Financial Group®

Lincoln Life Underwriting and New Business Client Communications

This toolkit is designed to help Financial Professionals identify communications their clients will receive during the Lincoln Underwriting and New Business Process.



Click on each home button to review each process and their related communications:



Lincoln LifeElements[®] Term, IUL, VUL



Lincoln TermAccel $^{\mathbb{R}}$



Lincoln WealthAccelerate[®] IUL

eTicket Process overview- Term, IUL, VUL

Click on the yellow envelopes to see examples of the client-facing emails



*All survivorship cases are reviewed through traditional underwriting; clients ages 18-60, \$2.5 million or less will be eligible for lab-free consideration.

eTicket Submission Communication

Client will receive an email to begin the electronic signature process from <u>donotreply@ipipeline.com</u>.

The Agent's name is inserted into the "From" line to simulate that the agent sent the email.

Financial Group-
Hello Valued Client (Proposed Insured), Your Lincoln WealthAccumulate 2 Indexed UL 2020 (eTicket-LincXpress) ticket is ready for your review. You should have received a PIN code in a text message referencing Lincoln Financial Group. This PIN will be needed to access your ticket. Please click the button below to be directed to your online application. Once you have reviewed all forms for accuracy, you may apply your eSignature by following the instructions on the screens. If you have any questions, please do not hesitate to contact me at <u>valued.agent@com</u> . Thank you for allowing me to handle your financial needs. IMPORTANT: This link will expire after 21 days if no action is taken.
I Consent Click Here
Regards, Valued Agent The Lincoln National Life Insurance Company
Consent for Electronic Transmissions
If you consent, The Lincoln National Life Insurance Company (the "Company") at <u>www.LFG.com</u> , will transmit documents to you related to your application and policy by electronic means, to the extent that electronic transmission is consistent with applicable state and federal law. Any document that we send by electronic means, which complies with applicable law, will have the same force and effect as if that document was sent in paper format.
This Consent covers all electronic documents and communications as related to an application for life insurance coverage through the Company, which includes, but is not limited to, (applications, supplements, administrative forms and any policy- related correspondence). This Consent also covers all electronic documents and communications as related to a life insurance policy issued to you by the Company, which includes, but is not limited to the (policy and policy delivery notices).
In order to successfully receive electronic transmissions using this web site, it is recommended that your electronic device supports (Windows [®] 7 or above, or Macintosh OSX); Adobe Acrobat Reader; has browser settings such as (Internet Explorer 9.0 [®] or above (Windows only), Google [®] Chrome [®] (Windows only), Apple Safari (for Mac and iPad), or Mozilla Firefox (Windows or Mac)); a valid email address and security settings that allow per session cookies. The Company recommends that you keep electronic copies or print a copy of your documents.
The Company will only transmit documents to you electronically if you consent. Such consent is voluntary. You are not required to consent to electronic transmissions if you prefer not to do so. If the policyholder or insured or owner has permitted electronic transmissions in the past, that authorization does not obligate the same procedure regarding this policy as well. If you choose not to consent to receive your documents electronically, please contact your agent or the Company.
If you consent to receive documents electronically, the Company will provide you with a paper copy of any document sent electronically upon request. The Company will not charge a fee for this service.
If you want to revoke the consent to receive the documents noted above electronically and want to receive all future documents via paper mail, you may notify the Company by any one of the methods shown below; otherwise the consent will continue until revoked.
If your email account changes, we suggest that you contact your agent or the Company so that the Company's contact information for you remains current and accurate. You may contact us via the Company web page as shown above, or by our toll free telephone number (1-800-487-1485), or by submitting a written request via paper mail with sufficient postage to the Company at (100 N. Green Street, Greensboro, NC 27401).
If you consent to the terms outlined above for electronic transmissions, click on the button marked "I consent."

Client interview email samples

START



From: Lincoln Financial Corporation <<u>DoNotReply@lfg.com</u>> Sent: Tuesday, July 7, 2020 5:32 PM To: Client Email Subject: NTXXXXXXX Valued Client - Welcome to Lincoln's Life eInterview

Financial Group*

Welcome to Lincoln Financial Group!



Valued Client, we have received your request for the Lincoln AssetEdge VUL life insurance policy. After reviewing the attached pre-interview document, please select **START** to initiate the process and complete your eInterview.

Access to your eInterview will only be available for the next 10 days. You have until MM-DD-YYYY complete it.

asso contact Lincoln

If you have any questions, please contact Lincoln Financial Group at:

XXX-XXX-XXXX Monday - Friday, 8 a.m. - 5 p.m. EST

Thank you,

Lincoln Financial Group www.LincolnFinancial.com



The client will receive either an email with an Online Interview link to start the interview, or instructions to schedule the Phone Interview.

The eInterview email will come from <u>DoNotReply@lfg.com</u>.

The phone interview email will either come from <u>DoNotReply@lfg.com</u> or directly from a Lincoln Tele-App Specialist with a LFG.com email address.

Telephone Interview

	Lincoln Financial Group	<	Reply	🏀 Reply All	→ Forward	
	To: Valued Client				Mon 10/25/202	1 4:33
Reter	ntion Policy Default Retention - Inbox (6 months)	Expires 4	/23/2022			
POF	Interview Prep Guide.pdf 145 KB					
Thank	you for choosing The Lincoln National Life Insurance Compan	ıy for your life insu	rance need	ds.		
We ha	we received your application for term life insurance.					
Here a	are the next steps in the process:					
	 If you prefer to schedule by phone, please call us at Review the attached documents. Reviewing these docume You don't have to send these forms back to us now! You w 	nts will prepare yo	u for the i	nterview and help	p expedite the pro	
3. 4.		nts will prepare yo vill be able to easily can find the policy	ou for the in voice-sign v number in	the documents the subject line	p expedite the pro at the end of your of this email.	
3. 4. 5.	Review the attached documents. Reviewing these docume: You don't have to send these forms back to us now! You w interview Have your policy number and driver's license available! You Your scheduled interview time is very important to us. If y from 8 AM to 5 PM EST. You may also email us at	nts will prepare yo vill be able to easily can find the policy ou need to resched	ou for the in y voice-sign <i>v number in</i> dule, pleas	nterview and help the documents in the subject line e call us at 877-5	p expedite the pro at the end of your of this email. 33-4446, Monday	- Frida
3. 4. 5. If you l	Review the attached documents. Reviewing these docume You don't have to send these forms back to us now! You w interview Have your policy number and driver's license available! You Your scheduled interview time is very important to us. If y from 8 AM to 5 PM EST. You may also email us at allstatetermteleapp@lfg.com.	nts will prepare yo vill be able to easily can find the policy ou need to resched	ou for the in y voice-sign <i>v number in</i> dule, pleas	nterview and help the documents in the subject line e call us at 877-5	p expedite the pro at the end of your of this email. 33-4446, Monday	- Frida
3. 4. 5. If you l We ap	Review the attached documents. Reviewing these docume: You don't have to send these forms back to us now! You w interview Have your policy number and driver's license available! You Your scheduled interview time is very important to us. If y from 8 AM to 5 PM EST. You may also email us at <u>allstatetermteleapp@lfg.com</u> , have any questions about your interview, please contact us. If	nts will prepare yo vill be able to easily can find the policy ou need to resched	ou for the in y voice-sign <i>v number in</i> dule, pleas	nterview and help the documents in the subject line e call us at 877-5	p expedite the pro at the end of your of this email. 33-4446, Monday	- Frida
3. 4. 5. If you l We ap	Review the attached documents. Reviewing these docume: You don't have to send these forms back to us now! You winterview Have your policy number and driver's license available! You Your scheduled interview time is very important to us. If y from 8 AM to 5 PM EST. You may also email us at allstatetermteleapp@lfg.com, have any questions about your interview, please contact us. If preciate the opportunity to earn your business! In Financial Group	nts will prepare yo vill be able to easily can find the policy ou need to resched	ou for the in y voice-sign <i>v number in</i> dule, pleas	nterview and help the documents in the subject line e call us at 877-5	p expedite the pro at the end of your of this email. 33-4446, Monday	- Frida
3. 4. 5. If you l We ap Lincolr	Review the attached documents. Reviewing these docume: You don't have to send these forms back to us now! You winterview Have your policy number and driver's license available! You Your scheduled interview time is very important to us. If you from 8 AM to 5 PM EST. You may also email us at <u>allstatetermteleapp@lfg.com</u> . have any questions about your interview, please contact us. If opreciate the opportunity to earn your business!	nts will prepare yo vill be able to easily can find the policy ou need to resched	ou for the in y voice-sign <i>v number in</i> dule, pleas	nterview and help the documents in the subject line e call us at 877-5	p expedite the pro at the end of your of this email. 33-4446, Monday	- Frida

