

1.1. Quick quote for DTC



Take The First Step

By answering a few simple questions, you'll be taking the first step in learning how to protect your family's future.

Term life insurance can help ensure that your family is taken care of financially should something happen to you.

Get your free term life insurance quote now to see how you may be able to reduce some of the worry about your future today.

[Explore our life Insurance resources ->](#)

Get an instant term life insurance quote

Gender	▼	State	▼
Birthday		Tobacco?	▼
Coverage \$	▼	Term length	▼
Height	▼	Weight	lbs

[Get My Quote ->](#)

Questions?

Call us at:
(877) 490-3411

Chat with a
representative now

Request a
call back

Life insurance coverage is subject to an underwriting process and is not guaranteed. Life insurance contains exclusions, limitations and terms for keeping it in force. For costs and complete details of coverage, contact a financial professional.

AXA Equitable Life Insurance Company(NY,NY)

GE-103283(5/15)(exp 5/17)

Quick quote- Landing page for DTC

- 1 User can filled Quick Quote information and click on Button "Get my Quote".
 - 2 User can Learn more about Insurance product from Insurance resources link.
 - 3 User will get the range of Coverage amount in between \$50,000 \$100,000 \$150,000 \$200,000 \$250,000 \$300,000 \$400,000 \$500,000 \$600,000 \$700,000 \$800,000 \$900,000 \$1,000,000 \$1,250,000 \$1,500,000 \$1,750,000 \$2,000,000
- If user choose Coverage amount between \$50,000 to \$250,000, he will direct to Secure now application.

1.2. Quick quote for AMOUNT



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LIFE INSURANCE

Help Protect Your Family's Future

Your Quote

Get \$200,000 of term coverage for as low as:

\$166.12 per month* [< Change quote information](#)

Enroll now and secure your life with life insurance, or [explore our life insurance resources->](#)

Apply online now

An easy and secure way to enroll in the plan at your convenience.

I'm new to AXA

AXA Customer Login

Questions?

- Call us at: (877) 490-3411
- Chat with a representative now
- Request a call back

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AXA Equitable Life Insurance Company(NY,NY)

GE-103283(5/15)(exp 5/17)

Quick quote- DTC Quick quote flow Quote page

- 1 User can able to see Quick quote as per his coverage amount and term length.
- 2 User can go back and change Quote information from "Change quote information" link
- 3 User can Learn more about Insurance product from "Explore our insurance.." link to Insurance resouces page.
- 4 If user is good with the quote amount and he wants to Apply online he can able to choose one of the option, depends on if user is existing customer or new to Axa and fill out the information and start online process.

1.3. Quick quote for AMOUNT- New User



LIFE INSURANCE

Help Protect Your Family's Future

Your Quote

Get \$200,000 of term coverage for as low as:

\$166.12 per month* [< Change quote information](#)

Enroll now and secure your life with life insurance, or [explore our life insurance resources->](#)

Apply online now

An easy and secure way to enroll in the plan at your convenience.

I'm new to AXA

First Name* Last Name*
 Email*
 *Required

AXA Customer Login

Questions?

[Call us at: \(877\) 490-3411](#) [Chat with a representative now](#) [Request a call back](#)

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AXA Equitable Life Insurance Company(NY,NY)
GE-103283(5/15)(exp 5/17)

Quick quote- DTC Quick quote flow Quote page

- 1 User can able to see Quick quote as per his coverage amount and term length.
- 2 User can go back and change Quote information from "Go back and change quote information" link
- 3 User can Learn more about Insurance product from "Learn more" link to Insurance resources page.
- 4 If user is new to AXA and he will select that option, it will open form fields for First name, last name and email.

1.4. Quick quote for AMOUNT- Login

AXA redefining standards®

LIFE INSURANCE

Help Protect Your Family's Future

Your Quote

Get \$200,000 of term coverage for as low as:

\$166.12 per month*

[< Change quote information](#)

Enroll now and secure your life with life insurance, or [explore our life insurance resources->](#)

Apply online now

An easy and secure way to enroll in the plan at your convenience.

I'm new to AXA

AXA Customer Login

User ID*

Password*

[Next >](#) [Forgot password?](#) *Required

Questions?

Call us at: (877) 490-3411

Chat with a representative now

Request a call back

Life insurance coverage is subject to an underwriting process and is not guaranteed. Life insurance contains exclusions, limitations and terms for keeping it in force. For costs and complete details of coverage, contact a financial professional.

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Quick quote- DTC Quick quote flow Quote page

- 1 User can able to see Quick quote as per his coverage amount and term length.
- 2 User can go back and change Quote information from "Go back and change quote information" link
- 3 User can Learn more about Insurance product from "Learn more" link to Insurance resouces page.
- 4 If user is existing customer to AXA and he will select that option, it will open form fields for User ID and Password.

1.5. Scenario-1- if user is not eligible



LIFE INSURANCE

Help Protect Your Family's Future

1

Is SecureNowSM right for you?

Yes, I have read and agree to the below eligibility statements and I am

- A U.S. Citizen or Permanent Resident
- the applicant who has not applied for coverage in the past 12 months, unless a policy was issued with Standard or better rating.
- having an existing life insurance policy or annuity contract covering the proposed insured and/or owner of other than the proposed insured.
- aware of that - This coverage has not been designed to replace existing life insurance policies or annuity contracts
- living or working in the state where I am applying for Secure NowSM Term insurance

No, I am not agree to the eligibility statements for Secure nowSM Terms

2

[Continue >](#)

Questions?

