Intake Form
For LTA

For agent use only.

Name Last First MI ❑ Male ❑ Female

Street

City State Zip

Social Security Number Place of Birth/State

Driver's License # DL State

DOB Primary Phone ( ) Cell Phone ( )

Email:

Insurance Amount:

Mode of Premium Payment: ❑ Annual ❑ SA ❑ Qtrly ❑ PAC

Death Benefit Option: _____

Riders: ❑ WP ❑ ADB ❑ CTR ☐

indicate Amount for Riders: $_____

Select Rate Class

❑ Preferred Plus Non-Tobacco ❑ Preferred Non-Tobacco

❑ Standard Non-Tobacco ❑ Preferred Tobacco

Special Dating

Save age? ❑ Yes ❑ No

Will the insured be the owner? ❑ Yes ❑ No

Owner information-if other than insured

❑ Trust ❑ Individual ❑ Corporation

First and Last Name: _____

Address Line 1:_____

Address Line 2:_____

SSN/TIN:_____ DOB: _____ Email Address: _____

Replacement Information

List each existing policy or contract you are contemplating replacing (include the insured or annuitant, name of the insurer, and the policy or contract number if available) and whether each policy will be replaced or used as a source of financing:

Is the policy being replaced, financed, neither?_____

Name of insured or annuitant: _____

Name of insurer: _____

Policy or contract #: _____

Type: ❑ Business ❑ Key Person ❑ Personal

Is the policy being replaced, financed, neither?:_____

Name of insured or annuitant: _____

Name of insurer: _____

Policy or contract #: _____

Type: ❑ Business ❑ Key Person ❑ Personal

Temporary Life Insurance Agreement - Complete this section if your client wants temporary life insurance

Are you submitting premium with the ticket in exchange for coverage under the Temporary Insurance agreement?

❑ Yes ❑ No

Does the amount applied for exceed $3 million? ❑ Yes ❑ No

Within the past 90 days, has any Proposed Insured been admitted to a hospital or other medical facility, been advised to be admitted or had surgery performed or recommended? ❑ Yes ❑ No

Within the past 2 years has any Proposed Insured been treated for heart trouble, stroke, or cancer, or had such treatment recommended by a physician or other medical practitioner? ❑ Yes ❑ No

Is Age of Proposed Insured under 15 days old or over age 70? ❑ Yes ❑ No

Payment Method: ❑ Electronic Funds Tranfer ❑ Direct Bill

Who will be providing the payment? ❑ Proposed Insured ❑ Individual ❑ Other Entity

Payment Amount:_____

Account holder name:_____

Address Line 1:_____

Address Line 2:_____

Account Number: _____ Routing Number: _____ Account Type: _____

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ❑ Yes ❑ No

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

❑ Yes ❑ No

Producer Attestation

By clicking the Producer Acknowledgement button below, I state the following: (1) I am (or I am an authorized delegate of) a duly licensed and appointed life insurance producer in the state in which the Application was solicited and in the state in which the policy, if one is issued, will be delivered, (2) the plan and amount of insurance identified is suitable in view of the owner's insurance needs and financial objectives, (3) the information provided is complete, accurate and correctly recorded, and (4) all forms required to be delivered at the time of solicitation have been delivered and all other required forms have been or will be provided to the Applicant.

I authorize The Lincoln National Life Insurance Company (Lincoln), to obtain such administrative information as may be necessary to complete any life insurance application resulting from this lead submission, provided, however, that any item of information or question from the Applicant requiring the act or advice of a licensed life insurance producer will be referred to me for action before the application can be completed. I further authorize Lincoln to affix my signature to any life insurance application resulting from this form and to any other forms related to such application requiring my signature.

I will personally review the application created from this data and administrative information provided by the Applicant and contact him or her concerning any incomplete or inconsistent information and I will not deliver the policy unless I have completed my review and am satisfied that the policy, application and any other forms related to such application, if any, are complete and accurate.

I hereby agree, for myself, my heirs, assigns, administrators, executors and successors in interest, to completely release and fully indemnify and hold harmless Lincoln, its officers and directors, agents, successors, heirs and assigns, from any losses, damages, liabilities, or expenses which may arise from Lincoln's acceptance and use of my signature on a life insurance application or related form.

1. How long have you known the Proposed Insured? _____
2. Are you related to the Proposed Insured? ❑ Yes ❑ No
3. Does the Proposed Insured and Owner(s) read and understand the English language? ❑ Yes ❑ No

   If "No," how was the application completed? _____

4. Purpose of Insurance: ❑ Estate Planning/Wealth Transfer ❑ Family Protection ❑ Charitable Gift ❑ Outright Gift ❑ Key Person ❑ Buy/Sell ❑ Deferred Compensation ❑ Pension/Profit Sharing ❑ Supplemental Retirement Protection ❑ Other: _____
5. Is the Proposed Insured using income from their spouse/domestic partner to financially justify the coverage applied?

   If "Yes," provide the following information for the spouse/domestic partner: ❑ Yes ❑ No

   (a) Income: _____ (b) Life Insurance (In-force and additional applied for that will be placed): _____

I further certify that:

- I declare that I have reviewed with the Proposed Insured each question on the application. For those questions asked by me, the answers have been recorded exactly as stated. For any questions that may have been taken Telephonically by a third party, I have confirmed with the Proposed Insured that those answers as contained on the application were accurately recorded. I know of nothing affecting the insurability of the Proposed Insured which is not fully recorded in this application;
- If I become aware of a change in the health or habits of the Proposed Insured occurring after the date of the application but before policy delivery, I will inform The Lincoln National Life Insurance Company (Lincoln) of the change and agree to withhold policy delivery until instructed by Lincoln;
- I have provided the Applicant and the Proposed Insured with a current copy of Lincoln's Important Notice as well as Lincoln's Privacy Practices Notice;
- I declare that I have verified all life insurance coverage in force, or in the process of being applied for, on the Proposed Insured, including any coverage that has been sold or is in the process of being sold to a life settlement, viatical or other secondary market provider;
- I have not been involved in any recommendation regarding the possible sale or assignment of this policy to a life settlement, viatical or other secondary market provider;
- I declare, to the best of my knowledge, the source of funding for this policy does not include (1) a non-recourse premium financing loan; or (2) any arrangement, other than a premium financing loan, which involves any person or entity with an interest in the potential earnings based on the provision of funding for the policy;

- I have asked my client if there is any intention to replace, surrender, borrow against, sell or use any portion of any existing life insurance policy or annuity to finance any portion of the policy being applied for and know of no other replacement than that indicated above. If a replacement is intended, I have given the appropriate replacement forms to the client at the time of solicitation;
- I have obtained sufficient information about the Applicant and the Proposed Insured to mitigate risks associated with money laundering, terrorist activity/funding, and to avoid doing business with a sanctioned individual or resident of a sanctioned country;
- I have reviewed and I understand Lincoln Financial Group's Position Regarding Marijuana-Related Businesses as published in form GB10877;
- All of the above statements are true and accurate.

I acknowledge that clicking the Signature Submit button below constitutes my signature on this form and has the same effect as if I personally signed the form.

Printed Producer's Name **Date**