

Existing liabilities and obligations (this includes existing financial liabilities and obligations you consider to be significant; for example: mortgage, large credit card debt balances, auto or student loans, and permanent life insurance premiums)

| Type of Liability | Current Balance | Monthly Payment | Term of Liability (check either "years" or "months") |
|-------------------|-----------------|-----------------|--|
| | \$ _____ | \$ _____ | _____ <input type="checkbox"/> years <input type="checkbox"/> months |
| | \$ _____ | \$ _____ | _____ <input type="checkbox"/> years <input type="checkbox"/> months |
| | \$ _____ | \$ _____ | _____ <input type="checkbox"/> years <input type="checkbox"/> months |
| | \$ _____ | \$ _____ | _____ <input type="checkbox"/> years <input type="checkbox"/> months |
| | \$ _____ | \$ _____ | _____ <input type="checkbox"/> years <input type="checkbox"/> months |
| | \$ _____ | \$ _____ | _____ <input type="checkbox"/> years <input type="checkbox"/> months |

3. Available Funds - Liquidity Needs

Do you have sufficient cash or other liquid assets for living expenses and unexpected emergencies, such as medical expenses? Yes No

If "No", please explain _____

4. Financial Experience

Please provide length of experience for the following investment vehicles you have. Choose the corresponding letter from below to answer. (Complete all that apply)

A Less than 1 year **B** 1 to 4 years **C** 5+ years

Annuities _____ Life Insurance _____ Bonds _____ Stocks _____ CDs _____

Checking/Savings Account _____ Employer Retirement Account _____ Mutual Funds _____

5. Financial Objective(s) and Intended Use(s)

What are your financial objectives or intended use for this annuity? (Check all boxes that apply)

- Tax Deferral Asset Accumulation Guarantees Growth Potential
- Protection of Principal Retirement Income Wealth Transfer (Pass assets to a beneficiary(ies) at death)

6. Financial Time Horizon

a. Do you intend to withdraw more than 10% of the contract account value or premium during the surrender charge period? Yes No N/A (SPIA/DIA only)

b. Do you anticipate negative material changes to any of the following items during the surrender charge period? Yes No N/A (SPIA/DIA only)

If Yes, check all boxes that apply: Annual Income Existing Assets Liquidity Needs Liquid Net Worth
 Financial Situation & Needs

How will this impact your ability to afford this contract? (Please explain below)

7. Risk Tolerance

Considering this product, what is your risk tolerance? (Select One)

Conservative Moderately Conservative Moderate Moderately Aggressive Aggressive

Considering this product, what is your risk tolerance for **non-guaranteed** elements, such as variability in premium, cash value, death benefit, or fees? (Select One)

Conservative Moderately Conservative Moderate Moderately Aggressive Aggressive

8. Distributions

How do you anticipate taking distributions from this annuity? (Check all boxes that apply)

- Annuitize N/A (SPIA/DIA only) Wealth Transfer
- Partial surrenders (including "free partial withdrawals") Systematic withdrawals Lump Sum
- Required Minimum Distribution Guaranteed Lifetime Withdrawal Benefit (GLWB) Rider
- i4LIFE*[®] Indexed Advantage (*i4LIFE*[®] Indexed Advantage is not available if any Guaranteed Lifetime Withdrawal Benefit (GLWB) rider has been elected)
-

9. Surrender Charges

I understand that this new annuity contract has surrender charges for early withdrawals, surrenders or termination and that it may have a market value adjustment. I intend to keep the annuity contract at least through the contract's surrender charge period. I have been provided with and have read a product disclosure statement that discloses the surrender charge period, the surrender charge percentages and any market value adjustment that may apply for this annuity contract.

Yes No N/A (SPIA/DIA only)

10. Source of Funds

a. What is the source of funds for purchasing this fixed annuity? (Check all boxes that apply)

- ²Life Insurance ²Annuity CDs Gift Loan Money Market Death Benefit/Inheritance
- Employer Retirement Account Brokerage Account/Cash Mutual Funds Savings/Checking
- Other _____
-

b. Have you surrendered or replaced any annuity or life insurance policy within the past 36 months?

(This question applies to partial or full surrenders/replacements.)

Yes No

If Yes, will funds from the surrendered contract be used toward the premium of this proposed contract?

Yes No

c. Will the proposed annuity contract replace an existing annuity contract or life insurance policy?

Yes No

If "NO", move to Section 12, If "Yes", complete Section 11.