- [Call us at: \(877\) 490-3411](#)
- [Chat with a representative now](#)
- [Request a call back](#)

Life insurance coverage is subject to an underwriting process and is not guaranteed. Life insurance contains exclusions, limitations and terms for keeping it in force. For costs and complete details of coverage, contact a financial professional.

AXA Equitable Life Insurance Company(NY,NY)
GE-103283(5/15)(exp 5/17)

Quick quote- DTC Quick quote flow Quote page

- 1** Once User filled out basic info he will come to next page of Eligibility
- 2** User read and he is not falling under all points and he selects check box " No, I am not agree..." and it will open up more information for user on How to proceed for finding another suitable product.

1.6. Check your eligibility- if user is not eligible



LIFE INSURANCE

Help Protect Your Family's Future

1 Is SecureNow™ right for you?

Yes, I have read and agree to the below eligibility statements and I am

- A U.S. Citizen or Permanent Resident
- the applicant who has not applied for coverage in the past 12 months, unless a policy was issued with Standard or better rating.
- having an existing life insurance policy or annuity contract covering the proposed insured and/or owner of other than the proposed insured.
- aware of that - This coverage has not been designed to replace existing life insurance policies or annuity contracts
- living or working in the state where I am applying for Secure Now™ Term insurance

No, I am not agree to the eligibility statements for Secure now™ Terms

2

Sorry! You are not eligible for SecureNow™, but you can still get Life Insurance!

Please provide below information, you will be contacted by one of the financial professionals via telephone or email,

Your information

First name *	Last name *
Harry	Peter
Phone number * (e.g. 888-888-8888)	Best time to call (during weekday business hours)
<input type="text"/>	<input type="text"/>
Email*	Zip code
harry.peter@yahoo.com	Select your convenient time

3

[Confirm](#)

Questions?

- [Call us at: \(877\) 490-3411](#)
- [Chat with a representative now](#)
- [Request a call back](#)

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AXA Equitable Life Insurance Company(NY,NY)
GE-103283(5/15)(exp 5/17)

Quick quote- DTC Quick quote flow Quote page

- 1** Once User filled out basic info he will come to next page of Eligibility
- 2** User read and he is not falling under all points and he selects check box "No, I am not agree..." and it will open up more information for user on How to proceed for finding another suitable product.
- 3** User will see some fields with phone number and more information, so he will be contacted by one of the financial professionals

1.7. Confirmation



1

 **We have received your information**

A representative will contact you at the time most convenient for you.

Don't want to wait?

2



Call us at:
(877) 490-3411



Live chat with representative

Life insurance coverage is subject to an underwriting process and is not guaranteed. Life insurance contains exclusions, limitations and terms for keeping it in force. For costs and complete details of coverage, contact a financial professional.

AXA Equitable Life Insurance Company(NY,NY)

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Quick quote- DTC Quick quote flow Quote page

- 1 Once User filled out info he will come to next page of Confirmation
- 2 User can see some other option to contact representative to get more information.

1.8. Scenario-2-if user is eligible



LIFE INSURANCE

Help Protect Your Family's Future

1 Is SecureNowSM right for you?

Yes, I have read and agree to the below eligibility statements and I am

2

- A U.S. Citizen or Permanent Resident
- the applicant who has not applied for coverage in the past 12 months, unless a policy was issued with Standard or better rating.
- having an existing life insurance policy or annuity contract covering the proposed insured and/or owner of other than the proposed insured.
- aware of that - This coverage has not been designed to replace existing life insurance policies or annuity contracts
- living or working in the state where I am applying for Secure NowSM Term insurance

No, I am not agree to the eligibility statements for Secure nowSM Terms

[Continue to SecureNowSM Application >](#)

Questions?

- [Call us at: \(877\) 490-3411](#)
- [Chat with a representative now](#)
- [Request a call back](#)

Life insurance coverage is subject to an underwriting process and is not guaranteed. Life insurance contains exclusions, limitations and terms for keeping it in force. For costs and complete details of coverage, contact a financial professional.

AXA Equitable Life Insurance Company(NY,NY)
GE-103283(5/15)(exp 5/17)

Quick quote- DTC Quick quote flow Quote page

- 1 Once User filled out basic info he will come to next page of Eligibility
- 2 User read and agree on eligibility and all checkmark icon will turn in "Green" color and User able to click "Continue to Secure Now Application" and enter to Online application.

1.9. Application details and personal info



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Application

* Required

3 Personal Information

Prefix <input type="text" value="Select"/>	First Name * <input type="text" value="Harry"/>	MI <input type="text"/>	Last Name * <input type="text" value="Peter"/>
Suffix <input type="text" value="Select"/>	Gender * <input type="text" value="Male"/>	Date of birth * <input type="text" value="04/15/1974"/>	Phone number * <input type="text"/>

Street Address * Building / Apt / Suite

City * State * Zip *

Mailing Address

Same as Residence 4

Identification

Were you born in the United states?
 YES NO

Social security number *

Type of Government ID *

Additional Information

Does the Proposed Insured currently have health insurance coverage?
 YES NO

Occupation * Annual Income *

6

5

1 Common Questions

How does AXA use my information?

Can I change my information later?

How does AXA protect my privacy?
[See more ->](#)

Secure Now- DTC Application Flow Application details

- 1 From right side -User can able to see all common questions related to Application.
- 3 User can able to see all different section like Personal Information, Mailing Address, Identification, and additional information fields with Eligibility.
- 4 User could see default mailing address same as Residence and User uncheck that option- able to see all fields related to mailing address and he can fill out different mailing address.
- 5 Once User filled all information than he can able to go ahead by clicking "Next" and if user wants to save Application at any point he can able to click on "Save" button.
- 6 If user click on Cancel button, it will show popup cancel warning message.

