



LINCOLN MONEYGUARD® RESERVE APPLICATION CHECKLIST

Application for Life Insurance with Comprehensive Long-Term Care Benefits Rider(s)

Instructions to Agent:

- You must be licensed and appointed with Lincoln before submitting business.
- Submissions not in good order will result in delays in processing.
- Complete the ticket. Submission should include a full illustration or simplified quote. Full illustrations must be signed by the Applicant and Agent.
- This checklist must be completed and signed by the Applicant and Agent. A copy of this checklist and all forms that are checked below must be given to the Applicant. Submit a copy of this checklist with the ticket to the Underwriting Department.

Outline of Coverage - Form 33499CA
Copy provided to the Applicant

Long-Term Care Insurance Personal Worksheet - Form 33498CA
The Personal Worksheet must be completed and signed as indicated. Form must be submitted with the ticket.
The Applicant must be advised of the Health Insurance Counseling and Advocacy Program (HICAP) which provides counseling to senior California Residents free of charge. The HICAP toll-free telephone number is 1-800-434-0222. The Applicant has also been provided with the address and telephone number of the local HICAP office.

California Department of Aging Long-Term Care Shoppers Guide
The applicant must be provided with a copy of this Shoppers Guide.

Agent Certification - Form MG10074
Needs to be completed and signed by Agent. Form must be submitted with the ticket.

Financial Disclosure for California Residents Age 65 and Over - Form LF02085
Needs to be completed and signed by Applicant and Agent for any applicant age 65 and over. Form needs to be submitted with the ticket.

1035 Exchange - Absolute Assignment - Form LF06591
This form must be completed if the policy applied for is to be funded by a 1035 exchange. Form needs to be submitted with the ticket.

Notice Regarding Replacement/Appropriateness Verification Statement - Forms 33503CA and 33555
These forms must be completed if a life insurance policy or annuity is being replaced. Forms need to be submitted with the ticket.

Notice to Applicant Regarding Replacement of Accident and Sickness or Long-Term Care Insurance - Form LTC06291CA
This form must be completed if a long-term care contract is being replaced. Form needs to be submitted with the ticket.

I hereby acknowledge receipt of the forms checked above.

Signature of Applicant

Date

I have provided the Applicant with copies of the forms checked above.

Signature of Agent

Date