

Lincoln Life Insurance Unified Product Application 2022

Form Overview and Special Instructions

Lincoln Underwriting & New Business has created a Life Insurance application guide for use with all life insurance products and submission methods. This guide includes an overview of the application packet and special instructions to enhance the user experience and reduce overall turnaround times.

This application guide will be used for:

- All Term, Indexed UL and Variable UL products*
 - *Not for use in New York or with *Lincoln MoneyGuard*® products
- All submission methods (Traditional full application, eApp and Ticket)
 - *Lincoln TermAccel*® and *Lincoln WealthAccelerate*SM IUL will remain a fully electronic process with eTicket submissions only and required eDelivery
- The application package will automatically update on the Lincoln Forms Tool, or wherever you access Lincoln’s forms.

Unified Application Forms

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Application Part I

[Form LFF12218]



Application for Individual Life Insurance—Part I

The Lincoln National Life Insurance Company
PO Box 21008, Greensboro, NC 27420-1008
(hereinafter referred to as the "Company")

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Proposed Insured

1. Legal Name: (First) _____ / (Middle) _____ / (Last) _____ / (Suffix) _____
2. Sex: Male Female
3. Date of Birth (mm/dd/yyyy): ____/____/____ (If age 70 or over, complete the Defined Age Supplement.)
4. Social Security Number (SSN): _____
5. Place of Birth (State/Country): ____ / _____
6. Citizenship (check one): I am a citizen of the United States.
 I am a valid green card holder and my country of citizenship is _____
(Attach a copy of your valid green card.)
 Neither, and my country of citizenship is _____
(Attach a copy of your passport.)
7. Driver's License Number (provide even if suspended/revoked): _____ State: _____
If no current license, check here and advise reason: _____
8. Physical Home Address (Street): _____ Apt. or Suite: _____
(City/State/ZIP): _____ / _____ / _____
Check here if Mailing Address is same as Physical Home Address.
9. Mailing Address (if different): _____ Apt. or Suite: _____
(City/State/ZIP): _____ / _____ / _____
10. Primary Phone: ____ - ____ - ____ (Check one) Cell Landline
11. Secondary Phone (if applicable): ____ - ____ - ____ (Check one) Cell Landline
12. Email: _____
13. Employer: _____ 14. Occupation: _____
15. Business Address (Street): _____ Suite: _____
(City/State/ZIP): _____ / _____ / _____
16. Individual Annual Eamed Income: \$ _____
17. a. Total Assets (Retirement Accounts, Properties, etc.): \$ _____
b. Total Liabilities (Mortgages, Loans/Debts, etc.): \$ _____
18. Do you have any other sources of recurring income? Y N
If "Yes," a. Source(s) of Income: _____ (If the source is "disability," provide details in Number 53.)
b. Annual amount(s) received: \$ _____

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Please Note:

All questions need to be answered. Changes will be amended at Issue.

Can be completed **electronically via eApp** or **traditional paper** formal submission

For Ticket Application submissions, this form will be **completed by the insured** during the interview and signed on delivery.

Questions 1-18 are required for accurate Underwriting.

SITUS: The contract state must be the state in which the policy owner has a **bona-fide residence or state of employment**. For Trust-Owned policies, the contract state must be where the trustee or insured has a bona-fide residence or state of employment.

- **New York or Montana:** We require an **Out of State Sale Verification Form (BJ-04430)**. When the owner (or insured if the owner is a trust) resides in New York or Montana, but the application is signed in another state, then the Out of State Sale Verification Form must be completed and submitted with the application. This form is available for viewing and printing on our producer web sites.
- **Utah and Washington:** Due to the requirements of Utah and Washington state insurance law, if an owner/applicant indicates that he/she is a resident of Washington or Utah, the **contract must be signed and delivered ("sitused") in the state which the owner/applicant resides**. These states prohibit cross-border or out of state sales, and no other state of situs will be allowed for any reason. Agents must be validated in the state of situs.

Form must be **signed in the capacity in which the owner is acting**. Trust/Corporate owned policies require that all trustees/officers sign with their title.

If the underwriter needs clarification or more information regarding your client's medical background, **additional questions may be asked through a PHI (Telephone) or ePHI (online)**.



Please Note:

Updates to the Agent Report **cannot be amended**. If updates or changes are needed, they can be initialed and dated by the agent or a new form completed via eNIGO.

Question 10 for Aviation Activities

Questions 11 and 12 are required for business insurance policies. Questions 13 and 14 are only needed if applicable.