1.10. Application details and personal info with different mailing address

Application

* Required

Personal Information

Prefix First Name * MI Last Name *

Suffix Gender * Date of birth * Phone number *

Street Address * Building / Apt / Suite

City * State * Zip *

Mailing Address

Same as Residence

Street Address * Building / Apt / Suite

City * State * Zip *

Identification

Were you born in the United states? YES NO

Social security number *

Type of Government ID *

Additional Information

Does the Proposed Insured currently have health insurance coverage? YES NO

Occupation * Annual Income *

[Cancel](#) [< Back](#) [Save](#) [Next >](#)

Common Questions

How does AXA use my information?

Can I change my information later?

How does AXA protect my privacy?

[See more ->](#)

Secure Now- DTC Application Flow Application details

- From right side -User can able to see all common questions related to Application.
- User can able to see all different section like Personal Information, Mailing Address, Identification, and additional information fields with Eligibility.
- User could see default mailing address same as Residence and User uncheck that option- able to see all fields related to mailing address and he can fill out different mailing address.
- Once User filled all information than he can able to go ahead by clicking "Next" and if user wants to save Application at any point he can able to click on "Save" button.
- If user click on Cancel button, it will show popup cancel warning message.

1.11. Scenario-1- If User “Save” the application on any page on Flow



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Medical and supplemental

Beneficiaries

Payment details

Review & eSign

Secure NowSM - Save & continue

You will need to create a password in order to log in and complete or review your application later. Please provide the required information below.

* Required

Create Password

User ID *

anna.peter@yahoo.com

Password *

Re-enter password*

Cancel

Continue to Secure NowSM Application

Quick quote- DTC Quick quote Flow Start process

- 1 After filling out "Personal information" User clicks on "Save" button he will see page with create AXA Account.
- 2 User needs to filled out information and create user password
- 3 User can able to continue with application by clicking on button "Continue to Secure now application"

1.12. Scenario-2- If User “cancel” the appliation on any page on flow

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Application Common Questions ✕

Are you sure you want to cancel? 1

Personal Information

All application data will be lost. Are you sure you want to cancel the Application process?

Select Harry Peter

2 3

Select Male Date of birth* 04/15/1974 Phone number*

Street address Building / Apt / Suite

City* State* Zip*

Mailing Address Same as Residence 4

Street Address* Building / Apt / Suite

City* State* Zip*

Identification

Were you born in the United states? YES NO

Social security number*

Type of Government ID*

Additional Information

Does the Proposed Insured currently have health insurance coverage? YES NO

Occupation* Annual Income* Select annual

6 5

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Secure Now- DTC Application Flow Application details- Cancel

- 1 User will see popup message if he clicks on "Cancel" button.
- 2 User could continue with application by clicking on "Continue to application" button.
- 3 User can Exit from this Application from "Cancel my application" button

1.13. FQA-Application details and personal info

The screenshot shows a web application interface with a modal window open. The modal is titled "Common Questions" and contains a list of questions. The first question, "How does AXA use my information?", is expanded, showing a detailed answer. Below it are two collapsed questions: "Can I change my information later?" and "How does AXA protect my privacy?". The background shows a form with sections for "Mailing Address", "Identification", and "Additional Information".

Common Questions

1 How does AXA use my information?

We use your information in a number of ways, such as:

- Processing applications and transactions;
- Verifying your identity (such as when you access your account information);
- Preventing fraud and enhancing the security of your account or our online services;
- Responding to your requests and communicating with you;
- Managing your preferences;
- Performing analytics concerning your use of our online services, including your responses to our emails and the pages and advertisements you view;
- Providing you tailored content and marketing messages;
- Operating, evaluating and improving our business (including developing new products and services; improving existing products and services; performing data analytics; and performing accounting, auditing and other internal functions);
- Complying with and enforcing applicable legal requirements, relevant industry standards, contractual obligations and our policies; and
- For any other purposes that we may specifically disclose at the time you provide or we collect your information.

We may also use data that we collect on an aggregate or anonymous basis (such that it does not identify any individual customers) for various business purposes, where permissible under applicable laws and regulations.

+ Can I change my information later? 2

+ How does AXA protect my privacy?

Mailing Address Same as Residence 3

Street Address* Building / Apt / Suite

City* State* Zip*

Identification

Were you born in the United states? Social security number 4

Type of Government ID*

Additional Information

Does the Proposed Insured currently have health insurance coverage? Occupation* Annual Income*

< Back Save Next >


5

Secure Now- DTC Application Flow Application detail- FAQs

1 Inline modal shows user all common questions related to section.

2 User can Expand and collapse to see or hide answers.

1.14. Medical and supplemental


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Application details
Medical and supplemental
Beneficiaries
Payment details
Review & eSign

1 **Your Medical History**
* Required

It takes only a few minutes, Please provide us some more information about your health **2**

1. Medical conditions

Have you, in the past 5 years, been treated for, diagnosed with, tested positive for, or been given advice by a medical professional, or been hospitalized with or taken medication for any diseases or disorders of the heart (including rheumatic fever), circulatory system, diabetes/ endocrine/thyroid, blood, kidneys, liver, digestive system, lungs (including allergies or sleep apnea), any mental or nervous disorders, including depression or anxiety, muscular, spinal, joint, or bone disorders or injuries, including concussions, high blood pressure, cancer, stroke/transient ischemic attack, epilepsy/seizures, including dizziness or fainting, arthritis, congenital defects or physical impairments, sexually transmitted diseases? *

YES NO **3**

2. Recent Medical Care

Have you, in the past 12 months, been treated, examined or advised by a medical professional or been hospitalized for more than 24 hours for any accident, illness or medical conditions resulting in you scheduling or being advised to schedule surgery, a diagnostic test, except those tests related to the Human Immunodeficiency Virus (AIDS Virus) or evaluation of any kind that has not been completed? *