² Denotes Replacement

11. Replacement Comparison - This section is required to be completed if a replacement is taking place. In addition to completing this worksheet, submit a copy of the most recent quarterly/annual statement for each existing annuity contract and/or life insurance policy. If more than two contracts are being replaced an additional replacement comparison section will be required.

- a. How many annuity contracts or life policies are being replaced? _____
- b. Will you incur a charge or penalty to fund the purchase of this fixed annuity? Yes No
- c. What significant material benefit(s) will you realize by replacing your current contract or policy? (Check all boxes that apply) (None or N/A are not acceptable. Answer is required.)
- Guarantees Immediate Income Lower Risk More Stability
- Safety of Principal Reduced Fees Guaranteed Lifetime Withdrawal Benefit (GLWB) Rider
- i4LIFE*® Indexed Advantage Retirement Income Financial Objective Change
- Other, please explain: _____

| | Replacement Comparison | Existing Contract or Policy | Existing Contract or Policy | Replacement Annuity |
|----|--|--|--|--|
| d. | Insurer: | | | Lincoln |
| e. | Contract or Policy #: | | | TBD |
| f. | Contract Issue Date (mm/dd/yy) | | | TBD |
| g. | Contract Type (VA/FA/FIA/UL/VUL/Whole Life) | | | |
| h. | Marketing Name | | | |
| i. | Account Value | \$ _____ | \$ _____ | Total Received |
| j. | Surrender Charge or Penalty amount | \$ _____ | \$ _____ | N/A |
| k. | Living Benefit or Income Rider (If "Yes" respond to l, m, and n) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l. | What is the guaranteed annual income today? | \$ _____ | \$ _____ | \$ _____ |
| m. | What is the guaranteed annual income in 5 years? | \$ _____ | \$ _____ | \$ _____ |
| n. | What is the guaranteed annual income in 10 years? | \$ _____ | \$ _____ | \$ _____ |
| o. | LTC Rider | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| p. | Death Benefit Amount | \$ _____ | \$ _____ | \$ _____ |
| q. | Surrender Charge Period in Years | _____ yrs | _____ yrs | _____ yrs |
| r. | Surrender Charge Schedule for Remaining Years | | | |
| s. | Annual Free Withdrawal Percentage Rate | _____ % | _____ % | 10% |
| t. | Initial Bonus Percentage or Amount | | | |
| u. | Potential Loss of Bonus if Exchanged? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| v. | Interest Rate Cap | | | |
| w. | Administrative Fees, Margins (M&E) and Asset Fees | | | |

12. Product Considerations

a. In recommending the purchase or exchange of an annuity or life insurance product, my client has been reasonably informed of the various features of this annuity including but not limited to: Yes No

- Surrender period and surrender charge
- Secondary guarantee period
- Index features
- Availability of cash value
- Potential tax implications associated with various transactions
- Death benefit(s)
- Mortality and expense fees
- Fees, such as mortality and expense fees, cost of insurance fees, and investment advisory fees
- Non-guaranteed elements, including variability in premium, cash value, death benefit, or fees
- Product restrictions or exclusions
- Potential charges for and features of riders
- Limitations on interest returns
- Guaranteed interest rate
- Insurance and investment components
- Any applicable market risk
- The manner in which the producer is compensated

b. How do the following factors or features impact the recommendation?

| Please check applicable box for all sections (do not leave any section blank) | Supports | Neutral | Does Not Support |
|---|--------------------------|--------------------------|--------------------------|
| Age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Annual Income | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial situation and needs, including the financial resources used for funding the policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial objectives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intended use of the policy (e.g. receive income for life, to leave assets to beneficiaries, guarantees) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial time horizon, including duration of existing liabilities and obligations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Existing assets, including investment and insurance holdings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liquidity needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liquid net worth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk tolerance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Willingness to accept non-guaranteed elements in the policy, including variability in premium, cash value, death benefit, or fees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tax status | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Withdrawal Charge Period | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Minimum Guarantee Contract Value | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Death Benefit Value | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tax Deferral | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Issuer financial strength | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (describe) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

c. If any options were chosen in the "Does Not Support" column above, please explain/describe. If none were chosen, please answer "none"

13. Producer/Representative's Statement

I believe the purchase of this annuity contract is suitable and is in the best interest of the client based on information provided by the Owner/Applicant(s) regarding his/ her insurance needs and financial objective(s). I have discussed the advantages and disadvantages of discontinuing or modifying an existing long-term care policy, life insurance policy or annuity contract (if applicable) with my client, including the replacement concerns and issues mentioned above. I have determined that the existing coverage or annuity contract (if applicable) no longer meets the client's insurance needs and objectives and that the proposed annuity contract is appropriate in accordance with the Company's Fixed Annuity Suitability Position Statement and, if applicable, Appropriateness of Replacements Position Statement. I have used only Company approved sales material in conjunction with this sale. I have left copies of all sales material with the Owner/Applicant(s) at the time the Application was submitted.