Corporation and its affiliates.

Link Reactivation





Thank you for choosing Lincoln Financial Group!

\$INSURED_FIRST_NAME \$INSURED_LAST_NAME, access to complete your electronic application has expired. Please select **START** to regain access to your application and complete it.

START

If you have any questions, please contact Lincoln Customer Service at 877-546-2647 Mon. - Fri., 8 a.m. - 6 p.m. ET

Thank you,

Lincoln Financial Group www.LincolnFinancial.com If the link to the elnterview expires, Lincoln will send the client a new reactivation email. The client can automatically reactivate the expired elnterview link by clicking the "Start" button. This is available 24/7 and will work in real-time – no waiting for assistance to regain access!

Consumer ePHI

If additional information is required to complete an underwriting review, your client will automatically receive this personalized email to start the ePHI Underwriting Follow-Up Additional Information Questionnaire.



Welcome to Lincoln Financial Group!



VALUED CLIENT, some additional information is needed for your application. Please select **START** to begin your Online Personal History Interview.



Access to your Online Personal History Interview will only be available until 3/18/2023, 8:48:55 AM.

If you have any questions, please contact Lincoln Financial Group at: 800-331-5064 Monday - Friday, 8 a.m. - 6 p.m. EST

Thank you,

Lincoln Financial Group www.LincolnFinancial.com

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Examiner Email - APPS



Great News! Your Insurance Company participates in Access My Labs! Through Clinical Reference Laboratory, From: Jacksonville.FL@APPSdom.com <Jacksonville.FL@APPSdom.com> this program provides you free access to your lab results following your exam with APPS. Please click on the Sent: Tuesday, April 27, 2021 3:40 PM link below to learn more. To: Jane Doe Subject: [External] The Next Step to Complete Your Application for Insurance with LINCOLN NATIONAL Access My Labs! Video If you have any questions during this process, please do not hesitate to contact us directly as noted above! Jane: Thank you! We are APPS, the company that has been retained to obtain medical information for your Life / Disability Insurance Application. APPS If APPS is the vendor We want to assure you that we are making every effort to minimize the spread of COVID-19. The world's largest paramedical service provider performing the Lab services Our examiner will inform you that: for your case, the client will In the last 14 days I have not had any signs of fever, cough, or respiratory ailments, or had close contact with someone who has, nor have I, in the last 14 days traveled outside of North America, or had close receive an email from their contact with an individual who has, local APPS office. They will also ask "I'd like you to confirm the same for you...", and if your answer is yes to any of the questions, they will delay scheduling your appointment for everyone's safety. Also, when they arrive for your appointment, the examiner will make every effort to stay at least 6 feet from The email address will utilize you while completing the exam. the @APPSdom.com or When they need to come closer in order to obtain your measurements and draw your blood, they will ask that you both not speak at that time in order to limit the chance of any droplets being transmitted. @APPS.com domains. If they have not already done so, an examiner will contact you shortly to schedule / confirm your appointment. The following information is for your usage during this process: Your Case # APPDSE121342 Branch managing your case: Jacksonville, Florida 904-332-8100 Jacksonville.FL@APPSdom.com To help explain the process and ensure you are prepared, please view this brief tutorial by clicking on the link or cut and paste the link into your browser. https://appslive.com/AppPrepVideo.aspx?CaseID=APPDS0000000000000000000682460366APPDS00000000 00000000682460384

Examiner Email – ExamOne



Your E1 test account Application			
portalnotification@examone.com	Your life insurance health exam confirmation		
Congratulations on your recent decision to apply for insurance v application process, you need to schedule an appointment with Diagnostics Company, for your insurance exam.	noreply@questdiagnostics.com		If ExamOne is the vendor performing the Lab services f your case, the client will receive an email from your loc
We care about your health and in light of the concern about t 19) in this country we have a couple of questions before we sche	Your life insurance health exam has been scheduled for Wednesday, (10:45 AM at the following address:	October 13 2021 at	ExamOne or Quest Diagnostics office. The email address will originate from <u>portalnotification@examone.com</u> o
 In the last 14 days have you exhibited signs of fever or resp with someone who has? 	Your Address Here		noreply@questdiagnostics.com
2. In the last 14 days have you traveled to China, South Korea contact with an individual who has?	Find out how to prepare for your appointment and access your labora	atory results at	
If the answer is yes to either question, please call our ExamOr and schedule your exam for 14 days from your return travel date contact.	You will receive a reminder call or email 48 hours prior to your appoir	Your insurance	e exam appointment(s) has been canceled
Click the link below to begin the appointment scheduling proces ScheduleNow	If you have you exhibited signs of fever or respiratory distress, or had someone who has OR in the last 14 days have you traveled to China, S Kong or Italy or had close contact with an individual who has please c immediately to reschedule your appointment.	N noreply@	quest diagnostics.com
Per your insurance carrier instructions, an ExamOne represental date, time and location of the exam appointment.	If you have questions about your appointment, please contact us at t listed below.	Your insurance exam a	appointment was canceled.
Visit <u>www.MyExamOne.com</u> to learn how to prepare for your ex stories about the importance of life insurance.	Thank you for taking this important step to protect your family with li	If you have any question KansasCity@examone	ons or need assistance, please call 913-381-1404 or email .com.
Please be aware that we may call you to expedite the scheduling been scheduled.	ExamOne, A Quest Diagnostics Company 8609 College Boulevard (913) 381-1404	Thank you, ExamOne, A Quest Dia	ignostics Company
ExamOne 10101 Renner Blvd 2nd Floor Lenexa, KS 95050 Phone: (913) 555-1234	Overland Park, KS 66210 Phone: (913) 381-1404	8609 College Boulevar Overland Park, KS 662 Phone: (913) 381-1404	10
	A Quest Diagnostics Company	ExamOne*	

