

OVERNIGHT TO:

MoneyGuard Streamlined Underwriting Unit

350 Church St

Hartford, CT 06103

MONEYGUARD® RESERVE TICKET

INSURED INFORMATION

First Name: _____ Last Name: _____ SSN: _____
Address _____
City: _____ State: _____ Zip: _____
Gender: Male Female Smoker or Non-Smoker Date of Birth: _____

INSURED CONTACT INFORMATION - (This Information Will Be Critical To Complete The Underwriting Process!!)

Primary Phone Number: _____ ext. _____ Secondary Phone Number: _____

CONTRACT INFORMATION

Owner (if different than Insured): _____ Owner SSN: _____
Beneficiary: _____ Relationship: _____ Beneficiary SSN: _____
Contract State: _____ Specified Amount of Death Benefit: \$ _____
Premium Frequency: Single Premium Annually Semi-Annually Quarterly Monthly (PAC/EFT)
Premium Amount (indicate single premium amount or modal premium for flex pays): \$ _____
Inflation Protection Option: Rejected Opt. 1: Simple Inflation Opt. 2: Compound Inflation
You will automatically receive Compound Inflation unless you select otherwise
Benefit Duration: 2 yrs. (2+0) 3 yrs. (3+0) 4 yrs. (2+2) 5 yrs. (3+2) 6 yrs. (2+4) 7 yrs. (3+4)
Policy Dating: Note - Insured's Issue Age Will Be Determined By Age On The Date The Ticket Is Received By Lincoln

REPLACEMENT INFORMATION - (Required State Replacement Paperwork Must Be Submitted With Ticket) - Needs to be completed if client is replacing ANY kind of coverage or will be taking funds from another policy to pay the premium on the MoneyGuard Reserve contract.

Replacement: Yes No **If No, please proceed to the Financial Advisor Information Section**
1035 exchange: Yes No
Coverage being replaced: Long Term Care Life Ins. Annuity
Replaced Policy Issued by (Company): _____ Contract Number: _____

FINANCIAL ADVISOR INFORMATION

First Name: _____ Last Name: _____ SSN/TIN: _____ Split % _____
First Name: _____ Last Name: _____ SSN/TIN: _____ Split % _____
First Name: _____ Last Name: _____ SSN/TIN: _____ Split % _____
Primary Case Contact: _____ Phone: _____ Email: _____
MGA associated with this business (if applicable): _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
NOTE: We will send all correspondence concerning this case to the address listed above. This includes where the policy is sent for the Financial Advisor to deliver to the client.

I certify that my client has answered the 8 Pre-Screening questions and to the best of my knowledge he/she is a good candidate for MoneyGuard Reserve. In addition, I certify that I have presented my client with the Outline of Coverage (Required Disclosure Statement in NY) and Simplified Quote (Single Premium Only) or a fully signed illustration. If I have not submitted premium and TIA or replacement paperwork, my client and I have identified funds to purchase MoneyGuard Reserve and I have received authorization to move funds if my client is approved for coverage.

Signature of Agent

Date

FOR AGENT BROKER USE ONLY. NOT TO BE USED WITH THE PUBLIC.