

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 information		
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 available only to U.S. citizens, green card holders, or in certain business situations.)
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 75. What is the client's age?	
1B. Face amount is at least \$1 million. What is the amount of coverage desired?	
1C. Net worth is at least \$1 million. What is the client's net worth?	
1D. 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?	
1E. Identification – Client will provide: (ONE of the following is required.)	
<input type="checkbox"/> A Social Security number, or <input type="checkbox"/> An ITIN/TIN, or	<input type="checkbox"/> A completed W-8BEN with foreign TIN, o <input type="checkbox"/> A copy of passport or visa, or
<input type="checkbox"/> A national ID number in country of citizenship	

1F. 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?	

1G. Ownership – Owner will be:	
<input type="checkbox"/>	Insured, using a U.S. or foreign address.
<input type="checkbox"/>	Family member is a U.S. citizen or a noncitizen individual with acceptable identification and U.S. connection
	Family member relationship to insured:
<input type="checkbox"/>	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:

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

1G. Ownership – Owner will be:	
<input type="checkbox"/>	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:
<input type="checkbox"/>	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:
1H. Beneficiaries: Beneficiary may be an individual or entity, including foreign individuals and entities.	
What is the relationship of the beneficiary to the insured?	

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

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.

<input type="checkbox"/>	Client owns real estate in the U.S.		
	Type of property:		
	Address of property:		
	How is property owned?		
<input type="checkbox"/>	Client owns all or a majority of a U.S. business or businesses.		
	Type of business/description:		
	Name/website of business:		
	Ownership percentage:		
<input type="checkbox"/>	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?		
<input type="checkbox"/>	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/name of U.S. business contacts, partners or clients:		
<input type="checkbox"/>	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:		
<input type="checkbox"/>	Client is a full-time student at a U.S. university, living full-time in the U.S.		
<input type="checkbox"/>	Client has primary employment in the U.S.		
<input type="checkbox"/>	Client is an EB-5 applicant with sufficient U.S. investment		
	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

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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LCN-5439782-013023

PDF 3/23 **Z04**

Order code: LIF-FNFF-FLI001



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:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U.S. doctor <input type="checkbox"/> Foreign doctor
Will there be medical records available?	
In which language are the medical records?	

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