Real-Time Offer





Requirements Needed



Labs or Additional Info Needed Declined Lincoln Financial Group Chat with us Lincoln Chat with us Financial Group @ Help Congratulations, you have completed your elnterview! Based on the information you have provided today; our underwriter may need some additional information. This may include a follow up phone call from a Lincoln representative or our paramed vendor. If no additional information is needed, an Thank you. You have completed your interview. assessment will be made, and your agent will contact you with an update. You may receive a request from Lincoln for your signature on additional paperwork Your agent will contact you with an update. needed. Your prompt attention is appreciated. You may receive a request from Lincoln for your signature on additional paperwork Please select the button below to tell us the most convenient times for you to meet with needed. Your prompt attention is appreciated. an examiner. TAKE SURVEY PROVIDE BEST TIMES FOR AN EXAM TAKE SURVEY

Notification to Agent and Case Contact

The agent and case contact will be advised of any requirement(s) (or declined underwriting decision) according to Lincoln's standard pending status process.

The agent will communicate next steps to the client.

Issue Requirement Reminder Email

From: <u>LincoIndanb@lfg.com</u> Sent: Monday, January 23, 2023 10:00 PM To: <u>valuedclient@gmail.com</u>

Subject: TXXXXXXXX Valued Client

Dear VALUED CLIENT,

Thank you for choosing Lincoln Financial Group for your life insurance needs. At this time, we have not received the needed requirements to place your policy in force. Your life insurance policy was delivered by e-mail on 12/30/2022 and came from LincolnPolicyDelivery@lfg.com Your coverage is not active until all of the following requirements are fullfilled: Review and electronically sign your policy documents Make your initial premium payment Please note: If you have already signed your documents and made your initial premium payment, you may disregard this email. We will review your documents as soon as possible. You will receive a confirmation email once your policy has been activated and is in-force. If you have any questions, please contact us at 1-844-504-2303 or LincolnDANB@lfg.com.

Thank you for allowing us to help protect your loved ones. On behalf of your financial professional, we appreciate your business!

Lincoln Financial Group does more than help you create and protect wealth for your future. We empower optimism, giving you the means and the confidence to embrace your future through all its transitions. Learn more at: LincolnFinancial.com (NYSE: LNC).

Once the case is issued, the Client will receive an email from <u>LincoIndanb@lfg.com</u> notifying them that the policy documents were sent in a separate email. This email is sent every 7 days on cases in Issued status.

Client DocuSign Experience





After the agent electronically signs the eDelivery package, the Client will receive an email from <u>dse@esignature.lfg.com</u> to review and sign. The subject line will read: <u>Your Life Insurance Policy is Available for</u> <u>Online Review and Signature</u>. After clicking "I Consent" a video will pop up for review prior to signing.



Once all eSignatures are completed,

the Client will receive an email from

provide a link to view the policy. The

Your Life Insurance Policy is Available

dse@esignature.lfg.com that will

subject line will read: Completed:

for Online Review and Signature



OTHER ACTIONS • This document is now complete. CLOSE Tue 4/14/2020 3:18 PM ④ ⊖ ± ₹ 🗗 ③ DD DocuSign Demo System <dse_demo@docusign.net> Completed: Your Life Insurance Policy is Available for Online Review and Signature DEMONSTRATION DOCUMENT ONLY DocuSign Envelope ID: 64759E7F-8466-4040-904C-F4CBC2BBA84C PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE 999 3rd Ave, Sulfine IU0 colle Nationalshife drautence C(200) aby 9-020 Retention Policy Default Retention - Inbox (6 months) Expires 10/11/2020 Lincoln wwwService Office: PO Box 21008, Greensboro, NC 27420-1008 If there are problems with how this message is displayed, click here to view it in a web browser. Financial Group (hereinafter referred to as the "Company") Consent for Electronic Signature ***This email is from an external source. Only open links and attachments from a Trusted Sender.*** The Lincoln National Life Insurance Company (the "Company"), offers you the ability to sign and receive documents electronically. Lincoln These disclosures will help you decide whether you would like to consent to this electronic process or not. Please read this carefully This consent acknowledges that you can receive and review forms provided electronically to you and also that by signing Financial Group® documents electronically you acknowledge your understanding that electronic signatures have the same force and effect as if you had affixed your signature on paper by hand. You further represent that you have read the documents to be signed electronically and that they have been accurately filled out. In order to successfully receive electronic transmissions and electronically sign documents using this web site, it is recommended that your electronic device supports Windows®7 or above, or Macintosh OSX; Adobe Acrobat Reader; have browser settings such as Internet Explorer 9.0° or above (Windows only), Google® Chrome® (Windows only), Apple Safari (for Mac and iPad), Mozilla Firefox (Windows or Mac); a valid email address and security settings that allow per session cookies. The Company recommends that you keep electronic copies or print a copy of your received and completed documents. To request from the Company a copy of any electronically submitted and signed document, please contact your agent or submit a Your document has been completed written request which should be mailed via first class mail with sufficient postage to The Lincoln National Life Insurance Company at 100 N. Greene Street, Greensboro, NC 27401; 1-800-487-1485. The Company will not charge a fee for this service. You are not required to consent to electronic signatures if you prefer not to do so. If you do not want to execute the Company's VIEW COMPLETED DOCUMENTS forms via electronic means and/or if you do not agree with all the terms and conditions of this consent, you must click the "I Decline" button to cancel this transaction. If you do so the application for the policy and all other documents will be provided without charge to you in paper by your agent for your written signature. Additionally you are able to opt-out of a previous consent given for electronic signatures at any time. To revoke a previous consent please contact your agent. If you withdraw your consent, it will not affect the legal standing of any signed documents you may have already submitted previously. I understand that if I do consent to the use of electronic signatures that there will be automatic encryption and storage of my All parties have signed your life insurance policy. To view your policy, please click the signature and reviewed data. "View Completed Documents" button above. I understand that use of my electronic signature on a document requires my authorization, which is limited to the document(s) necessary to this transaction, and that the Company's software system cannot apply my electronic signature to documents Powered by DocuSign necessary to future transactions without my authorization. If you consent to the terms outlined above for electronic signatures click on the button marked "I Agree" or "I agree to use Electronic Records and Signatures." Do Not Share This Email This email contains a secure link to DocuSign. Please do not share this email, link, or access code with others. Alternate Signing Method Change Language - English (US) Powered by DocuSian Visit DocuSign.com, click 'Access Documents', and enter the security code: D9640ED4642647C59B11414471765E3E1 About DocuSign

eNIGO Signer Consent Email

From: DocuSign System <<u>dse@docusign.net</u>> Sent: Saturday, June 17, 2023 3:29 AM To: Client,Valued <<u>ValuedClient@email.com</u>> Subject: Reminder: NTXXXXXXX - Please Review and Complete Your Life Insurance Forms

This email is from an external source. Only open links and attachments from a Trusted Sender.