YES NO

3. Immune Deficiency Disorders

Have you ever been treated for, tested positive for, been hospitalized for, or been diagnosed by a member of the medical profession as having Human Immunodeficiency Virus (AIDS Virus) or Acquired Immunodeficiency Syndrome (AIDS) or any immune deficiency disorder? *

YES NO

4. Tobacco Usage

Have you, in the past 12 months, used Tobacco or Nicotine products in any form? *

YES NO

5. Controlled Substance Usage

Have you in the past 5 years used narcotics, barbiturates, amphetamines, hallucinogens, heroin, cocaine, or received medical treatment or counseling for, or been advised by a medical professional to discontinue, the use of alcohol or prescribed or non-prescribed drugs? *

YES NO

6. Arrest History

Have you, in the past 10 years, pled guilty or no contest to or been convicted of a felony offense, or are felony charges currently outstanding against you? *

YES NO

7. Foreign Travel Plans

Do you anticipate residence or travel, including military deployment, outside the United States during the next 2 years? *

YES NO

8. Leisure Activities

Have you, in the past 3 years, participated in or do you plan in the next 2 years to participate in any of the following activities: aeronautics, including hang gliding, sky diving, parachuting, or ballooning, racing, including car, motorcycle, or boat, scuba/skin diving, hiking, including mountain/trail climbing or rock climbing, or any similar hazardous activities? *

YES NO

9. Aviation Activity

Have you, in the past 3 years, piloted an aircraft, or do you have any intention in the next 2 years of flying other than as a passenger on a scheduled airline? *

YES NO

10. Driver's Record, BMI


Have you had your driver's license suspended or revoked, pled guilty to or been convicted of three or more moving violations in the past 3 years, or pled guilty to or been convicted of driving while impaired, intoxicated or under the influence of any drug in the past 5 years? *

YES NO

Cancel **5**
< Back
Save
Next > **4**

- ### Secure Now- DTC Application Flow Application details
- 1** User can able to see Medical and supplemental Questions with their optional answers.
 - 2** User can see some estimated time on How long does it take to fill out all onformation
 - 3** User can able to see- Default answer as No, but if User selects answer from toggle button to Yes and it will open up more questions to answer.
 - 4** Once User filled all information than he can able to go ahead by clicking "Next".
 - 5** If user click on Cancel button, it will show popup cancel warning message.

1.15. Medical and supplemental-Answers


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Application details
Medical and supplemental
Beneficiaries
Payment details
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1

Your Medical History

* Required

It takes only a few minutes. Please provide us some more information about your health **2**

3

1. Medical conditions

Have you, in the past 5 years, been treated for, diagnosed with, tested positive for, or been given advice by a medical professional, or been hospitalized with or taken medication for any diseases or disorders of the heart (including rheumatic fever), circulatory system, diabetes/ endocrine/thyroid, blood, kidneys, liver, digestive system, lungs (including allergies or sleep apnea), any mental or nervous disorders, including depression or anxiety, muscular, spinal, joint, or bone disorders or injuries, including concussions, high blood pressure, cancer, stroke/transient ischemic attack, epilepsy/seizures, including dizziness or fainting, arthritis, congenital defects or physical impairments, sexually transmitted diseases? *

YES NO

Mental or Nervous Disorders, including Depression or Anxiety

Heart Diseases or Disorders

Circulatory System Diseases or Disorders

Diabetes/Endocrine/Thyroid Diseases or Disorders

Blood Diseases or Disorders

Kidney Diseases or Disorders

Liver Diseases or Disorders

Digestive System Diseases or Disorders

Lung Diseases or Disorders, including Allergies or Sleep Apnea

Muscular, Spinal, Joint, or Bone Disorders or Injuries, including Concussions

High Blood Pressure

Cancer

Stroke

Epilepsy/Seizures, including Dizziness or Fainting

Arthritis

Congenital Defects or Physical Impairments

Elevated Cholesterol

Other

2. Recent Medical Care

Have you, in the past 12 months, been treated, examined or advised by a medical professional or been hospitalized for more than 24 hours for any accident, illness or medical conditions resulting in you scheduling or being advised to schedule surgery, a diagnostic test, except those tests related to the Human Immunodeficiency Virus (AIDS Virus) or evaluation of any kind that has not been completed? *

YES NO

3. Immune Deficiency Disorders

Have you ever been treated for, tested positive for, been hospitalized for, or been diagnosed by a member of the medical profession as having Human Immunodeficiency Virus (AIDS Virus) or Acquired Immunodeficiency Syndrome (AIDS) or any immune deficiency disorder? *

YES NO

4. Tobacco Usage

Have you, in the past 12 months, used Tobacco or Nicotine products in any form? *

YES NO

5. Controlled Substance Usage

Have you in the past 5 years used narcotics, barbiturates, amphetamines, hallucinogens, heroin, cocaine, or received medical treatment or counseling for, or been advised by a medical professional to discontinue, the use of alcohol or prescribed or non-prescribed drugs? *

YES NO

6. Arrest History

Have you, in the past 10 years, pled guilty or no contest to or been convicted of a felony offense, or are felony charges currently outstanding against you? *

YES NO

7. Foreign Travel Plans

Do you anticipate residence or travel, including military deployment, outside the United States during the next 2 years? *

YES NO

8. Leisure Activities

Have you, in the past 3 years, participated in or do you plan in the next 2 years to participate in any of the following activities: aeronautics, including hang gliding, sky diving, parachuting, or ballooning; racing, including car, motorcycle, or boat; scuba/skin diving; hiking, including mountain/trail climbing or rock climbing, or any similar hazardous activities? *

