

Lincoln Life Insurance Unified Product Application 2022

Overview of Key Changes

Beginning March 28, 2022, Lincoln Underwriting & New Business will launch an updated application package for all life insurance products and submission methods. This updated application package has been designed to enhance the user experience of completing and applying for a policy, improve clarity and readability of the forms, and reduce overall turnaround times by increasing efficiencies within case processing and underwriting.

What you need to know

The updated application package will be used for:

- All Term, Universal Life (UL), Indexed UL and Variable UL products*
 - *Not for use in New York or with Lincoln MoneyGuard® products
- All ages and all face amounts
- All submission methods (Traditional full application, eApp and Ticket)
 - *Lincoln TermAccel* 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.

Transition Guidelines

Electronic Submissions

- Beginning March 28, 2022, the new application packet will be available on electronic submission platforms, for states that have approved the new forms.
- For states that have not approved the new application packet as of March 28, 2022, the old forms will remain on the electronic platform. Upon the state approval of the new forms, the new application packet will be made available.

Traditional *LincXpress* Ticket Submissions

- Effective on or after March 28, 2022, only the new ticket will be accepted.
- If an old *LincXpress* ticket is submitted on or after March 28, 2022, the agent will be contacted for any missing information required for the new ticket.

Traditional Full Application Submissions

- There will be a 60-day transition period beginning March 28, 2022, in which Lincoln will accept either the current application or the new application for all states that have approved the new application.
- For states that have not approved the new application as of March 28, 2022, the 60-day transition will begin when the new application is approved.

Continue reading to learn more about the exciting changes we've made to our forms!


Unified Application Forms

The following list of forms were updated or created:

Forms Updated	Old Form #	New Form #	Notes
APPLICATION PART I	LFF11693	LFF12218	
APPLICATION PART II MEDICAL SUPPLEMENT	LFF11694	LFF12219	
PROPOSED B SUPPLEMENT	LFF11703	LFF12220	
ADDITIONAL BENEFICIARY DESIGNATION SUPPLEMENT	--	LFF12335	For policies with more than 3 beneficiaries
CHILD TERM RIDER SUPPLEMENT	LFF11699	LFF12221	
GOOD HEALTH STATEMENT AND INSURABILITY SUPPLEMENT	LFF11709	LFF12222	Formerly DECLARATION OF INSURABILITY SUPPLEMENT
CONTINUATION OF DETAILS SUPPLEMENT	LFF11651	LFF12223	
VARIABLE LIFE INSURANCE SUITABILITY SUPPLEMENT	--	LFF12310	Only required for VUL cases
AVOCATION SUPPLEMENT	LFF11701	--	Avocation Supplement split into 4 avocation-specific forms. Complete the applicable form based on client's avocation(s) or underwriter request
AERIAL SPORTS AVOCATION SUPPLEMENT	--	LFF12225D	
MOTORSPORT RACING AVOCATION SUPPLEMENT	--	LFF12225C	
MOUNTAIN CLIMBING AVOCATION SUPPLEMENT	--	LFF12225B	
DIVING AVOCATION SUPPLEMENT	--	LFF12225A	
AVIATION SUPPLEMENT	LFF11700	LFF12226	
DEFINED AGE SUPPLEMENT	LFF11752	LFF12230	
AMENDMENT TO THE APPLICATION	BJF-01003	LFF12160	
IMPORTANT NOTICE*	LFF11517	LFF12242	
ELECTRONIC PRODUCER ATTESTATION	LF11724	LF10703E	
AGENT'S REPORT	LF11724	LF12224	Must be submitted on formal and ticket applications
LINCXPRESS TICKET	LF11252	LF11252	
LINCXPRESS TICKET PART B – INSURED B	--	LF11252B	For survivorship ticket submissions
LINCXPRESS CHECKLIST	LF11276	LF11276	

Application Part I

[Form LFF12218]

 **Lincoln**
Financial Group

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 Earned 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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ICC21LFF12218

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Key Changes

Citizenship question

Insured mailing address added

"Net worth" changed to "Assets/Liabilities"

Insured and Owner Phone number updated

Policy Information section moved to page 2

Guaranteed Minimum Death Benefit Option added

Checkbox for Owner/Bene/Payor to indicate address is the same as the insured

Relocated Premium Finance question to Payor section

"Third Party Designee/Secondary Addressee" changed to "Protection Against Unintended Lapse"

Added "Policy Sold" column to table of existing insurance

Reworded General Information questions

Removed VUL Suitability Questions and Registered Principal Signature

Form length changed from 6 pages to 8 pages

Link to form: [click here](#)

Application Part II

[Form LFF12219]



Key Changes

Extensive formatting changes

Updated weight change question to include “due to pregnancy” and “current pregnancy”

Changed Medical History questions to a pick-list of 95+ conditions

Rearrangement of questions for better flow

Updated alcohol question


Added marijuana question

Rewording/combining of questions where needed

Generous additional details section

Form length changed from 2 pages to 4 pages

Link to form: [click here](#)



Lincoln
Financial Group

Medical Supplement (Part II of Application)

Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
- Lincoln Life & Annuity Company of New York: PO Box 21008, Greensboro, NC 27420-1008
- First Penn-Pacific Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
(hereinafter referred to as the "Company")

Proposed Insured: _____ / _____ / _____
(First) (Middle) (Last) (Suffix)

Date of Birth (mm/dd/yyyy): ____/____/____

- What is your Height? ____ ft. / ____ in.
- What is your Weight? ____ lbs.
 - Has your current weight changed by more than 10 pounds within the past 12 months? Y N
 - If "Yes," by how many pounds?: ____ lbs. Gain Loss
 - If "Yes," reason for weight change? intentional unintentional due to pregnancy
 - If weight change was due to pregnancy, are you currently pregnant? Y N

Personal Medical History

If you answer "Yes" to any question below, indicate which medical condition(s) apply and provide details in Number 16.