a. **My recommendation to the applicant to purchase the proposed annuity is based on the following significant material benefit(s) to the client: (None or N/A are not acceptable. Answer is required.)**

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Guarantees | <input type="checkbox"/> Immediate Income | <input type="checkbox"/> Lower Risk | <input type="checkbox"/> More Stability |
| <input type="checkbox"/> Safety of Principal | <input type="checkbox"/> Reduced Fees | <input type="checkbox"/> Guaranteed Lifetime Withdrawal Benefit (GLWB) Rider | |
| <input type="checkbox"/> <i>i4LIFE</i> [®] Indexed Advantage | <input type="checkbox"/> Retirement Income | | |

b. **I confirm that I have reviewed and understand the Vulnerable Persons Agent Guide** (to access the guide, please visit the Lincoln Forms Tool or the Life and Annuity Compliance section of Lincoln producer websites. For Primerica Representatives, please go to Lincoln's External website on POL, under the training materials tab). Yes No

c. **I confirm I did not use the title or designation of "financial planner," "financial advisor," or any similar title without being properly licensed or certified to do so and actually provided securities or other non-insurance financial services.** Yes No

d. **I confirm that I have provided the client with a copy of the current version of the product disclosure document.** Yes No

e. **I confirm that I disclosed to the client the manner in which I receive compensation for the sale and servicing of this policy.** Yes No

f. In my professional opinion based on the information the client provided, **the recommended annuity contract is suitable and is in the client's best interest for the client's needs and objectives**, as compared to other annuity or financial products that I am appropriately designated to offer, and is based on my evaluation of relevant suitability information and reflects the care, skill, prudence, and diligence that a prudent person acting in a like capacity and familiar with such matters would use under similar circumstances then prevailing. Yes No

g. **I confirm that I have considered only the interests of the consumer in making my recommendation; my receipt of compensation or other incentives has not influenced my recommendation.** Yes No

Producer/Representative's Signature

Date

Producer/Representative's Printed Name

Representative Number (if applicable)

14. Owner/Applicant's Statement

I confirm the information given is accurate. My Producer/Representative has discussed various features of the policy and potential consequences of the sales transaction, both favorable and unfavorable, and the manner in which the producer is compensated for the sale and servicing of the policy. I acknowledge that I received a copy of the product disclosure document. I understand and accept that my policy may experience changes in interest rates, monthly income, availability of funds, cash value, death benefits, fees, or premiums. I believe that the annuity contract is appropriate for my insurance needs and financial objective(s). I acknowledge that I did not receive any advice from Lincoln regarding the purchase or investment of the annuity contract.

If section 11 was required to be completed, I have submitted a copy of the most recent quarterly or annual statement for each existing annuity contract and/or life insurance policy that is being replaced.

Owner/Applicant's Signature

Date

Joint Owner/Applicant's Signature

Date

Explanation of Terms

- a. **“Administrative Fees or Margins”** are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.
- b. **“Annual Free Withdrawal Percentage Rate”** is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.
- c. **“Asset Fees”** are the fees the insurer charges that are a percentage of the value of the annuity contract, such as rider charges.
- d. **“Death Benefit Amount”** is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.
- e. **“Contract Type”** is the generic type of the contract form. Examples of contract types are Variable Annuity (VA), Fixed Annuity (FA), Fixed Indexed Annuity (FIA), Universal Life (UL), Variable Universal Life (VUL), Whole Life.
- f. **“Initial Bonus Percentage or Amount”** is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.
- g. **“Interest Rate Cap”** is the maximum interest earnings that will be credited to the annuity contract. Example: If an account is based on some known performance, like index growth, yielding 11.50%, the declared interest rate cap, 5.00%, would be the maximum interest credited to the account.
- h. **“Market Value Adjustment”** is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.
- i. **“Marketing Name”** is the name adopted by the insurer to identify the contract form.
- j. **“Nursing Home”** is an institution or special nursing unit of a hospital, located in the United States which is further defined in the applicable contract.
- k. **“Potential Loss of Bonus if Exchanged”** refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.
- l. **“Surrender Charge”** is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.
- m. **“Surrender Charge Percentage Schedule for Remaining Years”** is the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.
- n. **“Surrender Charge Period”** is the number of annuity contract years a surrender charge may be applicable.