Lincoln Financial Group®

Hi ValuedClient@email.com,

Thank you for choosing Lincoln Financial Group for your life insurance needs. In order to continue processing your file, please electronically complete and sign the forms referenced in the Form Requirements below. If received, read-only copies of the previously submitted forms may be included in the file for your reference. Please note, if you are unable to navigate to all fields, those fields will be completed by the designated recipient.

Form Requirements

Removing Agent of Record Letter : LF12436 Removing Agent of Record Letter

Click on the button marked "I CONSENT" below if you have read and understand the "Consent for Electronic Transmissions" and you would like to continue with this electronic process. You will also be given further opportunity to agree or decline electronic transmissions once you have a chance to review your documents. If you are receiving this email because of a prior consent given, you may opt-out at any time. To revoke a previous consent or if you do not wish to access your documents electronically at this time please contact your agent.

Consent for Electronic Transmissions:



The Lincoln National Life Insurance Company (the "Company") offers you the ability to fill out, sign and receive documents electronically. These disclosures will help you decide whether you would like to continue with this electronic process or not. Please read this carefully.

Once the Agent launches the eNIGO package, the Client will receive an email from <u>dse@DocuSign.net</u> that will provide a link to view the documents for eSignature.



$eTicket\ Process\ overview\ Lincoln\ TermAccel^{\mathbb{R}}$

Click on the yellow envelopes to see examples of the client-facing emails



*Clients ages 18-60, \$2.5 million or less will be eligible for lab-free consideration.

eTicket Submission Communication

Client will receive an email to begin the electronic signature process from <u>donotreply@ipipeline.com</u>.

The Agent's name is inserted into the "From" line to simulate that the agent sent the email.

Financial Group-
Hello Valued Client (Proposed Insured), Your Lincoln WeatthAccumulate 2 Indexed UL 2020 (eTicket-LincXpress) ticket is ready for your review. You should have received a PIN code in a text message referencing Lincoln Financial Group. This PIN will be needed to access your ticket. Please click the button below to be directed to your online application. Once you have reviewed all forms for accuracy, you may apply your eSignature by following the instructions on the screens. If you have any questions, please do not hesitate to contact me at <u>valued agent@com</u> . Thank you for allowing me to handle your financial needs. IMPORTANT: This link will expire after 21 days if no action is taken.
I Consent Click Here
Regards, Valued Agent The Lincoln National Life Insurance Company
Consent for Electronic Transmissions
If you consent, The Lincoln National Life Insurance Company (the "Company") at <u>www.LFG.com</u> , will transmit documents to you related to your application and policy by electronic means, to the extent that electronic transmission is consistent with applicable state and federal law. Any document that we send by electronic means, which complies with applicable law, will have the same force and effect as if that document was sent in paper format.
This Consent covers all electronic documents and communications as related to an application for life insurance coverage through the Company, which includes, but is not limited to, (applications, supplements, administrative forms and any policy- related correspondence). This Consent also covers all electronic documents and communications as related to a life insurance policy issued to you by the Company, which includes, but is not limited to the (policy and policy delivery notices).
In order to successfully receive electronic transmissions using this web site, it is recommended that your electronic device supports (Windows [®] 7 or above, or Macintosh OSX); Adobe Acrobat Reader; has browser settings such as (Internet Explorer 9.0 ^e or above (Windows only), Google [®] Chrome [®] (Windows only), Apple Safari (for Mac and iPad), or Mozilla Firefox (Windows or Mac)); a valid email address and security settings that allow per session cookies. The Company recommends that you keep electronic copies or print a copy of your documents.
The Company will only transmit documents to you electronically if you consent. Such consent is voluntary. You are not required to consent to electronic transmissions if you prefer not to do so. If the policyholder or insured or owner has permitted electronic transmissions in the past, that authorization does not obligate the same procedure regarding this policy as well. If you choose not to consent to receive your documents electronically, please contact your agent or the Company.
If you consent to receive documents electronically, the Company will provide you with a paper copy of any document sent electronically upon request. The Company will not charge a fee for this service.
If you want to revoke the consent to receive the documents noted above electronically and want to receive all future documents via paper mail, you may notify the Company by any one of the methods shown below; otherwise the consent will continue until revoked.
If your email account changes, we suggest that you contact your agent or the Company so that the Company's contact information for you remains current and accurate. You may contact us via the Company web page as shown above, or by our toll free telephone number (1-800-487-1485), or by submitting a written request via paper mail with sufficient postage to the Company at (100 N. Green Street, Greensboro, NC 27401).
If you consent to the terms outlined above for electronic transmissions, click on the button marked "I consent."

Client interview email samples

START



From: Lincoln Financial Corporation <<u>DoNotReply@lfg.com</u>> Sent: Tuesday, July 7, 2020 5:32 PM To: Client Email Subject: NTXXXXXXX Valued Client - Welcome to Lincoln's Life eInterview

Financial Group*

Welcome to Lincoln Financial Group!



Valued Client, we have received your request for the Lincoln TermAccel life insurance policy. After reviewing the attached pre-interview document, please select **START** to initiate the process and complete your einterview.

Access to your eInterview will only be available for the next 10 days. You have until MM-DD-YYYY complete it.

If you have any questions, please contact Lincoln Financial Group at:

XXX-XXX-XXXX Monday - Friday, 8 a.m. - 5 p.m. EST

Thank you,

Lincoln Financial Group www.LincolnFinancial.com

Online Interview

The client will receive either an email with an Online Interview link to start the interview, or instructions to schedule the Phone Interview.

The eInterview email will come from <u>DoNotReply@lfg.com</u>.

The phone interview email will either come from <u>DoNotReply@lfg.com</u> or directly from a Lincoln Tele-App Specialist with a LFG.com email address.

Telephone Interview

Lincoln TermAccel Life Insurance Interview Scheduling



Retention Policy Default Retention - Inbox (6 mc Expires 3/2/2022

Preinterviewworksheet.pdf ~ 187 KB

Thank you for your Lincoln TermAccel Life Insurance submission! Please use the link below to schedule a convenient time to complete the 30-45 minute telephone interview for your life insurance application. You may also call our team Monday-Friday, from 8 a.m. EST to 5 p.m. EST at 1-877-533-4446 to schedule a time over the phone if you prefer.

We have attached a pre-interview worksheet to help you prepare for the call.

Thank you again for choosing Lincoln Financial Group. We look forward to speaking with you soon!

Click the Schedule An Appointment button below to schedule your interview.



Financial Group

LCN-5766921-062223

©2023 Lincoln National Corporation 18

Link Reactivation





Thank you for choosing Lincoln Financial Group!