- In the past 10 years have you been diagnosed by, or been treated by a licensed medical professional for:
 - Medical Conditions of the Heart or Cardiovascular System:** Y N
 - Aneurysm Heart Attack High Cholesterol
 - Arrhythmia/Irregular Heartbeat Heart Murmur Peripheral Vascular Disease
 - Atrial Fibrillation Heart Valve Disorder Stent or Bypass
 - Carotid Artery Disease High Blood Pressure Any Other Heart or Cardiovascular Condition
 - Coronary Artery Disease
 - Mental Health Conditions:** Y N
 - Anxiety/Stress/Panic Attacks Bipolar Post-Traumatic Stress Disorder (PTSD)
 - Attention Deficit Hyperactivity Disorder (ADHD) Depression Any Other Mental Health Condition
 - Cancer and Precancerous Conditions:** Y N
 - Abnormal PAP Smear Colon Cancer Prostate Cancer
 - Barrett's Esophagus Colon Polyps Renal/Kidney Cancer
 - Basal Cell/Squamous Cell Cancer of the Skin Leukemia Thyroid Cancer
 - Bladder Cancer Lung Cancer Uterine Cancer
 - Breast Cancer Lymphoma Any Other Cancer or Precancerous Condition
 - Melanoma
 - Metabolic or Endocrine Medical Conditions:** Y N
 - Diabetes Mellitus Hypothyroidism (Low) Pituitary Adenoma/Tumor
 - Hyperthyroidism/Graves' Disease Pre-diabetes/Impaired Glucose Tolerance Any Other Metabolic or Endocrine Condition

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Avocation Supplement [Form LFF12225]

Lincoln Financial Group **Diving Avocation Supplement**

Please check appropriate underwriting company:
 The Lincoln National Life Insurance Company PO Box 21008, Greensboro, NC 27420-1008
 Lincoln Life & Annuity Company of New York PO Box 21008, Greensboro, NC 27420-1008
 First Penn Pacific Life Insurance Company PO Box 21008, Greensboro, NC 27420-1008
(insured/referred to as the "Company")

Proposed Insured Name: (First) _____ (Middle) _____ (Last) _____ (Suffix) _____
 Date of Birth (mm/dd/yyyy): _____ / _____ / _____

1. a. Are you a certified diver? Y N
 b. If "Yes," what is your level of certification? (Check all that apply):
 Recreational Diver Advanced Open Water Master Scuba Diver Adventure Diver
 Rescue Diver Other: _____

2. Indicate types of water in which you have dived in the past 12 months, and that you plan to dive within the next 12 months. (Check all that apply):
 Lakes Rivers Oceans Deep Sea Quaranties Coastal Waters
 Other: _____

3. Indicate types of diving in which you have participated in the past 12 months, and/or that you plan to participate within the next 12 months. (Check all that apply):
 Cave Clave Depth Record Attempts Diving Belts Freediving (Day Only) Freediving (Day and Night)
 Ice Internal Weath Night Nitrox/Sirox Rebreather Rescues Technical
 SCUBA Snorkel SNUBA Spear Fishing Special Expeditions Surface Supply
 Treasure Other Types of Diving: _____

4. a. What is the deepest dive you have made within the past 12 months? #f: _____
 b. Do you plan to dive deeper within the next 12 months? Y N If "Yes," how deep? (#f) _____

For any "Yes" answers to Questions 5 through 7, provide details in Number 8 below.

5. Have you ever had the bends, air embolism, or loss of consciousness from diving? Y N
 6. How many times have you paid a claim? Check One: 0 or more 1-4 5 or more
 7. a. Have you ever dived for pay? Y N
 b. Do you plan to dive for pay within the next 12 months? Y N

8. Additional Details (Specify in which question number(s) details pertain. If more space is needed use a Continuation of Details Supplement).

Question # Details

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Lincoln Financial Group **Motorsport Racing Avocation Supplement**

Please check appropriate underwriting company:
 The Lincoln National Life Insurance Company PO Box 21008, Greensboro, NC 27420-1008
 Lincoln Life & Annuity Company of New York PO Box 21008, Greensboro, NC 27420-1008
 First Penn Pacific Life Insurance Company PO Box 21008, Greensboro, NC 27420-1008
(insured/referred to as the "Company")

Proposed Insured Name: (First) _____ (Middle) _____ (Last) _____ (Suffix) _____
 Date of Birth (mm/dd/yyyy): _____ / _____ / _____

1. a. Choose the Automobile/Motor Racing Classification from the list below:

<input type="checkbox"/> ARCA-indicate type:	<input type="checkbox"/> Karting-indicate if amateur or professional, and type:	<input type="checkbox"/> SCCA-indicate type:
<input type="checkbox"/> Dirt Track/Spectator Speedway-indicate if amateur or professional, and type:	<input type="checkbox"/> Midsize-indicate type:	<input type="checkbox"/> Sportscar Racing-indicate type and top speed:
<input type="checkbox"/> Drag Racing-indicate type:	<input type="checkbox"/> NASCAR-indicate type:	<input type="checkbox"/> Sports Car/Vintage Racing-indicate type and top speed:
<input type="checkbox"/> Dirt Racing-indicate type:	<input type="checkbox"/> Rallying/cross-indicate if amateur or professional, and type:	<input type="checkbox"/> Sprint Cars-indicate type:
<input type="checkbox"/> IndyFormula-indicate type:	<input type="checkbox"/> Sand and Dune Buggy-indicate type:	<input type="checkbox"/> Other: _____

b. Choose the Boat Racing Classification from the list below:

<input type="checkbox"/> Drag Racing-indicate type:	<input type="checkbox"/> Offshore Racing-indicate type:	<input type="checkbox"/> Saltwater/Vintage Racing-indicate type and number of crew:
<input type="checkbox"/> Hydroplanes-indicate type:	<input type="checkbox"/> Record Attempts-indicate type:	<input type="checkbox"/> Other: _____

c. Choose the Motorcycle Racing Classification from the list below:

<input type="checkbox"/> Circuit Racing-indicate if amateur, competitive amateur, or professional:	<input type="checkbox"/> Ice Racing:	<input type="checkbox"/> Speedway:
<input type="checkbox"/> International Events:	<input type="checkbox"/> Short Racing:	
<input type="checkbox"/> Outman, Veterans and Vintage Sport Events or non-sports:	<input type="checkbox"/> Motocross (Scrambling):	<input type="checkbox"/> Trail Riding:
<input type="checkbox"/> Dirt Biking/Downhill Biking:	<input type="checkbox"/> Pocket Bike Racing:	<input type="checkbox"/> Trials:
<input type="checkbox"/> Drag Biking:	<input type="checkbox"/> Quad Biking:	<input type="checkbox"/> Zero Racing/E-Racing:
<input type="checkbox"/> Enduro Racing:	<input type="checkbox"/> Record Attempts:	<input type="checkbox"/> Other Forms of Sport Events-indicate if amateur or professional:
<input type="checkbox"/> Grass Track Racing:	<input type="checkbox"/> Stunt Racing:	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hill Climb:	<input type="checkbox"/> Scooter and Mixed Racing:	

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Key Changes

Avocation Supplement split into 4 separate forms:

- Diving Avocation LFF12225A
- Mountain Climbing Avocation Supplement LFF12225B
- Motorsport Racing Avocation Supplement LFF12225C
- Aerial Sports Avocation Supplement LFF12225D