YES NO

9. Aviation Activity

Have you, in the past 3 years, piloted an aircraft, or do you have any intention in the next 2 years of flying other than as a passenger on a scheduled airline? *

YES NO

10. Driver's Record, BMI

Have you had your driver's license suspended or revoked, pled guilty to or been convicted of three or more moving violations in the past 3 years, or pled guilty to or been convicted of driving while impaired, intoxicated or under the influence of any drug in the past 5 years? *

YES NO

Cancel **3**

< Back

Save

Next > **3**

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Secure Now- DTC Application Flow Application details

- 1** User can able to see Medical and supplemental Questions with their optional answers.
- 2** User can see some estimated time on How long does it take to fill out all information
- 3** User selects Yes in Toggle selection button and it will open up more Questions.
- 4** Once User filled all information than he can able to go ahead by clicking "Next".
- 5** If user click on Cancel button, it will show popup cancel warning message.

1.16. Beneficiaries



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Beneficiaries

* Required

A beneficiary is someone who would receive the money in your account if you should die. Your primary beneficiary is your first choice to receive that money. You can name more than one person or entity as your primary beneficiary. You may also name secondary or contingent beneficiaries who will receive any amounts payable if your primary beneficiary(ies) dies or is otherwise not qualified. You should not include the same people as primary and contingent beneficiaries. Percentages for each must add up to 100%.

Primary Beneficiary

Primary Beneficiary

Select a Relationship*

First Name* MI Last Name* Beneficiary will receive*
 Equal Shares %

[Add an Additional primary beneficiary +](#)

Total must equal 100% %

[Cancel](#) [Back](#) [Save](#) [Next >](#)

Common Questions

What is a beneficiary? Why do I need to name a beneficiary?

If I already have a will, why do I need to designate a beneficiary?

Who can I name as a beneficiary?

[See more ->](#)

Secure Now- DTC Application Flow Application details

- 1 From right side -User can able to see all common questions related to this section.
- 2 User can see optional beneficiary information and once user click on expand icon it will open additional information form fields
- 3 User can add share % to Input field and User can edit that share.
- 4 User can add another primary beneficiary from link "Add an Additional primary beneficiary" User can add upto 5 Primary beneficiary.
- 5 User can see total primary beneficiary % in box.
- 6 User can able to go next once he added 100% primary beneficiary.
- 7 User can able to see some guidance text about Beneficiary.

1.17. Optional fields of Primary beneficiary



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 [Beneficiaries](#) |
 [Payment details](#) |
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Beneficiaries

* Required

A beneficiary is someone who would receive the money in your account if you should die. Your primary beneficiary is your first choice to receive that money. You can name more than one person or entity as your primary beneficiary. You may also name secondary or contingent beneficiaries who will receive any amounts payable if your primary beneficiary(ies) dies or is otherwise not qualified. You should not include the same people as primary and contingent beneficiaries. Percentages for each must add up to 100%.

Primary Beneficiary

Primary Beneficiary

Select a Relationship*

First Name* MI Last Name*

Address Country

City State Zip

Phone Email

Date of birth Social security number

[Add an additional primary beneficiary +](#)

Beneficiary will receive*
 Equal Shares

%

Total must equal 100%
 %

[Cancel](#) |
 [Back](#) |
 [Save](#) |
 [Next >](#)

Common Questions

What is a beneficiary? Why do I need to name a beneficiary?

If I already have a will, why do I need to designate a beneficiary?

Who can I name as a beneficiary?

[See more ->](#)

Secure Now- DTC Application Flow Application details

- From right side -User can able to see all common questions related to this section.
- User can see optional beneficiary information and once user click on expand icon it will open additional information form fields
- User can add share % to Input field and User can edit that share.
- User can add another primary beneficiary from link "Add an Additional primary beneficiary" User can add upto 5 Primary beneficiary.
- User can see total primary beneficiary % in box.
- User can able to go next once he added 100% primary beneficiary.

1.18. Add second Primary beneficiary



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Application details | Medical and supplemental | **Beneficiaries** | Payment details | Review & eSign

Beneficiaries

* Required

A beneficiary is someone who would receive the money in your account if you should die. Your primary beneficiary is your first choice to receive that money. You can name more than one person or entity as your primary beneficiary. You may also name secondary or contingent beneficiaries who will receive any amounts payable if your primary beneficiary(ies) dies or is otherwise not qualified. You should not include the same people as primary and contingent beneficiaries. Percentages for each must add up to 100%.

Primary Beneficiary

+ Primary Beneficiary

Select a Relationship* Beneficiary will receive*

Equal Shares

First Name* MI Last Name* %

Primary Beneficiary

+ Primary Beneficiary

Select a Relationship* Beneficiary will receive*

First Name* MI Last Name* % 🗑️

[Add an Additional primary beneficiary +](#)

Total must equal 100% %

Cancel
< Back
Save
Next >

Common Questions

1 What is a beneficiary? Why do I need to name a beneficiary?

If I already have a will, why do I need to designate a beneficiary?

Who can I name as a beneficiary?

[See more ->](#)

- ### Secure Now- DTC Application Flow Application details
- 1 From right side -User can able to see all common questions related to this section.
 - 2 User can see optional beneficiary information and once user click on expand icon it will open additional information form fields
 - 3 User can add share % to Input field and User can edit that share.
 - 4 User can add another primary beneficiary from link "Add an Additional primary beneficiary" User can add upto 5 Primary beneficiary.
 - 5 User can delete added primary beneficiary from delete icon.
 - 6 User can see total primary beneficiary % in box.
 - 7 User can able to go next once he added 100% primary beneficiary.

