



Foreign national fact finder

This fact-finding form is designed to assist you in gathering the information you need for a successful foreign national case. Review the completed assessment with your Lincoln contact. Use this form in conjunction with Lincoln's Foreign National Pre-Submission Worksheet (Form LF11924) and Lincoln's Foreign National Guidelines.

Client name:		Client will be:		Type of policy desired:	
		<input type="checkbox"/> Proposed insured <input type="checkbox"/> Policyowner		<input type="checkbox"/> Term <input type="checkbox"/> Permanent (Term not available for nonresident aliens)	
Amount of insurance desired:	Purpose of insurance:	Agency name/producer:	Date:		

Section 1: Qualifications for all foreign national clients

1a. Insured age is between the ages of 18 and 70. Clients ages 71 – 75 will be considered by exception only, depending upon the quality and quantity of medical records; please submit informally with medical records. What is the client's age?

1b. Occupation is NOT a(n): elected official, trade union official, public figure, missionary, foreign military personnel, member of the diplomatic corps, judicial/law enforcement personnel, other high-profile occupation. What is the client's occupation?

1c. Identification — Client will provide: (ONE of the following is required.)

- A Social Security number, or A completed W-8BEN with foreign TIN, or A national ID number in country of citizenship
 An ITIN/TIN, or A copy of passport or visa, or

1d. Situs: BUSINESS MUST BE SOLICITED IN THE U.S.

In which U.S. state will the solicitation take place?

How often does the client visit this state?

What is the purpose of travel to this state?

1e. Ownership — Owner will be:

- Insured, using a U.S. or foreign address.
 Family member is a U.S. citizen or a noncitizen individual with acceptable identification and U.S. connection

Family member relationship to insured:

- U.S. LLC with U.S. address and acceptable connection to the insured

Description of the LLC, its purpose or operations:

Connection of LLC to the insured, including percentage of ownership:

- U.S. trust with U.S. trustee, U.S. address, and acceptable connection to the insured

State of trust, if known:

Type of trust, if known:

Name of trust or relationship to the insured:

Grantor of trust, if known:

Insurance products issued by:
 The Lincoln National Life Insurance Company
 Lincoln Life & Annuity Company of New York

Foreign entities may not own or have direct control over a Lincoln policy.

1f. Beneficiaries: Beneficiary may be an individual or entity, including foreign individuals and entities.

What is the relationship of the beneficiary to the insured?

Section 2: Requirements by client category

Insured must qualify under one of these categories.

If **owner** is a non-U.S. individual, he or she must qualify under one of these categories.

Category 1: Client is a U.S. citizen or lawful permanent resident — “green card holder,” spending more than 12 weeks per year outside the U.S. (If No, skip to next section.)

This client is the:	<input type="checkbox"/> Insured <input type="checkbox"/> Owner
Client is a citizen of:	
Client resides in:	
Client travels to the following countries: city/country	Number of weeks

Category 2: Client is a noncitizen without a green card.

This client is the:	<input type="checkbox"/> Insured <input type="checkbox"/> Owner
Client is a citizen of:	
Resident of:	
Client travels to the following countries: city/country (Please include travel to the U.S.)	Number of weeks
If the client has a visa, what kind of visa does he or she have?	
If the client has started the green card application process, does he or she have an I-485?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client has a strong nexus to the U.S. (See section 3):	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Nexus verification — Needed for category 2 clients ONLY.

Connections that would be sufficient to constitute nexus. Only ONE nexus connection needed. Check all that apply.

PLEASE NOTE: U.S. assets owned in a foreign entity will NOT be acceptable as the sole nexus.

Client owns real estate in the U.S.

Type of property:

Address of property:

How is property owned?

Client owns all or a majority of a U.S. business or businesses.

Type of business/description:

Name/website of business:

Ownership percentage:

Client has one or more U.S. bank or brokerage accounts, totaling OVER \$100,000 (net of the first annual premium) and open for at least 90 days prior to application date.

Name of bank(s) or institution(s):

Approximate value of account(s):

About how long has/have the account(s) been open?

How is/are the account(s) owned?

Client is the owner of an established foreign company actively engaged in business for the past 12 months. Owner travels to the U.S. to transact business.

Name of company:

Client's title:

Ownership percentage:

Type of business transacted in the U.S.:

Number of days of U.S. business-related travel in the last 12 months:

Approximate value of business transacted in U.S.:

Description or name of U.S. business contacts, partners or clients:

Client is a U.S. resident for federal income tax purposes, under the "substantial presence" test.

Years of U.S. taxes paid:

Last year's approximate U.S. taxable income:

Client is a full-time student at a U.S. university, living full-time in the U.S.

Client has primary employment in the U.S.

Describe any other client connections to the U.S. (These may or may not contribute to the client's ability to meet Lincoln's nexus standard.)

Section 4: Client financials

U.S. assets			
Type of asset	Approximate value in USD	Details (address, name of institution, etc.)	How is asset owned?

Foreign assets			
Type of asset	Approximate value in USD	Details (country address, name of institution, name of company, etc.)	How is asset owned?

Section 5: Client medicals

What is the client's current state of health?			
List and provide details for any past surgeries (reason for the surgery, date, follow-up, current status):			
List and provide details for any past illnesses (type of illness, severity of illness, how treated, current status):			
List and provide details of any chronic or ongoing illnesses or conditions:			
Will there be medical records available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> U.S. doctor <input type="checkbox"/> Foreign doctor
In which language are the medical records?			

Not a deposit
Not FDIC-insured
Not insured by any federal government agency
Not guaranteed by any bank or savings association
May go down in value

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