Splitting into 4 forms mirrors the eInterview and TeleApp process by only presenting and binding applicable questions to the contract

Reduced Aerial Sports Avocation by removing all activities that require a pilot's license (now part of Aviation Supplement)

Revamped Diving, Mountain Climbing, and Racing Avocation Supplements to align with current Swiss Re guidelines for ratable activities

Each form is 2 pages long

Lincoln Financial Group **Mountain Climbing Avocation Supplement**

Please check appropriate underwriting company:
 The Lincoln National Life Insurance Company PO Box 21008, Greensboro, NC 27420-1008
 Lincoln Life & Annuity Company of New York PO Box 21008, Greensboro, NC 27420-1008
 First Penn Pacific Life Insurance Company PO Box 21008, Greensboro, NC 27420-1008
(insured/referred to as the "Company")

Proposed Insured Name: (First) _____ (Middle) _____ (Last) _____ (Suffix) _____
 Date of Birth (mm/dd/yyyy): _____ / _____ / _____

1. Indicate types of climbing you participate in, or those you plan to participate within the next 12 months. (Check all that apply):
 Bouldering/Rappelling Adventure Parks Ambient Climbing (Wall Climbing) Bouldering
 Canyoning/PORWing Climbing Parks Free Climbing/Solo Climbing Hanging/Tension/Trekking
 Ice Mountaineering Rock Climbing Scrambling
 Speed Trail/Hill Climbing Via Ferrata
 Other: _____

2. Do you participate in competitive climbing events? Y N

3. How many climbs do you participate in per year? _____

4. a. Indicate maximum elevation climbed (#f) _____
 b. Do you plan to climb higher within the next 12 months? Y N If "Yes," how high? (#f) _____

5. Indicate maximum technical grade you have achieved:
 a. Climbing system (Check one): YDS (North America) Other: _____
 b. Maximum Number/Rating: _____

6. Do you plan to attempt a higher rating within the next 12 months? Y N If "Yes," what rating? _____

7. Check all areas where you have climbed or plan to climb:
 Africa Alaska Alps Antarctica Asia Europe (Excl. Alps) North America (Excl. Alaska)
 South America Other: _____

8. a. Have you climbed for pay within the past 12 months? Y N
 b. Do you plan to climb for pay within the next 12 months? Y N

9. Additional Details (Specify in which question number(s) details pertain. If more space is needed use a Continuation of Details Supplement).

Question # Details

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Lincoln Financial Group **Aerial Sports Avocation Supplement**

Please check appropriate underwriting company:
 The Lincoln National Life Insurance Company PO Box 21008, Greensboro, NC 27420-1008
 Lincoln Life & Annuity Company of New York PO Box 21008, Greensboro, NC 27420-1008
 First Penn Pacific Life Insurance Company PO Box 21008, Greensboro, NC 27420-1008
(insured/referred to as the "Company")

Proposed Insured Name: (First) _____ (Middle) _____ (Last) _____ (Suffix) _____
 Date of Birth (mm/dd/yyyy): _____ / _____ / _____

1. Are you a: Instructor Amateur Other professional (If "Other professional," provide details): _____

2. Are you a member of a club associated with your sport? Y N (If "Yes," provide details): _____

3. In the past 12 months, have you done any experimental jumping or delayed chute openings, or do you plan to do so within the next 12 months? Y N (If "Yes," provide details): _____

4. Complete the following table regarding the type of activity and number of flights or jumps:

Activity	Number of flights or jumps	
	Last 12 Months	Expected Next 12 Months
Hang gliding or paragliding:		
Hang gliding or paragliding (powered):		
Skydiving/Parachuting:		
Static line jumping:		
Other: _____		

5. In the past 12 months, have you performed any of the above activities in shows, competitions, or record attempts, or do you plan to do so within the next 12 months? Y N (If "Yes," provide details): _____

6. Have you ever had an accident while performing any of the above activities? Y N (If "Yes," provide details): _____

7. Additional Details (Specify in which question number(s) details pertain. If more space is needed use a Continuation of Details Supplement).

Question # Details

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- Link to Diving form: [click here](#)
- Link to Motorsport Racing form: [click here](#)
- Link to Mountain Climbing form: [click here](#)
- Link to Aerial Sports form: [click here](#)

Proposed Insured B Supplement [Form LFF12220]



Key Changes

Citizenship question

Mailing address added

Updated Phone Number question


Checkbox for Owner/Bene/Payor to indicate address is the same as the insured

Added "Policy Sold" column to table of existing insurance

Reworded General Information questions

Form length changed from 3 pages to 4 pages

Link to form: [click here](#)



Lincoln
Financial Group*

Proposed Insured B Supplement

Please check appropriate underwriting company:
 The Lincoln National Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
 Lincoln Life & Annuity Company of New York: PO Box 21008, Greensboro, NC 27420-1008
 First Penn-Pacific Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
(hereinafter referred to as the "Company")

Unless otherwise stated, fully complete when there is an additional Proposed Insured or applicable rider.
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 B

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 Earned 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 36.)
b. Annual amount(s) received: \$ _____

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Aviation Supplement [Form LFF12225]


Aviation Supplement

Please check appropriate underwriting company:
 The Lincoln National Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
 Lincoln Life & Annuity Company of New York: PO Box 21008, Greensboro, NC 27420-1008
 First Penn-Pacific Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
 (hereinafter referred to as the "Company")

Proposed Insured Name: (First) _____ (Middle) _____ (Last) _____ (Suffix) _____
 Date of Birth (mm/dd/yyyy): ____/____/____

- What type of pilot certificate do you currently have? Student Sport Recreational Private Commercial
 Airline Transport None (If "None," proceed to Question 6.)
- Do you have an Instrument Flight Rating (IFR)? Y N
- Date of last FAA medical examination (mm/yyyy): ____/____/____
- Do you have any operational limitations on your medical certificate? Y N (If "Yes," provide details.): _____
- a. Total number of solo hours flown as a pilot: _____ b. Date of last flight (mm/yyyy): ____/____/____
- Have you ever had an aircraft accident, or been grounded, fined, reprimanded, or had your certificate revoked for violation of air regulations? Y N (If "Yes," provide details.): _____
- What make(s)/model(s) of aircraft do you fly or serve aboard as a crew member? _____
- Are you a crew member of and/or do you pilot an aircraft outside the United States or Canada? Y N (If "Yes," provide details.): _____

