

Voice Signature Process / Final Expense products ages 50 to 85

As an accommodation during the Covid-19 crisis, the American Amicable Group is making available the option of conducting a remote sale of our Final Expense products (ages 50 to 85) using our “Voice Signature” process. The following are some general instructions on this process:

- The majority of the application process is the same as if the application was being completed in person using our Mobile Application (www.InsuranceApplication.com)
- After the “Agent Statement” screen, you will be presented with multiple signature options. Select “Voice Signature”.
 - The following screen will appear providing detailed instructions regarding the process of recording the Voice Signature. In addition there is a link to the Voice Signature script which you will read with your client on the recording (a sample is on the following page)

IMPORTANT: BEGIN THE VOICE SIGNATURE RECORDING PROCESS:

- Obtain the appropriate voice signature script by clicking the button to the right. [Click Here for Voice Signature Script \(PDF\)](#)
- With the applicant on the line, initiate a 3-way conference call with the American Amicable Group recording service by calling **800-927-1604** or **254-224-0345**. (If all lines are busy, please wait a few moments and try again.)
- When prompted, enter the 6-digit App Number (**027916**) to be followed by the “#” key. The App Number must match exactly.
- Follow the remaining prompts until you hear “This call is now being recorded”, you can then proceed with the recording. Read the items from the script and allow the individual to respond.
- Press the “#” key to terminate the recording once you have gone through the entire script. This will disconnect you from the recording service.
- Upon completion of the recording, select the “Click to verify recording has been received” button below. This will confirm the recording has been delivered to the Home Office. (This process will take a few moments to complete.) Once verified the message “Voice recording has been received” will display.
- You can now finalize the application by clicking the “Proceed with Application Transmission” button.
- REMINDER: The application cannot be transmitted to the Home Office unless the recording has been completed & received.

[Click to verify recording has been received](#)

- With the applicant on the line, initiate a 3-way call with the American Amicable Group recording service by calling [**\(800\)-927-1604**](tel:800-927-1604) or [**\(254\)-224-0345**](tel:254-224-0345).
- When prompted, enter the 6-digit App Number (found the screen above) to be followed by the “#” key.
- Follow the remaining prompts until you hear “This call is now being recorded”. You can now proceed with making the recording using the script provided. Press the “#” key when finished.
- Next select “**Click to verify recording has been received**” to confirm the recording has been delivered to the Home Office.
- Wait to receive the confirmation message “Voice recording has been received.”
- You can now finalize the application by clicking “**Proceed with Application Transmission**”.
- Follow the normal steps remaining to submit the application.

Final Expense (Ages 50 to 85): Voice Signature Script

I. Record the following with the proposed insured for each application:

Mr/Mrs. _____ as a final step to completing the application process, I need you to please verify the following:

- Please state your full name and today's date.
- Do you understand that you have applied for a Whole Life Final Expense Insurance policy through American-Amicable Life Insurance Company of Texas (hereafter referred to as American-Amicable)?
- Do you understand that this Whole Life Insurance policy is separate from any other insurance policy that you may have been presented?
- Do you acknowledge that the application for insurance with American-Amicable was completed over the telephone and that you were not in the presence of the licensed insurance agent who sold you this policy?
- Do you agree that answers and statements you have provided while completing your application are true, complete and correctly recorded to the best of your knowledge and belief?
- Do you acknowledge that you have received and read all of the following items or they have been read to you:
 - Copy of your application
 - Conditional Receipt (If applicable)
 - Copy of the Fair Credit Reporting Act Notice and MIB Pre-Notice
 - Terminal Illness Accelerated Benefit Rider Disclosure Statement
 - Accelerated Benefit Rider – Confined Care Disclosure Statement (only on Immediate Death Benefit Plan)
- Do you understand that a copy of your completed application will be provided as part of your policy contract, if issued?
- Do you acknowledge that you have provided your bank account information and authorized the drafting of insurance premiums from said account?
- Do you authorize American-Amicable to obtain and disclose protected health information including prescription history for the purpose of determining eligibility for insurance from any pharmacy, any pharmacy benefit manager, the MIB, Inc. and do you authorize said entities to furnish such information to American-Amicable for the purpose of evaluating your application for insurance?
- Health information obtained will not be re-disclosed without your authorization unless permitted by law, in which case it may not be protected under Federal Privacy Rules. This authorization shall be valid for two years from this date and may be revoked by sending written notice to American-Amicable.
- Do you agree to American-Amicable 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?

Thank you very much for your application. It will now be submitted to the Home Office for consideration for approval.

II. Record the following (in addition to the above) only if someone other than the proposed insured will be owner of the policy:

- Please state your name and your relationship to the individual applying for life insurance.
- Please verify the last 4 digits of your Social Security number.
- Is it your intent to be the owner of this policy?
- Is it your intent for this recording to represent your signature?