1.19. Add info in Primary beneficiary



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Chat with a representative now

Request a call back

Application details

Medical and supplemental

Beneficiaries

Payment details

Review & eSign

Beneficiaries

* Required

A beneficiary is someone who would receive the money in your account if you should die. Your primary beneficiary is your first choice to receive that money. You can name more than one person or entity as your primary beneficiary. You may also name secondary or contingent beneficiaries who will receive any amounts payable if your primary beneficiary(ies) dies or is otherwise not qualified. You should not include the same people as primary and contingent beneficiaries. Percentages for each must add up to 100%.

Primary Beneficiary

Primary Beneficiary

Father

Jhon

MI

Peter

Beneficiary will receive*

Equal Shares

50 %

Primary Beneficiary

Mother

Kathy

MI

Peter

Beneficiary will receive*

50 %

[Add an Additional primary beneficiary +](#)

Total must equal 100%

100 %

Cancel

< Back

Save

Next >

Common Questions

What is a beneficiary? Why do I need to name a beneficiary?

If I already have a will, why do I need to designate a beneficiary?

Who can I name as a beneficiary?

[See more ->](#)

Secure Now- DTC Application Flow Application details

- 1 From right side -User can able to see all common questions related to this section.
- 2 User can see optional beneficiary information and once user click on expand icon it will open additional information form fields
- 3 User can add equal share % to Input field from check mark selection.
- 4 User can add another primary beneficiary from link "Add an Additional primary beneficiary" User can add upto 5 Primary beneficiary.
- 5 User can delete added primary beneficiary from delete icon.
- 6 User can see total primary beneficiary % in box.
- 7 User can able to go next once he added 100% primary beneficiary.

1.20. Contingent beneficiary



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(877) 490-3411

Chat with a
representative now

Request a
call back

✓ Application details

✓ Medical and supplemental

Beneficiaries

Payment details

Review & eSign

Beneficiaries

* Required

Primary Beneficiary

Primary Beneficiary	Name	Relationship	Shares	
1.	Jhon Peter	Father	50 %	Edit
2.	Kathy Peter	Mother	50 %	Edit

Total must equal 100%

100 %

[<- Edit or Delete Primary Beneficiary](#)

I would like to select contingent beneficiaries. They will receive any amounts payable if the primary beneficiaries cannot.

Cancel

[< Back](#)

[Save](#)

[Next >](#)

Common Questions

What is a beneficiary? Why do I need to name a beneficiary?

If I already have a will, why do I need to designate a beneficiary?

Who can I name as a beneficiary?

[See more ->](#)

Secure Now- DTC Application Flow Application details

- 1 From right side -User can able to see all common questions related to this section.
- 2 User can able to see summary of added primary beneficiaries.
- 3 User can go back and change or delete any primary beneficiary he wants.
- 4 User can see optional contingent beneficiary information and once user click on checkbox it opens up fields to add Contingent beneficiary information.

1.21. Contingent beneficiaries info



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 Beneficiaries |
 [Payment details](#) |
 [Review & eSign](#)

Beneficiaries

* Required

Primary Beneficiary

Primary Beneficiary	Name	Relationship	Shares	
1.	Jhon Peter	Father	50 %	Edit
2.	Kathy Peter	Mother	50 %	Edit

Total must equal 100%

100 %

[<- Edit or Delete Primary Beneficiary](#)

I would like to select contingent beneficiaries. They will receive any amounts payable if the primary beneficiaries cannot.

Contingent Beneficiary

Optionally specify Contingent beneficiaries to be included on this policy, should all primaries be deceased.

+ Contingent Beneficiary

Select a Relationship*

Beneficiary will receive*
 Equal Shares

First Name* MI Last Name*

%

[Add an Additional contingent beneficiary +](#)

Total must equal 100% %

[Cancel](#)

[< Back](#)

[Save](#)

[Next >](#)

Common Questions

1 What is a beneficiary? Why do I need to name a beneficiary?

2 If I already have a will, why do I need to designate a beneficiary?

3 Who can I name as a beneficiary?

[See more ->](#)

Secure Now- DTC Application Flow Application details

- 1 From right side -User can able to see all common questions related to this section.
- 2 User can able to see summary of added primary beneficiaries.
- 3 User can go back and change or delete any primary beneficiary he wants.
- 4 User can see optional contingent beneficiary information and once user click on checkbox it opens up fields to add Contingent beneficiary information.

1.22. Optional fields of Contingent beneficiary

Beneficiaries

* Required

Primary Beneficiary

Primary Beneficiary	Name	Relationship	Shares	
1.	Jhon Peter	Father	50 %	Edit
2.	Kathy Peter	Mother	50 %	Edit

Total must equal 100% 100 %

[← Edit or Delete Primary Beneficiary](#)

I would like to select contingent beneficiaries. They will receive any amounts payable if the primary beneficiaries cannot.

Contingent Beneficiary

Optionally specify Contingent beneficiaries to be included on this policy, should all primaries be deceased.