Question 20: If the Compensation and Commissions Schedule is left blank, **Lincoln will set the default based on product.**

Complete all questions on the agent's report. With business insurance, please do not skip special sections (Ex: Buy-Sell, Key Person).

Confirm agent and upline are **fully licensed for product and state** before being submitted.



Agent's Report

The Lincoln National Life Insurance Company
PO Box 21008, Greensboro, NC 27420-1008
(hereinafter referred to as the "Company")

Completed Form Must Accompany Ticket or Application for Life Insurance

General Information (Always complete Questions 1-6 and the Agent Information Section. Complete Questions 7-14 if applicable to the sale.)

1. Proposed Insured Name: (First) / (Middle) / (Last) / (Suffix)

Proposed Insured B Name: (First) / (Middle) / (Last) / (Suffix)

2. (a) How long have you known the Proposed Insured(s)? _____

(b) Are you related to the Proposed Insured(s)? Y N If "Yes," Give details: _____

3. Do the Proposed Insured(s) and Owner(s) read and understand the English Language? Y N If "No," how was the application completed? _____

4. Purpose Of Insurance: (Select One; if Business selected, complete Business Finances section):	Personal	Business
	<input type="checkbox"/> Charitable Gift	<input type="checkbox"/> Business loan collateral
	<input type="checkbox"/> Estate planning/Wealth Transfer	<input type="checkbox"/> Buy-sell/Stock redemption
	<input type="checkbox"/> Family or Mortgage Protection/ Income Replacement	<input type="checkbox"/> Keyperson
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

5. (a) Is this policy being paid for with a premium financing loan? Y N If "Yes," provide complete details including the name of the financing plan, name and address of institution providing loan, and name and phone number of the lending officer: _____

(b) Is this policy being paid for with funds from any person or entity whose only interest in the policy is the potential for earnings based on the provision of funding for the policy? Y N If "Yes," provide details below: _____

6. Is the Proposed Insured using income from their spouse/domestic partner to financially justify the coverage applied?

Y N If "Yes," provide the following information for the spouse/domestic partner:
(a) Income: \$ _____ (b) Life Insurance (inforce plus any additional to be placed): \$ _____

7. Check here if a LifeComp® program was used. (Submit the completed LifeComp® required paperwork through your normal channels.)

8. Answer only if Proposed Insured is under age 18.	Amount Inforce	Amount Applied For
(a) Father's Life Insurance:	\$ _____	\$ _____
(b) Mother's Life Insurance:	\$ _____	\$ _____
(c) Are siblings also being insured? <input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____

If "No," explain: _____

9. I have verified that this policy will not replace a policy that has already been sold to a life settlement, viatical or other secondary market provider. If otherwise, explain: _____

10. Answer only if the Proposed Insured(s) participate(s) in aviation activities. If underwriting results in a higher premium, indicate which of the following is preferred (check one):

Pay the extra premium for coverage if death results from a covered aviation activity
 Aviation Exclusion Rider (not available in all states, and subject to underwriter discretion)

Important Notice: Replacement of Life Insurance or Annuities

[Form 33503]



Please check appropriate underwriting company:
 The Lincoln National Life Insurance Company, Life Service Office, PO Box 21008, Greensboro, NC 27420-1008
 The Lincoln National Life Insurance Company, Annuity Service Office, PO Box 2348, Fort Wayne, IN 46801-2348
 The Lincoln National Life Insurance Company, Group Protection Service Center, PO Box 2816, Omaha, NE 68103-2816

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant. You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements. A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase. A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement. You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured. We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO

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

Insurer Name	Contract or Policy #	Insured or Annuitant	Replaced (R) or Financing (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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

The existing policy or contract is being replaced because (Required. Answer N/A if you are not replacing.):

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

Signature of Applicant/Owner/Trustee with Title (if other than Proposed Insured) _____ Applicant's Printed Name with Title _____ Date _____
(Provide Officer's Title if policy is owned by a Corporation)

Signature of Applicant/Owner/Trustee with Title (if other than Proposed Insured) _____ Applicant's Printed Name with Title _____ Date _____
(Provide Officer's Title if policy is owned by a Corporation)

Producer's Signature _____ Producer's Printed Name _____ Date _____

Insured/Annuitant Printed Name _____
I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

Should you have any questions regarding this form, please contact your insurance representative or the Company at the address or telephone number shown on your application.

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33503

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Please Note:

For NAIC States, Replacement Form [33503] is **always required if the client has inforce insurance**, regardless if they are replacing the coverage.

"Insurer Name" is the name of the Insurance Company name, **NOT** the name of the insured.

If not completed at submission or form is NIGO, this form **can be completed via eNIGO** and is Issue restrictive.