9. Hours as a pilot, co-pilot, or other crew member:		Total Flying Hours	Average Last 5 years	Last 12 Months	Expected Next 12 Months
Not Flying For Pay	Pleasure				
	Personal business transportation				
	Instruction as a student				
	Other _____				
Flying For Pay	Registered International Air Transport Association (IATA) airline (Passenger/Freight)				
	Other transport aviation*, charter flights*				
	* Takeoff weight of smallest aircraft you fly for this purpose <input type="checkbox"/> Lbs. or <input type="checkbox"/> kg (Check one)				
	Flight Instructor				
	Photography/Surveying, Airships, Advertising, Glider Towing, Sightseeing, Traffic/Weather				
	Inspection (Pipes, Utility Lines)				
	Crop dusting, seeding, or aerial spraying				
	Air Ambulance, Police				
	Search and Rescue				
	Fire Fighting				
	Active duty (military)				
	National Guard or Reserves				
	Test Pilot (Approved Production Models Only)				
	Test Pilot (Experimental or Prototype)				
Demonstrator					
Other _____					

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Key Changes

Updated to include questions for crew members without a pilot's certificate

Updated Flight Hours Table to be consistent with ratable activities per Swiss Re guidance

Added questions previously on the avocation supplement which require a pilot's certificate

Form length changed from 1 page to 2 pages

Link to form: [click here](#)

Child Term Rider Supplement [Form LFF12221]



Key Changes

Removed extra line for Insured Name under Coverage Information

Added clarification for Coverage Units

Minor wording changes to Child/Children Insurance Section

Added Anxiety and Depression to list of medical conditions

General Risk Questions restricted to children aged 16-17 years

Reorganizing/Rewording/combining of questions where needed

Added catch-all questions to the medical section

Link to form: [click here](#)



Children's Term Rider Supplement

Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
- Lincoln Life & Annuity Company of New York: PO Box 21008, Greensboro, NC 27420-1008
- First Penn-Pacific Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
(hereinafter referred to as the "Company")

Coverage Information

Application for the addition of Children's Term Rider to (Select one of the following.):

- The application for life insurance dated (mm/dd/yyyy) ____/____/____; or
- Policy* Number _____; on the life of:

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

1. Coverage Amount: \$ _____ or # _____ units of Children's Term Rider. (One unit is equal to \$1,000 of level term insurance coverage.)

(Child/Children) Proposed for Insurance

2. Provide information on all children of the Insured who have not reached their 18th birthday, including step-children and legally adopted children.

Child's Name	Sex	Date of Birth (mm/dd/yyyy)	Social Security Number	Current Measured Height (ft./in.)	Current Measured Weight (lbs.)

3. Do any of the children listed above not reside with the Proposed Insured or Owner? (If "Yes," provide details below.) Y N

Child's Name	Name of Person Residing With	Relationship of Person Residing With	Residence Address

Existing and Pending Insurance Information

4. Has any child ever applied for life, health or disability insurance and been rated, declined or postponed? (If "Yes," provide details in the space provided. If more space is needed, continue to Number 11 or 19.) Y N

Name of Child Details

* "Policy" may be referred to as "certificate".

Declaration of Insurability Supplement -> Good Health Statement and Insurability Supplement – [Form LFF12222]




Key Changes

Changed name to “Good Health Statement and Insurability Supplement” to be in-line with our competitors

Removed Insured B – Two forms will need to be completed for survivorship policies

Updated verbiage to Q1b

Added Q1c: Have you been convicted of or are you awaiting trial for a motor vehicle violation or a criminal offense?



Good Health Statement and Insurability Supplement

Please check appropriate underwriting company:

The Lincoln National Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008

Lincoln Life & Annuity Company of New York: PO Box 21008, Greensboro, NC 27420-1008

First Penn-Pacific Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
(hereinafter referred to as the "Company")

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

Date of Birth (mm/dd/yyyy): _____ / _____ / _____

If any question below is answered "Yes," you must provide details in Number 4, and no representative of the Company is authorized to deliver the Policy* or collect any premium without prior approval from the underwriter at the Company.

1. Since the date of your signed application and/or completed telephonic or electronic application that is made a part of the Policy:	Proposed Insured
a. Has an application for life, long-term care, health or disability insurance been taken on your life with any other insurance company or has any life, long-term care, health or disability insurance on your life been reinstated, declined, postponed or modified?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Have you participated in any previously un-admitted activities including; aviation; underwater diving; mountain climbing; aerial sports; auto, motorcycle or boat racing; hell-skiing; rodeo sports; equine sports; BASE jumping or wingsuit flying; canyoning; highlining/tricklining; Parkour or Rooftopping; Speedflying; boxing, kickboxing, Muay Thai or MMA/Cage Fighting?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Have you been convicted of, or are you awaiting trial for, a motor vehicle violation or a criminal offense?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Within the past five years, have you received any treatment by a licensed medical professional for any illness or injury, been examined by or consulted with a licensed medical professional, or been advised by a licensed medical professional to seek treatment for any reason not previously stated in the application?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Since the date of your most recent medical evidence submitted to the Company, have you had any change that would cause any answers and statements in the Application for Individual Life Insurance – Part I, Medical Supplement (Part II) and any additional supplements to be different from those given when you completed those forms?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Question # Details (If more space is needed, use the Continuation of Details Supplement.)	

The Undersigned declares that:
I agree that this Good Health Statement and Insurability Supplement will be considered an amendment and/or supplement to my application. I have read, or have had read to me, the completed Good Health Statement and Insurability Supplement before signing below. All statements and answers in this Good Health Statement and Insurability Supplement are correctly recorded, and are full, complete and true to the best of my knowledge and belief.
I understand that if any answers provided on this Good Health Statement and Insurability Supplement are incorrect or untrue, the Company may have the right to deny benefits or rescind coverage under the Policy and any riders attached to it.

Signed in: _____ / _____ / _____
(State) Date (mm/dd/yyyy)

Signature of Proposed Insured
(Parent or Guardian if under 18 years of age)

Signature of Licensed Agent, Broker or Registered Representative Printed Name of Licensed Agent, Broker or Registered Representative

* "Policy" may be referred to as "certificate".
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ICC21LFF12222

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Link to form: [click here](#)

Defined Age Supplement [Form LFF12230]



Key Changes

Updated verbiage within questions

Moved instructions to the beginning of the questions to provide clear direction

Corrected a current production issue with Question 4b (previously Question 5). Question 4b is now only required if 4a is "Yes"

More space provided for details

Removed request for printed names – only signatures required



Defined Age Supplement (Complete if either Proposed Insured is age 70 or over.)

Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
- Lincoln Life & Annuity Company of New York: PO Box 21008, Greensboro, NC 27420-1008
- First Penn-Pacific Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
(hereinafter referred to as the "Company")

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

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

Proposed Insured Date of Birth (mm/dd/yyyy): ____/____/____ Proposed Insured B Date of Birth (mm/dd/yyyy): ____/____/____

Insured Information (For questions answered "Yes," excluding 4b, provide the details in the space provided. If more space is needed, use the Continuation of Details Supplement.)