Contingent Beneficiary

Select a Relationship* Beneficiary will receive*

Equal Shares

First Name* MI Last Name* %

Address Country

City State Zip

Phone Email

Date of birth Social security number

[Add an Additional contingent beneficiary +](#)

Total must equal 100% %

Cancel
< Back
Save
Next >

Common Questions

1 What is a beneficiary? Why do I need to name a beneficiary?

2 If I already have a will, why do I need to designate a beneficiary?

3 Who can I name as a beneficiary?

[See more ->](#)

- ### Secure Now- DTC Application Flow Application details
- 1 From right side -User can able to see all common questions related to this section.
 - 2 User can able to see summary of added primary beneficiaries.
 - 3 User can go back and change or delete any primary beneficiary he wants.
 - 4 User can see optional contingent beneficiary information and once user click on checkbox it opens up fields to add Contingent beneficiary information.
 - 5 User can see optional beneficiary information and once user click on expand icon it will open additional information form fields

1.23. Add second Contingent beneficiary

Beneficiaries

* Required

Primary Beneficiary

Primary Beneficiary	Name	Relationship	Shares	
1.	Jhon Peter	Father	50 %	Edit
2.	Kathy Peter	Mother	50 %	Edit

Total must equal 100% 100 %

[← Edit or Delete Primary Beneficiary](#)

I would like to select contingent beneficiaries. They will receive any amounts payable if the primary beneficiaries cannot.

Contingent Beneficiary

Optionally specify Contingent beneficiaries to be included on this policy, should all primaries be deceased.

+ Contingent Beneficiary

Select a Relationship* Beneficiary will receive*
 Equal Shares

First Name* MI Last Name* %

+ Contingent Beneficiary

Select a Relationship* Beneficiary will receive*
 Equal Shares

First Name* MI Last Name* %

[Add an Additional contingent beneficiary +](#)

Total must equal 100% %

Cancel
< Back
Save
Next >

Common Questions

1 **What is a beneficiary? Why do I need to name a beneficiary?**

2 **If I already have a will, why do I need to designate a beneficiary?**

3 **Who can I name as a beneficiary?**

[See more ->](#)

- ### Secure Now- DTC Application Flow Application details
- From right side -User can able to see all common questions related to this section.
 - User can able to see summary of added primary beneficiaries.
 - User can go back and change or delete any primary beneficiary he wants.
 - User can see optional contingent beneficiary information and once user click on checkbox it opens up fields to add Contingent beneficiary information.
 - User can see optional beneficiary information and once user click on expand icon it will open additional information form fields
 - User can add another primary beneficiary from link "Add an Additional Contingent beneficiary" User can add upto 5 Contingent beneficiary.
 - User can go next once user filled out all information for Contingent beneficiary and add 100% of share.

1.24. Payment Details

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Call us at: (877) 490-3411 | Chat with a representative now | Request a call back

Application details | Medical and supplemental | Beneficiaries | **Payment details** | Review & eSign

Payment Information

* Required

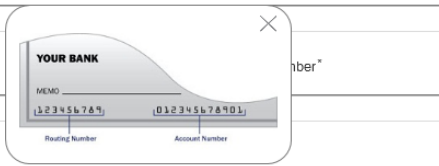
Bank Information

Name as it appears on your Checking account:

Routing Number *

Confirm Routing Number *

Account Number *



Is the Bank Account Holder for the Initial Premium Payment the Owner or Proposed Insured?

YES NO

[Cancel](#)

[< Back](#)

[Save](#)

[Next >](#)

Common Questions

What are the payment options?

Can I change my payment preferences later?

How does AXA keep my information secure?

[See more ->](#)

Secure Now- DTC Application Flow Payment details

- 1 From right side -User can able to see all common questions related to this section.
- 2 User can able to see all fields to Payment information
- 3 User will click to help or information icon and it will show some guidance on account number and routing number.
- 4 Once User filled all information than he can able to go ahead by clicking "Next".

1.25. Payment Details with Financial firm



Abtest Abtest [Log out](#)

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Call us at: (877) 490-3411 | Chat with a representative now | Request a call back

Application details | Medical and supplemental | Beneficiaries | **Payment details** | Review & eSign

Payment Information

* Required

Bank Information

Name as it appears on your Checking account:

full name as per checking account

Routing Number *

0123456789

Confirm Routing Number *

0123456789

Account Number *

123456789

Confirm Account Number *

123456789

Is the Bank Account Holder for the Initial Premium Payment the Owner or Proposed Insured?

YES NO

Financial Institution Name: Name

Cancel

< Back

Save

Next >

Common Questions

What are the payment options?

Can I change my payment preferences later?


How does AXA keep my information secure?


[See more ->](#)


Secure Now- DTC Application Flow Payment details

- 1 From right side -User can able to see all common questions related to this section.
- 2 User can able to see all fields to Payment information
- 3 User will click to help or information icon and it will show some guidance on account number and routing number.
- 4 Once User filled all information than he can able to see some more information about financial firm and go ahead to "Next".
- 5 Once User filled all information than he can able to go ahead by clicking "Next".




1.26. Review-option for Edit information


redefining standards®

 Abtest Abtest

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 Request a call back

✓ Application details
✓ Medical and supplemental
✓ Beneficiaries
✓ Payment details
Review & eSign

Review Information

Take a moment to review your information before completing your application.

General Information

Name	Issuing State
Name	New Jersey
Phone Number	Social Security Number
123-456-7890	***-**-7890
Email Address	Occupation
name@yahoo.com	IT
Residence Address	Annual Earned Income
123 street name, city, NJ 08872	\$ 75,000
Country	AXA Equitable Term
USA	10 Years
Place of Birth	Face Amount
New Jersey	\$ 150,000
Driver's License	
Driver's license	

Beneficiaries

Primary Beneficiary		
Father	test test	100%

Payment Information

Name as it appears on your Checking account	Routing Number
Name	123456
Financial Institution Name	Account Number
Name	123456

Policy Delivery Options

Go green and save paper

Turn off paper and do your part to go green. When you choose eDelivery. We'll send an email to the address you provide whenever account documents are available online.