Form must be **signed in the capacity in which the owner is acting**. Trust/Corporate owned policies require that all trustees/officers sign with their title.

Replacement Of Life Insurance Or Annuities

[Form LF10087]



Please Note:

Replacement Form [LF10087] is **always required on LincXpress[®], Lincoln WealthAccelerateSM IUL, and Lincoln TermAccel[®] submissions**, regardless if they are replacing the coverage.

“Insurer Name” is the name of the Insurance Company name, **NOT** the name of the insured.

If not completed at submission or form is NIGO, this **form can be completed via eNIGO** and is Issue restrictive.

Form must be **signed in the capacity in which the owner is acting**. Trust/Corporate owned policies require that all trustees/officers sign with their title.



Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company, Life Service Office, PO Box 21008, Greensboro, NC 27420-1008
- The Lincoln National Life Insurance Company, Annuity Service Office, PO Box 2348, Fort Wayne, IN 46801-2348
- The Lincoln National Life Insurance Company, Group Protection Service Center, PO Box 2616, Omaha, NE 68103-2616

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

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

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

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

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

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

- 1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
- 2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO

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

	Name of Insurer	Name of Insured or Annuitant	Policy or Contract Number	Replaced (R) or Source of Financing (F)
1.				
2.				
3.				

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

The existing policy or contract is being replaced because _____

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

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

Signature of Proposed Owner

Printed Name of Proposed Owner

Date

Insured/Annuitant Printed Name

Agent Certification

- 1. Does the applicant have any existing life insurance policies or annuity contracts? YES NO
- 2. Will the proposed contract replace or change any existing annuity or life insurance? YES NO

Signature of Producer

Printed Name of Producer

Date

Should you have any questions regarding this form, please contact your insurance representative or the Company at the address or telephone number shown on your application.

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Application For Non-UW Conversion or Guaranteed Insurability Option

[Form LFF06359]



Please Note:

All questions need to be answered on Form LFF06359. Changes on page 1 and 2 of the application will be amended at Issue.

Can be completed via **traditional paper** submission.

Question 2 is only required for Term Conversions.

SITUS: The contract state must be the state in which the policy owner has a **bona-fide residence or state of employment**. For Trust-Owned policies, the contract state must be where the trustee or insured has a bona-fide residence or state of employment.

Form must be **signed in the capacity in which the owner is acting**. Trust/Corporate owned policies require that all trustees/officers sign with their title.

Form LF10014 is bundled with this application on the Forms Tool.

		Please check appropriate underwriting company: <input type="checkbox"/> The Lincoln National Life Insurance Company, Service Office: PO Box 21008, Greensboro, NC 27420-1008 <input type="checkbox"/> Lincoln Life & Annuity Company of New York, Service Office: PO Box 21008, Greensboro, NC 27420-1008 (hereinafter referred to as "the Company")	
APPLICATION FOR <input type="checkbox"/> NON-UW CONVERSION OR <input type="checkbox"/> GUARANTEED INSURABILITY OPTION		Existing Policy Number: _____	
1. a. Conversion of: <input type="checkbox"/> Policy <input type="checkbox"/> Rider (specify): _____ b. Elect to: <input type="checkbox"/> Exercise GI Option with a new plan <input type="checkbox"/> Exercise GI Option with an increase in specified amount New Plan (if applicable): _____ Continued/New Riders: _____		2. Conversion Amount: <input type="checkbox"/> Total <input type="checkbox"/> Partial: \$ _____ <input type="checkbox"/> Continue Balance <input type="checkbox"/> Cancel Balance	
3. Death Benefit Option (Complete for Universal Life and Variable Universal Life Product only) (i) <input type="checkbox"/> Level <input type="checkbox"/> Increase by Cash Value (ii) Death Benefit Qualification Test (DBQT) - For IRS purposes, premiums will be tested using the Guideline Premium Test unless <input type="checkbox"/> Cash Value Accumulation Test is checked (not available on all products or with all riders). The DBQT cannot be changed after issue unless the terms of the policy require a change.			
4. Premium Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (EFT) <input type="checkbox"/> Other: _____		6. Modal Planned Premium: \$ _____	
5. Premium Notices To: (Check one only) <input type="checkbox"/> Owner <input type="checkbox"/> Insured <input type="checkbox"/> Other: (Name & Address) _____			
INSURED INFORMATION (Please complete a separate form for each insured.)			
7. Name (First, Middle, Last)	8. Date of Birth (mm/dd/yy)	9. Soc. Sec. No.	10. <input type="checkbox"/> Male <input type="checkbox"/> Female
11. Address (Street, City, State, ZIP)			
BENEFICIARY DESIGNATION (Unless otherwise stated, below, if multiple beneficiaries are in a class, (Primary, Contingent), the proceeds are to be paid equally to the survivors, if any in the class.) Select Primary (P) or Contingent (C) Beneficiary for each line completed. If Trust, check here <input type="checkbox"/> "Same" is not acceptable.			
12. a. Name/Trust name & Trustees		b. Soc. Sec. No./TIN	
<input type="checkbox"/> P		c. Relationship to Proposed Insured	
<input type="checkbox"/> C			
13. a. Name/Trust name & Trustees		b. Soc. Sec. No./TIN	
<input type="checkbox"/> P		c. Relationship to Proposed Insured	
<input type="checkbox"/> C			
14. a. Name/Trust name & Trustees		b. Soc. Sec. No./TIN	
<input type="checkbox"/> P		c. Relationship to Proposed Insured	
<input type="checkbox"/> C			
OWNER INFORMATION (If this is a change of owner, please complete appropriate owner change forms.)			
15. Name			
16. Address (Street, City, State, ZIP)			
17. Date of Birth/Trust Date		18. Soc. Sec. No. / TIN	
19. Contact Phone # (Check most convenient time to contact) <input type="checkbox"/> AM <input type="checkbox"/> PM			
SPECIAL INSTRUCTIONS _____ _____ _____			
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Agent's Report