\$INSURED_FIRST_NAME \$INSURED_LAST_NAME, access to complete your electronic application has expired. Please select **START** to regain access to your application and complete it.

START

If you have any questions, please contact Lincoln Customer Service at 877-546-2647 Mon. - Fri., 8 a.m. - 6 p.m. ET

Thank you,

Lincoln Financial Group www.LincolnFinancial.com If the link to the elnterview expires, Lincoln will send the client a new reactivation email. The client can automatically reactivate the expired elnterview link by clicking the "Start" button. This is available 24/7 and will work in real-time – no waiting for assistance to regain access!

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Thank you,

Lincoln Financial Group www.LincolnFinancial.com

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Examiner Email - APPS



If APPS is the vendor performing the Lab services for your case, the client will receive an email from their local APPS office.

The email address will utilize the @APPSdom.com or @APPS.com domains. From: Jacksonville.FL@APPSdom.com <Jacksonville.FL@APPSdom.com> Sent: Tuesday, April 27, 2021 3:40 PM To: Jane Doe Subject: [External] The Next Step to Complete Your Application for Insurance with LINCOLN NATIONAL

Jane:

We are APPS, the company that has been retained to obtain medical information for your Life / Disability Insurance Application.

We want to assure you that we are making every effort to minimize the spread of COVID-19.

Our examiner will inform you that:

In the last 14 days I have not had any signs of fever, cough, or respiratory ailments, or had close contact with someone who has, nor have I, in the last 14 days traveled outside of North America, or had close contact with an individual who has.

They will also ask "I'd like you to confirm the same for <u>you.</u>", and if your answer is yes to any of the questions, they will delay scheduling your appointment for everyone's safety.

Also, when they arrive for your appointment, the examiner will make every effort to stay at least 6 feet from you while completing the exam.

When they need to come closer in order to obtain your measurements and draw your blood, they will ask that you both not speak at that time in order to limit the chance of any droplets being transmitted.

If they have not already done so, an examiner will contact you shortly to schedule / confirm your appointment. The following information is for your usage during this process:

Your Case # APPDSE121342

Branch managing your case:

Jacksonville, Florida 904-332-8100

Jacksonville.FL@APPSdom.com

To help explain the process and ensure you are prepared, please view this brief tutorial by clicking on the link or cut and paste the link into your browser.

Great News! Your Insurance Company participates in Access My Labs! Through Clinical Reference Laboratory, this program provides you free access to your lab results following your exam with APPS. Please click on the link below to learn more.

Access My Labs! Video

If you have any questions during this process, please do not hesitate to contact us directly as noted above!

Thank you!

APPS

The world's largest paramedical service provider

Examiner Email – ExamOne



Your E1 test account Application			
P portalnotification@examone.com	Your life insurance health exam confirmation		
Congratulations on your recent decision to apply for insurance v application process, you need to schedule an appointment with Diagnostics Company, for your insurance exam.	N noreply@questdiagnostics.com		If ExamOne is the vendor performing the Lab services for your case, the client will receive an email from your loca
We care about your health and in light of the concern about 1 19) in this country we have a couple of questions before we sch	Your life insurance health exam has been scheduled for Wednesday, 0 10:45 AM at the following address:	October 13 2021 at	ExamOne or Quest Diagnostics office. The email address will originate from portalnotification@examone.com or
 In the last 14 days have you exhibited signs of fever or resp with someone who has? 	Your Address Here		noreply@questdiagnostics.com
2. In the last 14 days have you traveled to China, South Korea contact with an individual who has?	Find out how to prepare for your appointment and access your labora	atory results at	
If the answer is yes to either question, please call our ExamO and schedule your exam for 14 days from your return travel dat contact.	You will receive a reminder call or email 48 hours prior to your appoir	Your insurance e	exam appointment(s) has been canceled
Click the link below to begin the appointment scheduling proces	If you have you exhibited signs of fever or respiratory distress, or had someone who has OR in the last 14 days have you traveled to China, S Kong or Italy or had close contact with an individual who has please c	N noreply@qu	uestdiagnostics.com
Per your insurance carrier instructions, an ExamOne representat	immediately to reschedule your appointment.	Your insurance exam ap	pointment was canceled.
date, time and location of the exam appointment.	If you have questions about your appointment, please contact us at the listed below.	If you have any question	is or need assistance, please call 913-381-1404 or email
Visit <u>www.MyExamOne.com</u> to learn how to prepare for your ex stories about the importance of life insurance.	Thank you for taking this important step to protect your family with li	KansasCity@examone.co	
Please be aware that we may call you to expedite the scheduling been scheduled.	ExamOne, A Quest Diagnostics Company	Thank you, ExamOne, A Quest Diagr	nostics Company
ExamOne	8609 College Boulevard (913) 381-1404 Overland Park, KS 66210	8609 College Boulevard	
10101 Renner Blvd 2nd Floor Lenexa, KS 95050	Phone: (913) 381-1404	Overland Park, KS 66210	
Phone: (913) 555-1234	(ExamOne)	Phone: (913) 381-1404	
	A Quest Diagnostics Company	(ExamOne)	
		A Quest Diagnostics Company	

Real-Time Offer





Requirements Needed



Labs or Additional Info Needed Declined Lincoln Financial Group Chat with us Lincoln Chat with us Financial Group @ Help Congratulations, you have completed your elnterview! Based on the information you have provided today; our underwriter may need some additional information. This may include a follow up phone call from a Lincoln representative or our paramed vendor. If no additional information is needed, an Thank you. You have completed your interview. assessment will be made, and your agent will contact you with an update. You may receive a request from Lincoln for your signature on additional paperwork Your agent will contact you with an update. needed. Your prompt attention is appreciated. You may receive a request from Lincoln for your signature on additional paperwork Please select the button below to tell us the most convenient times for you to meet with needed. Your prompt attention is appreciated. an examiner. TAKE SURVEY PROVIDE BEST TIMES FOR AN EXAM TAKE SURVEY

Notification to Agent and Case Contact

The agent and case contact will be advised of any requirement(s) (or declined underwriting decision) according to Lincoln's standard pending status process.

The agent will communicate next steps to the client.

Issue Requirement Reminder Email

From: <u>LincoIndanb@lfg.com</u> Sent: Monday, January 23, 2023 10:00 PM To: <u>valuedclient@gmail.com</u>

Subject: TXXXXXXXX Valued Client

Dear VALUED CLIENT,

Thank you for choosing Lincoln Financial Group for your life insurance needs. At this time, we have not received the needed requirements to place your policy in force. Your life insurance policy was delivered by e-mail on 12/30/2022 and came from LincolnPolicyDelivery@lfg.com Your coverage is not active until all of the following requirements are fullfilled: Review and electronically sign your policy documents Make your initial premium payment Please note: If you have already signed your documents and made your initial premium payment, you may disregard this email. We will review your documents as soon as possible. You will receive a confirmation email once your policy has been activated and is in-force. If you have any questions, please contact us at 1-844-504-2303 or LincolnDANB@lfg.com.