Yeah! Sign me up for eDelivery so I can receive my ePolicy, statements and notices online. I understand that I can change my email address or eDelivery preferences anytime at axa.com

I have read and agree to the [eDelivery Terms and Conditions](#)

User Agreement

"AXA Equitable" is the brand name for AXA Equitable Financial Services, LLC and its family of companies, including AXA Equitable Life Insurance Company.

[Read more](#)

I have read and agree to the user agreement

Save
Sign now

Common Questions

What happens to my application after I submit it?

What third-party information does AXA obtain?

What is an e-signature? Is it legal?

[See more ->](#)

Secure Now- DTC Application Flow Review and Sign now

- 1 From Right side column User can able to see Common questions
- 2 User can able to see all general information, beneficiary and payment information summary to review
- 3 General Information, Payment Information and Beneficiary - "Edit" Icon takes User back to related page to change any of the information.
- 4 User can agree on Terms and condition for Go Paperless option.
- 5 User will read all User agreement about Secure now Product and He agrees and go ahead for eSignature.
- 6 User could Save from this button link
- 7 Once User review all information than he can able to sign application electornically by clicking "Sign now" button, It will take user to **DocuSign page**.

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1.27. Scenario-1-if user "Save" and already create password- E-signature- confirmation page for Sign Now

The screenshot shows the AXA Secure Now application flow confirmation page. At the top left is the AXA logo with the tagline "redefining / standards®". To the right, there is a user profile icon labeled "Abtest Abtest" and a "Log out" button. Below the header is a navigation bar with the text "Welcome to Secure NowSM" and three service options: "Call us at: (877) 490-3411", "Chat with a representative now", and "Request a call back". A progress bar below the navigation bar shows five steps: "Application details", "Medical and supplemental", "Beneficiaries", "Payment details", and "Review & eSign", all marked with green checkmarks. The main content area is titled "Congratulations!" and contains a white box with the following text: "Thank you! Your family's on the way to a more secure financial future. Your application will come under the process of Approval. In this process, AXA reviews all the information collected in this application, and from third-party databases. Through this evaluation, AXA can determine whether you are eligible and offer you a fair price. If you have any questions, Please feel free to contact us at 877-490-3411." Two red circles with numbers "1" and "2" are placed above the text in the white box. At the bottom of the page, there is a footer with the copyright information "© 1999-2015 AXA Equitable Life Insurance Company | 1290 Avenue of the Americas, New York, NY 10104" and links for "Online Privacy and Security" and "StatementUsage Agreement".

Secure Now- DTC Application Flow E-signature- sign now- optional- Need to discuss

- 1 User clicks on button "Sign now" and Docusign page will open up in different browser window and on Application, he will come to this page
- 2 User can see some information about what should be the next process and thank you message.

Email is sent to applicant to confirm application submission. Contains link to check status.

1.28. Scenario-2-E-signature- If user doesn't "Save" and create password E-signature confirmation page with Create Id and password form

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Abtest Abtest Log out

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Application details | Medical and supplemental | Beneficiaries | Payment details | Review & eSign

Congratulations!

Thank you!
Your family's on the way to a more secure financial future.

Your application will come under the process of Approval. In this process, AXA reviews all the information collected in this application, and from third-party databases. Through this evaluation, AXA can determine whether you are eligible and offer you a fair price.

If you have any questions, Please feel free to contact us at 877-490-3411.

You will need to create a password in order to log in or review your application later.
Please provide the required information below.

* Required

Create Password

User ID ▼
anna.peter@yahoo.com

Password* ▼ Re-enter password*

[Confirm](#)

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Secure Now- DTC Application Flow E-signature- sign now- optional- Need to discuss

- 1 User clicks on button "Sign now" and DocuSign page will open up in different browser window and on Application, he will come to this page
- 2 User can see some information about what should be the next process and thakyou message.
- 3 User doesnt Save applicaton in middle and continue on the process of filling out application online in that case User will get - Form to create password so User will come back and login to see the status of his application after docuSign.

1.32. Email retrieval link- Login page



← LIFE INSURANCE

Help Protect Your Family's Future

Log in to SecureNowSM

AXA Customer Login 1

[Next >](#) [Forget password?](#) *Required

Questions?

- Call us at: (877) 490-3411
- Chat with a representative now
- Request a call back

Life insurance coverage is subject to an underwriting process and is not guaranteed. Life insurance contains exclusions, limitations and terms for keeping it in force. For costs and complete details of coverage, contact a financial professional.

AXA Equitable Life Insurance Company(NY,NY)
GE-103283(5/15)(exp 5/17)

Secure Now- DTC Application Flow Email link

1 Scenario-1 Sign later
From Email link User will come to this page and user has to login and it will direct user to DocuSign page to sign Application, and on Secure now application-Applicant is taken to Congratulations page.

Scenario-2 Sign now
From Email confirmation link User will come to see this page and User has to log in to see Application status page.

1.33. User sign application and login – User will come to Application Status page



← LIFE INSURANCE

Help Protect Your Family's Future

SecureNowSM Application Dashboard

Your application status 1

Application ID	First Name	Last Name	Last Updated	Status
1234	Jhon	Peter	08/20/2015	In progress

If you have any questions, Please feel free to contact us at 877-490-3411.

Questions?

- Call us at: (877) 490-3411
- Chat with a representative now
- Request a call back

Life insurance coverage is subject to an underwriting process and is not guaranteed. Life insurance contains exclusions, limitations and terms for keeping it in force. For costs and complete details of coverage, contact a financial professional.

AXA Equitable Life Insurance Company(NY,NY)
GE-103283(5/15)(exp 5/17)

Secure Now- DTC Application Flow Application Status

- 1 User docuign application and come back to Secure now application, User login with User ID and password and can able to see Application status.