[Form LF10014]



Please Note:

Updates to the Agent's Report, Form LF10014, cannot be amended. If changes are needed, they can be initialed and dated by the agent or a new form can be completed via eNIGO.

Questions 10 – 14 are required for business insurance policies.

Complete all questions on the agent's report. With business insurance, please do not skip special sections (Ex: Buy-Sell, Key Person).

Confirm agent and upline are **fully licensed for product and state** before being submitted.

Form LFF06359 is bundled with this Agent's Report on the Forms Tool.



The Lincoln National Life Insurance Company
PO Box 21008, Greensboro, NC 27420-1008
(hereinafter referred to as "the Company")

AGENT'S REPORT (Completed Form Must Accompany Application for Life Insurance)

GENERAL INFORMATION		
1. (a) Name of Proposed Insured(s)		(b) How long have you known the Proposed Insured(s)?
2. Are you related to the Proposed Insured(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Give details:		
3. Purpose of Insurance: (check one) <input type="checkbox"/> Buy/Sell <input type="checkbox"/> Key Person <input type="checkbox"/> Charitable Gift <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Estate Planning <input type="checkbox"/> Family Income <input type="checkbox"/> Outright Gift <input type="checkbox"/> Pension/Profit Sharing <input type="checkbox"/> Other:		
4. (a) Is this policy being paid for with a premium financing loan? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide complete details to include the name of the financing plan being used, name and address of institution providing loan, name and phone number of the lending officer:		
(b) Is this policy being paid for with funds from any person or entity whose only interest in the policy is the potential for earnings based on the provision of funding for the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide details below: Details:		
5. Do the Proposed Insured(s) and Owner(s) read and understand the English Language? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", how was the application completed?		
6. If LifeComp program was used, have you completed the required paperwork? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Answer only if Proposed Insured is a Homemaker	Amount Inforce	Amount Applied For
(a) Spouse's Life Insurance:	\$	\$
8. Answer only if Proposed Insured is under age 18.		
(a) Father's Life Insurance:	\$	\$
(b) Mother's Life Insurance:	\$	\$
(c) Are siblings also being insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
If "No", please explain:		
9. I have verified that this policy will not replace a policy that has already been sold to a life settlement, viatical or other secondary market provider. If otherwise, please explain:		
BUSINESS FINANCES (Complete only if this is business insurance)		
10. Type of business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:		
11. Proposed Insured is: <input type="checkbox"/> Employee <input type="checkbox"/> Owner of % of business		
12. Total Business Assets:	Total Business Liabilities:	Total Business Net Worth:
\$	\$	\$
13. Net Income (Profit) for the past 2 years:	Last year \$	Previous year \$

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LF10014

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All forms are accessible via the Lincoln Forms Tool or wherever you get your forms today. Please retrieve the application packet prior to submitting a new case.

For assistance, please reach out to your dedicated Lincoln Internal Sales or New Business Team.

Life insurance issued by The Lincoln National Life Insurance Company, Fort Wayne, IN and Lincoln Life & Annuity Company of New York, Syracuse, NY. Variable products distributed by Lincoln Financial Distributors, Inc., a broker-dealer. Members of Lincoln Financial Group. 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.

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Not for use in New York.