Thank you for allowing us to help protect your loved ones. On behalf of your financial professional, we appreciate your business!

Lincoln Financial Group does more than help you create and protect wealth for your future. We empower optimism, giving you the means and the confidence to embrace your future through all its transitions. Learn more at: LincolnFinancial.com (NYSE: LNC).

Once the case is issued, the Client will receive an email from <u>LincoIndanb@lfg.com</u> notifying them that the policy documents were sent in a separate email. This email is sent every 7 days on cases in Issued status.

Client DocuSign Experience





After the agent electronically signs the eDelivery package, the Client will receive an email from <u>dse@esignature.lfg.com</u> to review and sign. The subject line will read: <u>Your Life Insurance Policy is Available for</u> <u>Online Review and Signature</u>. After clicking "I Consent" a video will pop up for review prior to signing.



Viewing the Policy



Once all eSignatures are completed, the Client will receive an email from <u>dse@esignature.lfg.com</u> that will provide a link to view the policy. The subject line will read: <u>Completed:</u> <u>Your Life Insurance Policy is Available</u> for Online Review and Signature



eNIGO Signer Consent Email

From: DocuSign System <<u>dse@docusign.net</u>> Sent: Saturday, June 17, 2023 3:29 AM To: Client,Valued <<u>ValuedClient@email.com</u>> Subject: Reminder: NTXXXXXXX - Please Review and Complete Your Life Insurance Forms

This email is from an external source. Only open links and attachments from a Trusted Sender.

Lincoln Financial Group®

Hi ValuedClient@email.com,

Thank you for choosing Lincoln Financial Group for your life insurance needs. In order to continue processing your file, please electronically complete and sign the forms referenced in the Form Requirements below. If received, read-only copies of the previously submitted forms may be included in the file for your reference. Please note, if you are unable to navigate to all fields, those fields will be completed by the designated recipient.

Form Requirements

Removing Agent of Record Letter : LF12436 Removing Agent of Record Letter

Click on the button marked "I CONSENT" below if you have read and understand the "Consent for Electronic Transmissions" and you would like to continue with this electronic process. You will also be given further opportunity to agree or decline electronic transmissions once you have a chance to review your documents. If you are receiving this email because of a prior consent given, you may opt-out at any time. To revoke a previous consent or if you do not wish to access your documents electronically at this time please contact your agent.

Consent for Electronic Transmissions:



The Lincoln National Life Insurance Company (the "Company") offers you the ability to fill out, sign and receive documents electronically. These disclosures will help you decide whether you would like to continue with this electronic process or not. Please read this carefully.

Once the Agent launches the eNIGO package, the Client will receive an email from <u>dse@docusign.net</u>that will provide a link to view the documents for eSignature.

eTicket Process overview- Lincoln WealthAccelerate[®] IUL



Click on the yellow envelopes to see examples of the client-facing emails



*Lab-free consideration is available for: Face Amounts of \$1.5 million and under; Ages 20-55; Underwriting Rate Classes of Preferred, Standard (up to Table 3), Standard Smoker (up to Table 3)

**Real-Time Offer can occur in two ways: 1) Lab-Free approval in Real-Time by Digital Underwriter; or 2) Lab-Free approval within 24-hours by a Dedicated Underwriter (additional information may be requested)

eTicket Submission Communication

Client will receive an email to begin the electronic signature process from <u>donotreply@ipipeline.com</u>.

The Agent's name is inserted into the "From" line to simulate that the agent sent the email.

Financial Group-
Hello Valued Client (Proposed Insured), Your Lincoln WealthAccumulate 2 Indexed UL 2020 (eTicket-LincXpress) ticket is ready for your review. You should have received a PIN code in a text message referencing Lincoln Financial Group. This PIN will be needed to access your ticket. Please click the button below to be directed to your online application. Once you have reviewed all forms for accuracy, you may apply your eSignature by following the instructions on the screens. If you have any questions, please do not hesitate to contact me at <u>valued.agent@com</u> . Thank you for allowing me to handle your financial needs. IMPORTANT: This link will expire after 21 days if no action is taken.
I Consent Click Here
Regards, Valued Agent The Lincoln National Life Insurance Company
Consent for Electronic Transmissions
If you consent, The Lincoln National Life Insurance Company (the "Company") at <u>www.LFG.com</u> , will transmit documents to you related to your application and policy by electronic means, to the extent that electronic transmission is consistent with applicable state and federal law. Any document that we send by electronic means, which complies with applicable law, will have the same force and effect as if that document was sent in paper format.
This Consent covers all electronic documents and communications as related to an application for life insurance coverage through the Company, which includes, but is not limited to, (applications, supplements, administrative forms and any policy- related correspondence). This Consent also covers all electronic documents and communications as related to a life insurance policy issued to you by the Company, which includes, but is not limited to the (policy and policy delivery notices).
In order to successfully receive electronic transmissions using this web site, it is recommended that your electronic device supports (Windows [®] 7 or above, or Macintosh OSX); Adobe Acrobat Reader; has browser settings such as (Internet Explorer 9.0 ^e or above (Windows only), Google [®] Chrome [®] (Windows only), Apple Safari (for Mac and iPad), or Mozilla Firefox (Windows or Mac)); a valid email address and security settings that allow per session cookies. The Company recommends that you keep electronic copies or print a copy of your documents.
The Company will only transmit documents to you electronically if you consent. Such consent is voluntary. You are not required to consent to electronic transmissions if you prefer not to do so. If the policyholder or insured or owner has permitted electronic transmissions in the past, that authorization does not obligate the same procedure regarding this policy as well. If you choose not to consent to receive your documents electronically, please contact your agent or the Company.
If you consent to receive documents electronically, the Company will provide you with a paper copy of any document sent electronically upon request. The Company will not charge a fee for this service.
If you want to revoke the consent to receive the documents noted above electronically and want to receive all future documents via paper mail, you may notify the Company by any one of the methods shown below; otherwise the consent will continue until revoked.
If your email account changes, we suggest that you contact your agent or the Company so that the Company's contact information for you remains current and accurate. You may contact us via the Company web page as shown above, or by our toll free telephone number (1-800-487-1485), or by submitting a written request via paper mail with sufficient postage to the Company at (100 N. Green Street, Greensboro, NC 27401).
If you consent to the terms outlined above for electronic transmissions, click on the button marked "I consent."

Client interview email samples





Online Interview

The client will receive either an email with an Online Interview link to start the interview, or instructions to schedule the Phone Interview.

The eInterview email will come from <u>DoNotReply@lfg.com</u>.

The phone interview email will either come from <u>DoNotReply@lfg.com</u> or directly from a Lincoln Tele-App Specialist with a LFG.com email address.

Telephone Interview



Thank you for your Lincoln Life Insurance submission! Please use the link below to schedule a convenient time to complete the 30–40-minute telephone interview for your life insurance application. You may also call our team Monday-Friday 8:00AM-6:00PM EST at (866) 835-5223 to schedule a time over the phone if you prefer. Because the interview questions relate to your health history and financial information, please schedule the call for a time and place that <u>give</u> you the privacy you need.