	Proposed Insured	Proposed Insured B
1. Will you, the Proposed Insured, and/or Beneficiary, and/or any entity on your behalf, receive any compensation as an inducement to purchase this Policy*, whether via the form of cash, property, an agreement to receive money in the future, or otherwise, if this Policy is issued?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Have you, the Proposed Insured, been involved in any discussion about the possible sale or assignment of this Policy to an unrelated third party, as an inducement to purchase the life insurance policy?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Have you, the Proposed Insured, been involved in any discussion about the possible sale or assignment of a beneficial interest in a trust, limited liability company or other entity created or to be created on your behalf which will have an ownership or beneficial interest in this Policy?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4. a. Have you, the Proposed Insured, been involved in any discussion about the projected value of this Policy in a future sale to an unrelated third party?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
b. If "Yes," do you the Proposed Insured, understand that estimated values of policies in the life settlement or other secondary marketplace are not guaranteed and that you may not be able to sell your policy for any amount in excess of the cash surrender value?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Have you, the Proposed Insured, ever sold a policy to a life settlement, viatical or other secondary market provider, or are you in the process of selling a policy?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <u>Question #</u> <u>Details</u>		

Owner Information (If other than Proposed Insured(s) choose applicable Owner type and fully complete the below. For questions answered "Yes," excluding 10b, provide the details in the space provided. If more space is needed, use the Continuation of Details Supplement.)

Individual Owner: _____ / (First) _____ / (M.I.) _____ / (Last) _____ / (Suffix) _____

Trust/Entity Owner: _____

Trustee/Officer: _____ / (First) _____ / (M.I.) _____ / (Last) _____ / (Suffix) _____

* "Policy" may be referred to as "certificate".

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ICC21LFF12230

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Link to form: [click here](#)

Amendment to the Application [Form LFF12160]



Key Changes

Added information regarding telephone/electronic application and interview date

Updated verbiage for amendment authorization

Form will be “floating” – only one amendment will be generated and the pages will increase as necessary. This means there will be only 1 form to sign rather than multiple amendment forms

Link to form: [click here](#)

	Amendment to Application for Life Insurance
Please check appropriate underwriting company: <input type="checkbox"/> The Lincoln National Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008 <input type="checkbox"/> Lincoln Life & Annuity Company of New York: PO Box 21008, Greensboro, NC 27420-1008 <input type="checkbox"/> First Penn-Pacific Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008 (hereinafter referred to as the "Company")	
Policy Number: _____	
The undersigned hereby amends the application for insurance dated (mm/dd/yyyy): ____/____/____; or the telephonic or electronic application completed by interview on (mm/dd/yyyy): ____/____/____; on the life(s) of	
Legal Name Proposed Insured: (First) / _____ (Middle) / _____ (Last) / _____ (Suffix)	
Legal Name Proposed Insured B: (First) / _____ (Middle) / _____ (Last) / _____ (Suffix)	
I/We authorize the Company to make the following alterations in or additions to the application and to issue a Policy* as may be necessary to conform to said application as modified herein. All statements and answers in this amendment are correctly recorded, are representations and not warranties, are full, complete and true to the best of my knowledge and belief. I/We hereby accept the Policy as issued.	
Signed in: _____ (State) _____ Date (mm/dd/yyyy)	
Signature of Proposed Insured (Parent or Guardian if under 18 years of age)	Printed Name of Proposed Insured
Signature of Proposed Insured B (Parent or Guardian if under 18 years of age)	Printed Name of Proposed Insured B
Signature Applicant/Owner/Trustee (If other than Proposed Insured(s)) (Provide Title if owned by a Trust or a Corporation)	Printed Name of Applicant/Owner/Trustee
Signature of Licensed Agent, Broker or Registered Representative	Printed Name of Licensed Agent, Broker or Registered Representative
*Policy may be referred to as certificate.	
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VUL Suitability Supplement

[Form LFF12310]



Key Changes

A VUL Suitability Supplement will be required with ALL VUL submissions

This will replace the Suitability section and the Registered Principal Signature within the Application Part I, and will replace the VUL Suitability Amendment used with ticket cases

This will make our Suitability process standardized across all submission methods



Variable Universal Life Insurance Suitability Supplement

Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
- Lincoln Life & Annuity Company of New York: PO Box 21008, Greensboro, NC 27420-1008
- First Penn-Pacific Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
(hereinafter referred to as the "Company")

Proposed Insured Name: (First) _____ (Middle) _____ (Last) _____ (Suffix) _____

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

Proposed Insured Date of Birth (mm/dd/yyyy): ____/____/____ Proposed Insured B Date of Birth (mm/dd/yyyy): ____/____/____

Suitability

Complete only if applying for Variable Life Insurance with the Company. Submit Premium Allocation Form for Variable Universal Life with Application:

1. Have you, the Proposed Insured(s) and the Owner, if other than the Proposed Insured(s), received a current Prospectus or Summary Prospectus for the Policy applied for and have you had sufficient time to review it? Y N
2. Do you understand that the amount and duration of the death benefit may increase or decrease depending on the investment performance of funds in the Separate Account? Y N
3. Do you understand that the cash values may increase or decrease, even to the extent of being reduced to zero, depending on the investment performance of the funds held in the Separate Account? Y N
4. With this in mind, do you believe that the Policy applied for is in accord with your insurance objective and your anticipated financial needs? Y N

CASH VALUES MAY INCREASE OR DECREASE IN ACCORDANCE WITH THE EXPERIENCE OF THE SEPARATE ACCOUNT. THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIED CONDITIONS.

Refer to the contract for information on any no-lapse guarantee that may be provided.

EACH OF THE UNDERSIGNED DECLARES THAT:

I/We have read or have had read to me/us the completed Variable Universal Life Insurance Suitability Supplement before signing below. All statements and answers in this Variable Universal Life Insurance Suitability Supplement are correctly recorded and are full, complete and true to the best of my/our knowledge and belief. I/We agree that this Variable Universal Life Insurance Suitability Supplement constitutes a part of my/our application for insurance. I/We understand that if any answers provided on this Variable Universal Life Insurance Suitability Supplement are incorrect or untrue, the Company may have the right to deny benefits or rescind coverage under the Policy* and any riders attached to it.

