through 9 of the application. If an error is found or change needed, please contact New Business within 30 days of the issue date (date the application is uploaded). For any changes after 30 days, a signed change form and copy of the insureds drivers license will be required.

DASHBOARD CUSTOMERS POLICY PAYMENT REPORTS ^ APPLICATIONS ^

Application

STEP 1: PRODUCT INFORMATION	👍
STEP 2: PROPOSED INSURED INFORMATION	👍
STEP 3: OWNER INFORMATION	👍
STEP 4: BENEFICIARY INFORMATION	👍
STEP 5: EXISTING INSURANCE	👍
STEP 6: PREDETERMINATION QUESTIONS	👍
STEP 7: REMARKS	👍
STEP 8: DISCLOSURE AND SIGNATURE	👍
STEP 9: UPLOAD APPLICATION #: 2200001005	👍
HOLD PAYMENT AND APPLICATION UNTIL: 07/12/2023	🕒
STEP 10: MAKE A PAYMENT	💳

Superior Choice
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MAKE A PAYMENT (SUBMIT PAYMENT INFORMATION)

When a delayed payment (Hold Date) is selected, this information will be held until the hold date and a payment made at that time.

If there is not a delayed payment, this step will immediately charge the client for the necessary premium.

The screenshot shows the 'Policy Payment' form in a web browser. The browser address bar displays 'cicaamerica.citizensinc.com/policy-payment'. The page header includes 'Allegiant Wealth' and navigation links for 'DASHBOARD', 'CUSTOMERS', 'POLICY PAYMENT', 'REPORTS', and 'APPLICATIONS'. The form title is 'Policy Payment' and it has three tabs: 'Payment Information' (selected), 'Billing Information', and 'Card Information'. The form contains the following fields:

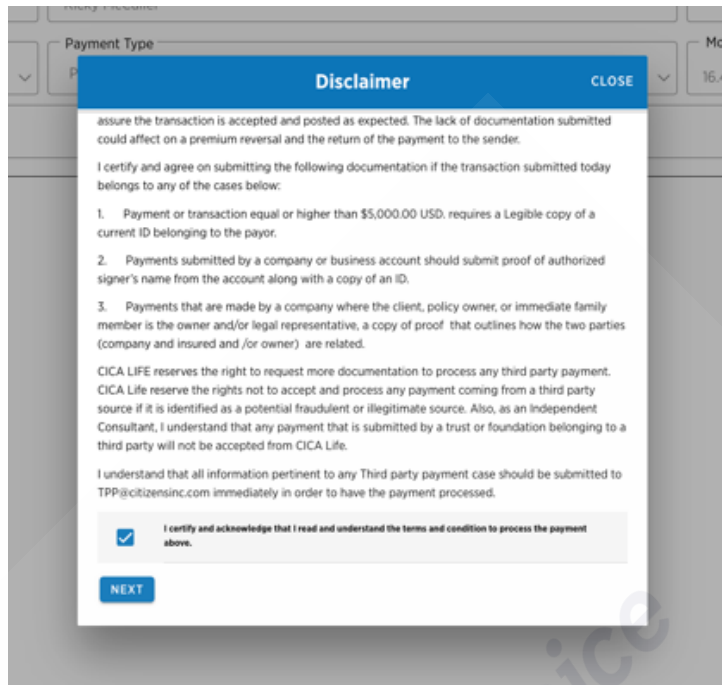
Policy Number: 2200001013		Insured Name: Ricky McCuller		Amount in US\$: \$16.49	
Policy Number	2200001013	Insured Name	Ricky McCuller	Paid To Date	
Relationship		Payment Type		Amount in US\$	16.49

Below the form, there is a blue button labeled 'ADD ANOTHER PAYMENT', a red text label 'Transaction Total: \$16.49', and a blue button labeled 'NEXT'.

This screenshot shows the same 'Policy Payment' form, but with additional fields filled out. The 'Premium' tab is now selected. The form contains the following fields:

Policy Number: 2200001013		Insured Name: Ricky McCuller		Premium		Amount in US\$: \$16.49	
Policy Number	2200001013	Insured Name	Ricky McCuller	Paid To Date			
Relationship	Policy Owner / Insured	Payment Type	Premium	Mode Premium			
	Number of Premiums to Pay	Amount in US\$					
	1	16.49					

Below the form, there is a blue button labeled 'ADD ANOTHER PAYMENT', a red text label 'Transaction Total: \$16.49', and a blue button labeled 'NEXT'.



Once the payment information is uploaded, the information will not be viewable again. Please double check the account and routing numbers before moving forward.

If the client would like the premium to be processed on the same date each month, please be sure the box at the top of the screen is selected to allow recurring payments.

Payment

Applicant authorizes automatic payments according to mode once policy is accepted. Applicant can make updates to recurring payments by calling policyholder services.

Payment Form

Credit Card ACH (Automated Clearing House)

Account Type Account Number

Routing Number

Billing Information

First Name Last Name

Street Address

City/Region State Zip Code Country UNITED STATES

Phone Email

Notes

Take note of the Order ID , should a change be needed before the premium is processed, this additional information will help in resolving the matter.

Policy Payment

✔ Payment Information — ✔ Billing Information — ✔ Card Information

Transaction Total: \$134.50

Order ID: 0000937600

You have successfully scheduled a payment to post on 8/1/2023 for the policy listed below:

2200001009

After a policy's premium payment information has been entered successfully for a delayed payment, the application's status will change from 'Saved' to 'Hold Application'.

After a premium is applied, the status will change to 'Sent Application'.

The application will be removed from the 'Applications LIST' during the next nightly system update after the premium is applied and moved to the renewal premium report.

Allegiant Wealth

DASHBOARD CUSTOMERS POLICY PAYMENT REPORTS APPLICATIONS

Search

Applications NEW APPLICATION

Proposed Name	Plan Description	Amount Of Insurance	Application Status	Hold Until	Expire Date	Created ↑	Application Number	Actions
[REDACTED]	Allegiant Superior Choice Standard Issue	\$10,000.00	Sent Application	07/03/2023		06/21/2023	22	[REDACTED] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$10,000.00	Saved			06/26/2023		[REDACTED] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$10,000.00	Hold Application	07/12/2023		06/29/2023	22	[REDACTED] [Icon] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$10,000.00	Saved			07/03/2023		[REDACTED] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$7,500.00	Hold Application	07/19/2023		07/06/2023	22	[REDACTED] [Icon] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$7,000.00	Saved			07/06/2023		[REDACTED] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$10,000.00	Saved			06/21/2023		[REDACTED] [Icon] [Icon]
[REDACTED]	Allegiant Superior Choice Standard Issue	\$7,000.00	Hold Application	08/01/2023		07/06/2023	22	[REDACTED] [Icon] [Icon] [Icon]

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