To ensure interview accuracy, prior to the scheduled appointment, please complete the attached preinterview worksheet. This is for your use only.

Thank you again for choosing Lincoln Financial Group. We look forward to speaking with you soon!

Click here to schedule your interview.

PLEASE NOTE: This link is to schedule your initial appointment only. If you should need to reschedule or cancel your appointment, please use the link that you will receive in your confirmation email.

Link Reactivation





Thank you for choosing Lincoln Financial Group!

\$INSURED_FIRST_NAME \$INSURED_LAST_NAME, access to complete your electronic application has expired. Please select **START** to regain access to your application and complete it.



If you have any questions, please contact Lincoln Customer Service at 877-546-2647 Mon. - Fri., 8 a.m. - 6 p.m. ET

Thank you,

Lincoln Financial Group www.LincolnFinancial.com If the link to the elnterview expires, Lincoln will send the client a new reactivation email. The client can automatically reactivate the expired elnterview link by clicking the "Start" button. This is available 24/7 and will work in real-time – no waiting for assistance to regain access!

Consumer ePHI

If additional information is required to complete an underwriting review, your client will automatically receive this personalized email to start the ePHI Underwriting Follow-Up Additional Information Questionnaire.



Welcome to Lincoln Financial Group!



VALUED CLIENT, some additional information is needed for your application. Please select **START** to begin your Online Personal History Interview.



Access to your Online Personal History Interview will only be available until 3/18/2023, 8:48:55 AM.

If you have any questions, please contact Lincoln Financial Group at: 800-331-5064 Monday - Friday, 8 a.m. - 6 p.m. EST

Thank you,

Lincoln Financial Group www.LincolnFinancial.com

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Examiner Email - APPS



From: Jacksonville.FL@APPSdom.com <Jacksonville.FL@APPSdom.com> Great News! Your Insurance Company participates in Access My Labs! Through Clinical Reference Laboratory, this program provides you free access to your lab results following your exam with APPS. Please click on the Sent: Tuesday, April 27, 2021 3:40 PM link below to learn more. To: Jane Doe Subject: [External] The Next Step to Complete Your Application for Insurance with LINCOLN NATIONAL Access My Labs! Video If you have any questions during this process, please do not hesitate to contact us directly as noted above! Jane: Thank you! We are APPS, the company that has been retained to obtain medical information for your Life / Disability Insurance Application. APPS If APPS is the vendor We want to assure you that we are making every effort to minimize the spread of COVID-19. The world's largest paramedical service provider performing the Lab services Our examiner will inform you that: for your case, the client will In the last 14 days I have not had any signs of fever, cough, or respiratory ailments, or had close contact with someone who has, nor have I, in the last 14 days traveled outside of North America, or had close receive an email from their contact with an individual who has. local APPS office. They will also ask "I'd like you to confirm the same for you...", and if your answer is yes to any of the questions, they will delay scheduling your appointment for everyone's safety. Also, when they arrive for your appointment, the examiner will make every effort to stay at least 6 feet from The email address will utilize you while completing the exam. the @APPSdom.com or When they need to come closer in order to obtain your measurements and draw your blood, they will ask that you both not speak at that time in order to limit the chance of any droplets being transmitted. @APPS.com domains. If they have not already done so, an examiner will contact you shortly to schedule / confirm your appointment. The following information is for your usage during this process: Your Case # APPDSE121342 Branch managing your case: Jacksonville, Florida 904-332-8100 Jacksonville.FL@APPSdom.com To help explain the process and ensure you are prepared, please view this brief tutorial by clicking on the link or cut and paste the link into your browser. https://appslive.com/AppPrepVideo.aspx?CaseID=APPDS0000000000000000000682460366APPDS00000000 00000000682460384

Examiner Email – ExamOne



Your E1 test account Application			
Portalnotification@examone.com	Your life insurance health exam confirmation		
Congratulations on your recent decision to apply for insurance v application process, you need to schedule an appointment with Diagnostics Company, for your insurance exam.	noreply@questdiagnostics.com		If ExamOne is the vendor performing the Lab services f your case, the client will receive an email from your loc
We care about your health and in light of the concern about t 19) in this country we have a couple of questions before we sche	Your life insurance health exam has been scheduled for Wednesday, 0 10:45 AM at the following address:	October 13 2021 at	ExamOne or Quest Diagnostics office. The email address will originate from <u>portalnotification@examone.com</u> o
 In the last 14 days have you exhibited signs of fever or resp with someone who has? 	Your Address Here		noreply@questdiagnostics.com
2. In the last 14 days have you traveled to China, South Korea contact with an individual who has?	Find out how to prepare for your appointment and access your labora MyExamOne.com/how-to-prepare/.	atory results at	
If the answer is yes to either question, please call our ExamOr and schedule your exam for 14 days from your return travel date contact.	You will receive a reminder call or email 48 hours prior to your appoir	Your insurance	e exam appointment(s) has been canceled
Click the link below to begin the appointment scheduling proces ScheduleNow	If you have you exhibited signs of fever or respiratory distress, or had someone who has OR in the last 14 days have you traveled to China, s Kong or Italy or had close contact with an individual who has please c immediately to reschedule your appointment.	N noreply@	quest diagnostics.com
Per your insurance carrier instructions, an ExamOne representat date, time and location of the exam appointment.	If you have questions about your appointment, please contact us at t listed below.	Your insurance exam a	appointment was canceled.
Visit <u>www.MyExamOne.com</u> to learn how to prepare for your ex stories about the importance of life insurance.	Thank you for taking this important step to protect your family with li	If you have any questic KansasCity@examone	ons or need assistance, please call 913-381-1404 or email com.
Please be aware that we may call you to expedite the scheduling been scheduled.	ExamOne, A Quest Diagnostics Company 8609 College Boulevard (913) 381-1404	Thank you, ExamOne, A Quest Dia	agnostics Company
ExamOne 10101 Renner Blvd 2nd Floor Lenexa, KS 95050	Overland Park, KS 66210 Phone: (913) 381-1404	8609 College Boulevar Overland Park, KS 662 Phone: (913) 381-1404	10
Phone: (913) 555-1234	ExamOne A Quest Diagnottics Company	(ExamOne)	-
		A Quest Diagnostics Company	

Real-Time Offer





Requirements Needed



Labs or Additional Info Needed Declined Lincoln Financial Group Chat with us Lincoln Chat with us Financial Group @ Help Congratulations, you have completed your elnterview! Based on the information you have provided today; our underwriter may need some additional information. This may include a follow up phone call from a Lincoln representative or our paramed vendor. If no additional information is needed, an Thank you. You have completed your interview. assessment will be made, and your agent will contact you with an update. You may receive a request from Lincoln for your signature on additional paperwork Your agent will contact you with an update. needed. Your prompt attention is appreciated. You may receive a request from Lincoln for your signature on additional paperwork Please select the button below to tell us the most convenient times for you to meet with needed. Your prompt attention is appreciated. an examiner. TAKE SURVEY PROVIDE BEST TIMES FOR AN EXAM TAKE SURVEY

Notification to Agent and Case Contact

The agent and case contact will be advised of any requirement(s) (or declined underwriting decision) according to Lincoln's standard pending status process.