Signed in: _____
(State) Date (mm/dd/yyyy)

Signature of Proposed Insured
(Parent or Guardian if under 18 years of age)

Signature of Proposed Insured B (If coverage applied for)
(Parent or Guardian if under 18 years of age)

Signature of Licensed Agent, Broker or Registered
Representative

Signature of Applicant/Owner/Trustee
(If other than Proposed Insured(s))
Provide Title if owned by a Trust or a Corporation

I have reviewed the Application, Supplements, New Account Form and allocation forms and find the transaction suitable.

Signature of Registered Principal of Broker/Dealer
* "Policy" may be referred to as "certificate."

Printed Name of Registered Principal of Broker/Dealer

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Link to form: [click here](#)

Additional Beneficiary Designation Supplement [Form LFF12335]




Key Changes

Brand New Form

Created for clients to provide information for beneficiaries if they chose to designate more than 3

OCR compatible

Link to form: [click here](#)



Lincoln
Financial Group*

Additional Beneficiary Designation Supplement

Please check appropriate underwriting company:
 The Lincoln National Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
 Lincoln Life & Annuity Company of New York: PO Box 21008, Greensboro, NC 27420-1008
 First Penn-Pacific Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
(hereinafter referred to as the "Company")

To be used for naming of additional Policy* beneficiaries whenever there is insufficient room in the application.
This Additional Beneficiary Designation Supplement is used in connection with (Select One):
 The application for life insurance dated (mm/dd/yyyy) ____/____/____; or
 Policy Number _____; on the life of:
Proposed Insured/ (First) ____ (Middle) ____ (Last) ____ (Suffix) Insured Name

Beneficiary Information (Unless otherwise stated if multiple beneficiaries are named in a class (Primary, Contingent), the proceeds are to be paid equally to the survivor or survivors, if any, in the class.)
Select Primary (P) or Contingent (C) and Type for each line completed.

1. a. P C Individual: ____ (First) ____ (M.I.) ____ (Last) ____ (Suffix)
 Trust/Entity (legal name): _____
Trustee/Officer: ____ (First) ____ (M.I.) ____ (Last) ____ (Suffix)

Check here if address is same as Proposed Insured's, otherwise complete 1b.
b. Address (Street): _____ Apt. or Suite: _____
(City/State/ZIP): ____/____/____
c. Relationship to Proposed Insured(s): _____ d. Date of Birth/Trust Date (mm/dd/yyyy): ____/____/____
e. SSN/TIN: _____ f. Phone Number: ____-____-____
g. Beneficiary's Email: _____

2. a. P C Individual: ____ (First) ____ (M.I.) ____ (Last) ____ (Suffix)
 Trust/Entity (legal name): _____
Trustee/Officer: ____ (First) ____ (M.I.) ____ (Last) ____ (Suffix)

Check here if address is same as Proposed Insured's, otherwise complete 2b.
b. Address (Street): _____ Apt. or Suite: _____
(City/State/ZIP): ____/____/____
c. Relationship to Proposed Insured(s): _____ d. Date of Birth/Trust Date (mm/dd/yyyy): ____/____/____
e. SSN/TIN: _____ f. Phone Number: ____-____-____
g. Beneficiary's Email: _____

* "Policy" may be referred to as "certificate".
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ICC21LFF12335

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Important Notice

[Form LFF11517]



Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
 - Lincoln Life & Annuity Company of New York: PO Box 21008, Greensboro, NC 27420-1008
 - First Penn-Pacific Life Insurance Company: PO Box 21008, Greensboro, NC 27420-1008
- (hereinafter referred to as the "Company")

(Please give a copy of this notice to the Proposed Insured.)

Important Notice

Since you are applying for insurance, we would like you to know more about our underwriting process.

The Underwriting Process

All forms of insurance are based on the concept of risk-sharing. Underwriters seek to determine the level of risk represented by each applicant, and then assign that person to a group with similar risk characteristics. In this way, the risk potential can be spread among all policyholders within a given risk group, assuring that each assumes their fair share of the insurance cost.

Underwriters collect and review risk factors such as age, occupation, physical condition, medical history, financial status and any hazardous avocations. The level of risk and premium for the amount of coverage requested is based on this information. In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in your report. This information is obtained from various sources such as, collection agencies, lenders, creditors, courts and utilities. We may use this information to decide whether to insure you or how much to charge. We may use a third party in connection with the development of your insurance score. You may request a copy of this report by writing to: The Lincoln National Life Insurance Company, PO Box 21008, Greensboro, NC 27420-1008.

Investigative Consumer Report

As a part of our routine procedure for processing your initial application, we may request an investigative consumer report. The agency making the report may keep a copy of the report and disclose its contents to others for whom it performs similar services. The report typically includes information such as identity and residence verification, character, reputation, marital status, estimate of net worth and income, occupation, avocations, medical history, habits, mode of living and other personal characteristics. Additional information is usually obtained from several different sources. Confidential interviews may be conducted with a business, banks, accountants, or other financial professionals or other references as designated by the applicant. Public records are carefully reviewed.

Past experience shows that information from investigative reports usually does not have an adverse effect on our underwriting decision. If it should, we will notify you in writing and identify the reporting agency. At that point, if you wish to do so, you may discuss the matter with the reporting agency.

You have the right to be interviewed as part of any investigative consumer report that is completed. If you desire such an interview, please indicate this at the time your application is submitted. If you request it, we will supply the name, address and telephone number of the consumer reporting agency so you may obtain a copy of the report.

Contestability

We strongly urge you to review the completed application closely for accuracy. During the 2 year contestability period described in the policy, a claim may be denied if the application contains false statements or misrepresentations, or fails to disclose material facts. In such a case, the policy could be void and coverage could be lost.

Pharmacy Benefit Manager (Rx Database Search)

We may request information on the medications you are taking provided by a Pharmacy Benefit Manager. If any adverse action is taken based on the information provided, we will notify you in writing and also provide you with the name, address and telephone number of the provider if you wish to obtain a copy of the pharmaceutical report.

MIB, Inc.

Information you provide regarding your insurability or claims will be treated as confidential. The Company or its reinsurers may make a brief report of it to MIB, Inc. This is a not-for-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage or submitted a claim, MIB, Inc. will provide the information it may have in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB, Inc. at: 50 Braitree Hill Park, Suite 400, Braitree, MA 02184-8734. You can reach MIB, Inc. by phone toll free at (866) 692-6901.

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LFF12242

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Key Changes

Minor verbiage changes

Streamlined to three versions:

LFF12242_PR for use in PR;

LFF12242-58 for use in GU, MP, VI;

LFF12242 for use in all other states.