The agent will communicate next steps to the client.

Issue Requirement Reminder Email

From: <u>LincoIndanb@lfg.com</u> Sent: Monday, January 23, 2023 10:00 PM To: <u>valuedclient@gmail.com</u>

Subject: TXXXXXXXX Valued Client

Dear VALUED CLIENT,

Thank you for choosing Lincoln Financial Group for your life insurance needs. At this time, we have not received the needed requirements to place your policy in force. Your life insurance policy was delivered by e-mail on 12/30/2022 and came from LincolnPolicyDelivery@lfg.com Your coverage is not active until all of the following requirements are fullfilled: Review and electronically sign your policy documents Make your initial premium payment Please note: If you have already signed your documents and made your initial premium payment, you may disregard this email. We will review your documents as soon as possible. You will receive a confirmation email once your policy has been activated and is in-force. If you have any questions, please contact us at 1-844-504-2303 or LincolnDANB@lfg.com.

Thank you for allowing us to help protect your loved ones. On behalf of your financial professional, we appreciate your business!

Lincoln Financial Group does more than help you create and protect wealth for your future. We empower optimism, giving you the means and the confidence to embrace your future through all its transitions. Learn more at: LincolnFinancial.com (NYSE: LNC).

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Client DocuSign Experience





After the agent electronically signs the eDelivery package, the Client will receive an email from <u>dse@esignature.lfg.com</u> to review and sign. The subject line will read: <u>Your Life Insurance Policy is Available for</u> <u>Online Review and Signature</u>. After clicking "I Consent" a video will pop up for review prior to signing.



		This document is now complete.	CLOSE OTHER ACTIONS -
	Tue 4/14/2020 3:18 PM DocuSign Demo System <dse_demo@docusign.net> Completed: Your Life Insurance Policy is Available for Online Review and Signature To Retention Policy Default Retention - Inbox (6 months) If it there are problems with how this message is displayed, click here to view it in a web browser.</dse_demo@docusign.net>		DEMONSTRATION DOCUMENT ONLY PROVIDED BY DOCUSION ONLINE SIGNING SERVICE 993 rd. Ave. Sub-Kindenh kationwith (eligonaution Company)-(200 www.Bootes.officer. PO Box 21006, Greensborn, NC 27420-1008 (hereinafter referred to as the "Company") Consent for Electronic Signature
Once all eSignatures are completed, he Client will receive an email from <u>lse@esignature.lfg.com</u> that will provide a link to view the policy. The ubject line will read: <u>Completed:</u> <u>Your Life Insurance Policy is Available</u> for Online Review and Signature	Financial Group* Vour document has been completed VIEW COMPLETED DOCUMENTS	The Lincoln National Life Insurance Company (the "Company"), offers you it These disclosures will help you decide whether you would like to conser carefully. This consent acknowledges that you can receive and review forms pro- documents electronically you acknowledge your understanding that electron had affixed your signature on paper by hand. You further represent that you and that they have been accurately filled out. In order to successfully receive electronic transmissions and electronically s that your electronic device supports Windows"7 or above, or Macintosh OSJ as Internet Explorer 9.0" or above (Windows only). Google® Chrome" (Wir Firefor (Windows or Mac): a vaiid email address and security settings that that you keep electronic copies or print a copy of your received and comple To request from the Company a copy of any electronically submitted and sig written request which should be mailed via first class mail with sufficient pos at 100 N. Greene Street, Greensboro, NC 27401; 1: 400-487-1485. The Co You are not required to consent to electronic signatures if you prefer not to forms via electronic means and/or if you do not agree with all the terms. Decline" button to cancel this transaction. If you do so the application for without charge to you in paper by your agent for your written signature. Add given for electronic signatures at any signature and pay signatures.	It to this electronic process or not. Please read this ided electronically to you and also that by signing ic signatures have the same force and effect as if you have read the documents to be signed electronically ign documents using this web site, it is recommended (A dobe Acrobat Reader, have browser settings such dows only), Apple Safari (for Mac and iPad), Mozilia low per session cockies. The Company recommends ted documents. ned document, please contact your agent or submit a tage to The Lincoln National Life Insurance Company mpany will not charge a fee for this service. do so. If you do not want to execute the Company's and conditions of this consent, you must click the 'I the policy and all other documents will be provided titonally you are able to opt-out of a previous consent, ase contact your agent. If you Windraw your consent,
	All parties have signed your life insurance policy. To view your policy, please click th "View Completed Documents" button above. Powered by DocuSign	Lunderstand that VL do concert to the use of electronic electron that it	nere will be automatic encryption and storage of my ny authorization, which is limited to the document(s)
	Do Not Share This Email This email contains a secure link to DocuSign. Please do not share this email, link, or access coo with others.	If you consent to the terms outlined above for electronic signatures click Electronic Records and Signatures."	on the button marked "I Agree" or "I agree to use
	Alternate Signing Method Visit DocuSign.com, click 'Access Documents', and enter the security code: D9640ED4642647C59B11414471765E3E1	Powered by DocuSign	Terms Of Use & Privacy V Copyright © 2020 DocuSign Inc. V2R
	About DocuSign	T	

Viewing the Policy



eNIGO Signer Consent Email

From: DocuSign System <<u>dse@docusign.net</u>> Sent: Saturday, June 17, 2023 3:29 AM To: Client,Valued <<u>ValuedClient@email.com</u>> Subject: Reminder: NTXXXXXXX - Please Review and Complete Your Life Insurance Forms

This email is from an external source. Only open links and attachments from a Trusted Sender.

Lincoln Financial Group®

Hi ValuedClient@email.com,

Thank you for choosing Lincoln Financial Group for your life insurance needs. <u>In order to</u> continue processing your file, please electronically complete and sign the forms referenced in the Form Requirements below. If received, read-only copies of the previously submitted forms may be included in the file for your reference. Please note, if you are unable to navigate to all fields, those fields will be completed by the designated recipient.

Form Requirements

Removing Agent of Record Letter : LF12436 Removing Agent of Record Letter

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Once the Agent launches the eNIGO package, the Client will receive an email from <u>dse@docusign.net</u> that will provide a link to view the documents for eSignature.

Please contact your dedicated Lincoln Underwriting & New Business team with any questions.



Life insurance issued by The Lincoln National Life Insurance Company, Fort Wayne, IN and distributed by Lincoln Financial Distributors, Inc., a broker-dealer. Contractual obligations are backed by the claims-paying ability of the issuing insurance company. The Lincoln National Life Insurance Company does not solicit business in the state of New York, nor is it authorized to do so. Lincoln Financial Group is the marketing name of Lincoln National Corporation and its affiliates. Only Registered Representatives can sell variable products.