Link to form: [click here](#)

LINCXPRESS TICKET

[Form LF11252]



Key Changes

Added Cell/Landline options to the phone numbers to improve eDelivery and validation processes

Reworded the interview type selection question to automatically default to the Online Interview

Created separate section for the Owner, and added additional fields to capture more information that is OCR compatible

Removed the following questions since they are asked on the Agent's Report: Spousal income; Purpose of insurance

Added checkbox to indicate if the client is applying for multiple policies (supports AU expansion)

Added Guaranteed Death Benefit Durations Options

Reduced Agent information section to only capture essential information to pair the ticket with the Agent's Report


Reworded Lab Work section to emphasize that agents should not order new labs for LincXpress

General formatting changes to improve readability and whitespace

General verbiage changes to improve clarity

Link to form: [click here](#)

LincXpress® Ticket (Part A)
(Not available for use with *Lincoln TermAccel™ Level Term* or for products sold in New York)



LincXpress® Ticket (Part A)
(Not available for use with *Lincoln TermAccel™ Level Term* or for products sold in New York)

Proposed Insured Information

Name: _____ / _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)

SSN: _____ Sex: Male Female Date of Birth: ____/____/____

Address (Street): _____ Apt. or Suite: _____
(City/State/ZIP): _____ / _____ / _____

Are you a U.S. Citizen or permanent resident/green card holder? Yes No

Driver's License Number (provide even if suspended/revoked): _____ State: _____

Primary Phone: _____ - _____ - _____ (Check one) Cell Landline

Secondary Phone: _____ - _____ - _____ (Check one) Cell Landline

Time Zone:	<input type="checkbox"/> ET	<input type="checkbox"/> CT	<input type="checkbox"/> MT
	<input type="checkbox"/> PT	<input type="checkbox"/> AK	<input type="checkbox"/> HI

Email Address: _____

Client interview will default to the Online Interview option. Check here if you instead prefer a Phone Interview.

Owner Information (If other than Proposed Insured)

Individual Owner: _____ / _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)

Trust/Entity Owner: _____
Trustee/Officer: _____ / _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)

DOB/Trust Date: ____/____/____ SSN/TIN: _____ Owner Resident State: _____

Contract Information (Complete below or submit a full, correct illustration)

Contract State: _____ Initial Death Benefit: \$ _____ Premium: \$ _____

Premium Mode: Monthly EFT Quarterly (Term-EFT only) Semi-Annual Annual Single Premium

Product Applied For (If Term, include duration): _____

Check here if applying for multiple policies. Provide Details: _____

Riders (Include rider amount, if applicable): _____

Long-Term Care Rider or Lincoln Care Coverage ABR Elections: LTC Specified Amount \$ _____
Maximum Monthly LTC Benefit % (Select One): 2% 4%

Death Benefit Option: Level Inc. by Cash Value Inc. by Premium Inc. by Premium less Pol. Factor

Guaranteed Death Benefit Duration Options: (Select only one option where applicable, options vary by product)

Lifetime Lifetime with 50% drop at age 90; OR Custom to: (choose one) age _____ contract year _____

Broker/Agent Information

Writing: _____ Second: _____

Primary Case Contact Email: _____

Affiliated Agency and/or Broker/Dealer: _____


Lab Work – Do Not Order Prior to Submission

Do not order new lab work (vitals, physical measurements, fluid exam) as they will be ordered during the LincXpress process, if required. Check here if prior labs were completed in the last 12 months (6 months for those aged 70+), include a copy of the lab slip/labs with the ticket.

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LF11252

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LincXpress Ticket Part B – Insured B [Form LF11252B]

 **LincXpress® Ticket (Part B)**
(Not available for use with *Lincoln TermAccel® Level Term* or for products sold in New York)

Fully complete this form if there is a Proposed Insured B, and submit with *LincXpress® Ticket (Part A)*.

Proposed Insured Name (from Part A): _____

Proposed Insured B Information

Name: _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)

SSN: _____ Sex: Male Female Date of Birth: ____/____/____

Address (Street): _____ Apt. or Suite: _____
(City/State/ZIP): _____ / _____ / _____

Are you a U.S. Citizen or permanent resident/green card holder? Yes No

Driver's License Number (provide even if suspended/revoked): _____ State: _____

Time Zone: ET CT MT PT AK HI

Primary Phone: _____-_____-_____
(Check one) Cell Landline

Secondary Phone: _____-_____-_____
(Check one) Cell Landline

Email Address: _____

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LF11252B

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Key Changes

Brand New form

Holds information for Insured B to save space on the main ticket

Having Insured B information on its own form(s) is how we are handling the Ins B on traditional apps

Adding this extra ticket form will have a low impact to the field. The percentage of Survivorship policies sold 2018-2020 was 1.2% of all policies sold (4,719 cases out of 407,359). Counting only ticket submissions that are Survivorship, that is less than 1%

Link to form: [click here](#)

AGENT'S REPORT

[Form LF12224]



Key Changes

Added instructions to the top of the form to assist the agent in completing the form

Reformatted the Purpose of Insurance question to assist agents with their selection and providing an Underwriting indicator on whether this is a personal or business case

Added Q10 for Aviation Activities

Reformatted Compensation and Commission Schedule questions to improve clarity for agents on what options they should select

Updated Agent Certification statements to provide consistency between the Agent's Report and Producer Attestation

Reordering of a few questions to improve flow

General formatting changes to improve readability and whitespace

General verbiage changes to improve clarity

Form length changed from 2 pages to 3 pages

Link to form: [click here](#)



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.)

- Proposed Insured Name: _____ / _____ / _____ / _____
(First) (Middle) (Last) (Suffix)
Proposed Insured B Name: _____ / _____ / _____ / _____
(First) (Middle) (Last) (Suffix)
- (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: _____
- Do the Proposed Insured(s) and Owner(s) read and understand the English Language? Y N If "No," how was the application completed? _____
- | Purpose Of Insurance: | Personal | Business |
|---|---|--|
| (Select One; if Business selected, complete Business Finances section): | <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: _____ |
- (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: _____
- 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): \$ _____
- Check here if a LifeComp® program was used. (Submit the completed LifeComp® required paperwork through your normal channels.)
- 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: _____
- 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: _____
- 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)

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LF12224

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ELECTRONIC PRODUCER ATTESTATION [Form LF10703T]



Key Changes

Q3 Purpose of insurance – removed checkboxes and the choice will now automatically populate to the form

General verbiage changes to improve clarity

Updated Agent Certification statements to provide consistency between the Agent's Report and Producer Attestation



Electronic Producer Attestation

By clicking the Signature Submit button below, I state the following: (1) I am a duly licensed and appointed life insurance producer in the state in which the application was solicited and in the state in which the policy, if one is issued, will be delivered; (2) the plan and amount of insurance identified is appropriate in view of the owner's insurance needs and financial objectives; (3) all forms required to be delivered at the time of solicitation have been delivered.

1. How long have you known the Proposed Insured(s)? _____
2. Are you related to the Proposed Insured(s)? Y N
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: _____
(Providing a cover letter to the Underwriting Department is helpful to understanding the purpose of the insurance sale.)
5. 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: _____
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 (In-force plus any additional to be placed): \$ _____
7. 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)

I further certify that:

- I have reviewed with the Proposed Insured(s) each question on the application. For those questions asked by me, the answers have been recorded exactly as stated. For any answers provided by the Proposed Insured(s) during a telephone or online interview and recorded by a third party, I have confirmed with the Proposed Insured(s) that those answers as contained on the application were accurately recorded. I know of nothing affecting the insurability of the Proposed Insured(s) which is not fully recorded in this application;
- If I become aware of a change in the health or habits of the Proposed Insured(s) occurring after the date of the application but before policy delivery, I will inform The Lincoln National Life Insurance Company (Lincoln) of the change and agree to withhold policy delivery until instructed by Lincoln;
- For application states other than MA, I have provided the Applicant and the Proposed Insured(s) with a current copy of Lincoln's Important Notice as well as Lincoln's Privacy Practices Notice. If the application state is MA, I have provided the Important Notice of Insurance Information Practices as well as Lincoln's Privacy Practices Notice;
- I have verified all life insurance coverage in force, or in the process of being applied for, on the Proposed Insured(s), including any coverage that has been sold or is in the process of being sold to a life settlement, viatical or other secondary market provider;
- I have not been involved in any recommendation regarding the possible sale or assignment of this policy to a life settlement, viatical or other secondary market provider;
- To the best of my knowledge, the source of funding for this policy does not include: (1) a non-recourse premium financing loan; or (2) any arrangement, other than a premium financing loan, which involves any person or entity with an interest in the potential earnings based on the provision of funding for the policy;
- I have asked my client if there is any intention to replace, surrender, borrow against, sell or use any portion of any existing life insurance policy or annuity to finance any portion of the policy being applied for, and I know of no other replacement than that indicated within the application. If a replacement is intended, I have given the appropriate replacement forms to the client at the time of solicitation/application;
- I have obtained sufficient information about the Applicant and the Proposed Insured(s) to mitigate risks associated with money laundering, terrorist activity/funding, and to avoid doing business with a sanctioned individual or resident of a sanctioned country;
- I have reviewed and I understand Lincoln Financial Group's Position Regarding Marijuana-Related Businesses as published in form GB10877;
- All of the above statements and answers to questions provided in the Producer's Attestation, in connection with this application, are true and accurate.

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

Printed Producer's Name _____

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.
LF10703E

Date _____

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Link to form: [click here](#)

LINCXPRESS Checklist

[Form LF11276]



Key Changes

Improved Instructions to reduce NIGOs

Changed verbiage of Replacement Form checkbox to state the form is needed for all ticket submissions

Change VUL suitability checkbox to reference the new supplement

General formatting changes to improve readability and whitespace

General verbiage changes to improve clarity

Link to form: [click here](#)



LincXpress® Ticket Submission Checklist
(Not available for use with *Lincoln TermAccel® Level Term* or for products sold in New York)

Instructions to Financial Professional or Agent

This checklist will assist you with submitting all required forms needed to begin the LincXpress® Ticket process and prevent underwriting delays.

Have the Proposed Insured and/or Owner fully complete, sign and date all required forms. Submit the completed ticket packet through your regular channel to Lincoln's Underwriting and New Business Department.

If applicable, submit any firm required forms to Lincoln or your back office, according to your firm's instructions.

Submit the following pre-interview form requirements:

- LincXpress® Ticket (LF11252)
 - Authorization for Release of Information (HIPAA) (LF02896 or state variations)
 - Important Notice: Replacement of Life Insurance or Annuities (LF10087 or state variations)—Must be signed on or before the earliest signed form in the ticket packet and is needed for ALL ticket submissions.
 - Receipt of Privacy Practices Notice and Important Notice Acknowledgment Form (LF10244)
 - Agent's Report (LF12224)—Completed and signed by agent only
 - For VUL only: Variable Universal Life Insurance Suitability Supplement (ICC21LFF12310 or state variations)
- *Consult with your broker-dealer regarding availability of the ticket option or for additional form requirements.

If applicable, the following requirements are needed PRIOR to policy issue if not received pre-interview:

Replacement and/or 1035 Exchange:

- Appropriateness Verification Form (33555)
- Exchange/Absolute Assignment Form (LF06591)
- Any additional State required replacement form

Permanent Products:

- Signed and Dated Illustration or Illustration Compliance Form
- If trust owned, Certification of Trustee Powers (AN07086)
- If corporate owned, copy of the Corporate Resolution

Additional Variable Universal Life Forms:

- VUL Fund Allocations Form (product variations)
- Customer Identity Verification Form (33009)

Policy Specific Requirements:

- ABR: Accelerated Benefits Rider-Disclosure Statement
- LEABR or LAABR: ABR for Chronic Illness and Terminal Illness Disclosure
- LTC Rider Checklist (LTC12120) or CCABR Checklist (LTC11786)—List of required forms for rider. (Check product and state availability)
- Temporary Life Insurance Agreement (LFF11524 or state variations)—Refer to TIA for details and conditions.
- Any other required disclosure(s) (ex. Out-of-State Sale Verification Form)
- Any other required supplement (ex. Financial Supplement for Business Insurance) or form (ex. 4506-C) as needed

Provide a copy of the following forms to the Proposed Insured and Owner at time of sale:

- Pre-Interview Prep Guide: Set expectations and help gather needed information (ex. beneficiaries) for the interview
- Lincoln Financial Group Privacy Practices Notice (GB06714)
- Important Notice (LFF11517 or state variations)
- VUL only: A current Prospectus for the policy applied for should be provided and fully reviewed
- Any other state required disclosure (ex. LFF10255-26 Important Notice of Insurance Information Practices for MA residents)

Please remember:

- To sell a Lincoln product, you must be licensed as an insurance producer in the state(s) where you will offer products to the public. Lincoln must also appoint you in each state you solicit business. Refer to State Requirements Education and Training Grid found on Lincoln Producer Websites. For VUL, you must also be affiliated with a registered broker-dealer that has a selling agreement with Lincoln that allows you to solicit the sale of our variable products.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Insurance products issued by The Lincoln National Life Insurance Company (Lincoln), Fort Wayne, IN, or an insurance affiliate. Page 1 of 1
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All updated forms will be accessible via the Lincoln Forms Tool or wherever you get your forms today. Please retrieve the updated 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.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Not for use in New York.