

Electronic ticket supplemental data collection tool

Life insurance product portfolio

When you're meeting with a prospective client and don't have internet access to submit a ticket — no problem! This data collection tool helps you gather the required client information for you or your back office. Use the tool as a guide when submitting an electronic ticket for *Lincoln TermAccel*® or through the *LincXpress*® process for fixed and variable life insurance products.

Remember to complete an electronic ticket

While this tool is available to help gather client data, it is not a substitute for the electronic ticket that must be submitted for life insurance consideration.

Product and state of solicitation

State of solicitation:	Product type:	Product name:
	<div>Term insurance</div> <div>Indexed universal life</div> <div>Survivorship indexed universal life</div>	<div>Variable universal life</div> <div>Survivorship variable universal life</div>

Insured information

First name:	Middle initial:	Last name:	Suffix:
Social Security number:	Date of birth:	Age:	Gender: Male Female
Street address:	City:	State:	ZIP:
Email address (needed for eSignature):	Birth country:	Birth state:	
Does the insured have a driver's license? Yes No	Driver's state:	Driver's license number:	

Contact information (required)

Primary phone number:	Cell phone number (optional):	Time zone:
		<div>Eastern Central Mountain</div> <div>Pacific Alaska Hawaii</div>

Contact information

Amount of insurance/specified amount:	Duration (term): 10 years 15 years 20 years 30 years
Premium mode:	Death benefit option (excludes term):
<div>Annual EFT quarterly EFT semiannual</div> <div>EFT annual Semiannual EFT monthly</div>	<div>Level Increase by cash value</div> <div>Increase by premium Increase by premium less policy factor</div>
Rider(s) (Include no. of units, duration, amount where applicable):	Select rate class:
	<div>Preferred plus nontobacco Standard tobacco</div> <div>Preferred tobacco Standard nontobacco</div> <div>Preferred nontobacco</div>
Special dating: Not applicable Save age	
Will the insured be the owner? Yes No	How many owners?

(If more than 1 owner, please complete the next section.)

Insurance products issued by:
The Lincoln National Life Insurance Company

Owner (if other than insured)

For applications with multiple owners, you will need to complete the following sections for each owner.

Owner type: Individual Trust Corporation			
Owner's first name:		Owner's last name:	
Owner's address is the same as the proposed insured.			
Street address:		City:	State: ZIP:
Social Security number/TIN:		Date of birth:	Cell number:
Email address (needed for eSignature):			

If trust as owner

Name of trust:	Date of trust:	Owner's address is the same as the proposed insured.	
Trust address (for correspondence):			
Street address:		City:	State: ZIP:
Social Security number/TIN:			

If corporation as owner

Name of business/owner:			
Name of individual signing on behalf of business:			
First name:		Last name:	Title:
Owner's address is the same as the proposed insured.			
Street address:		City:	State: ZIP:
Social Security number/TIN:		Cell number:	
Email address (needed for eSignature):			

Temporary life insurance agreement (if applicable)

Are you submitting premium with the ticket in exchange for coverage under the Temporary Life Insurance Agreement?	Yes	No
Does the amount applied for exceed \$3 million?	Yes	No
Within the past 90 days, has any proposed insured been admitted to a hospital or other medical facility, been advised to be admitted, or had surgery performed or recommended?	Yes	No
Within the past two years, has any proposed insured been treated for heart trouble, stroke or cancer, or had such treatment recommended by a physician or other medical practitioner?	Yes	No
Is the age of the proposed insured under 15 years or over 70 years?	Yes	No
Select payment method: EFT Check Credit card (available for term insurance only)		
Who will be providing temporary insurance payment?	Advance premium payment submitted in the amount of:	

Electronic funds transfer information (required for monthly and quarterly modes)

Account holder name:			
Street address:		City:	State: ZIP:
Bank or credit union name:			
Street address:		City:	State: ZIP:
Routing number:	Account number:	Account type:	Checking Savings

Existing/pending insurance

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?	Yes	No
Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?	Yes	No

List each existing policy or contract you are contemplating replacing. (Include the name of the insurer, the insured or annuitant, and the policy or contract number (if available) and whether each policy will be replaced or used as a source of financing.)

Name of insured:				Policy or contract number:	
Type:	Business	Key person	Personal	Replacement or change of policy?	Yes No
Is the existing policy being: Replaced Financed Neither					
Name of insured:				Policy or contract number:	
Type:	Business	Key person	Personal	Replacement or change of policy?	Yes No
Is the existing policy being: Replaced Financed Neither					
Name of insured:				Policy or contract number:	
Type:	Business	Key person	Personal	Replacement or change of policy?	Yes No
Is the existing policy being: Replaced Financed Neither					

For VUL only: suitability review (for cases in Massachusetts, reference form LFF10687-26 for VUL suitability review.)

Have you, the proposed insured(s) and the owner, if other than the proposed insured(s), received a current Prospectus for the policy applied for and have you had sufficient time to review it?	Yes	No
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?	Yes	No
Do you understand that the cash values may increase or decrease depending on the investment performance of the funds held in the Separate Account?	Yes	No
With this in mind, do you believe that the policy applied for is in accord with your insurance objective and your anticipated financial needs?	Yes	No

Agent information (for all agents on ticket)

First agent			
Financial professional/registered rep's first name:		Financial professional/registered rep's last name:	
Name of affiliated agency (i.e., your upline agency):		Social Security number:	
Name of broker-dealer (required for VUL):			
Agent flex code (optional):	Percentage split:	Agent email address:	Agent address (optional):
Second agent			
Financial professional/registered rep's first name:		Financial professional/registered rep's last name:	
Name of affiliated agency (i.e., your upline agency):		Social Security number:	
Agent flex code (optional):	Percentage split:	Agent email address:	Agent address (optional):

Primary agent information

Email address:	Phone number:
Is the case contact email the same as the primary agent's email? Yes No	If no, case contact email address:
Will the case contact also serve as our contact for eDelivery? Yes No	eDelivery contact email:

Client Interview

eInterview (online)	Tele-interview (phone)
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Agent attestation (required)

How long have you known the proposed insured(s)?			
Are you related to the proposed insured(s)?		Yes No	If yes, provide details:
Do the proposed insured(s) and owner(s) read and understand the English language?		Yes No	
What is the purpose of this insurance?			
Estate planning/wealth transfer	Family protection	Charitable gift	Outright gift
Key person	Buy-sell	Deferred compensation	Pension/profit sharing
Supplemental retirement income	Other: _____		
Is the policy being paid for with a premium financing loan? (If yes, premium financing forms will be needed.)			Yes No
Provide complete details to include the name of the financing plan being used, name and address of institution providing the loan, and the name and phone number of the lending officer.			
Is the proposed insured using income from their spouse/domestic partner to financially justify the coverage applied?			Yes No
Income:	Life insurance (in-force and additional applied for what will be placed):		
Does the applicant have any existing life insurance policies or annuities?			Yes No
Do you know or have reason to believe that replacement of insurance is involved?			Yes No
Is the proposed insured a homemaker?			Yes No

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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Spouse's life insurance	
Amount in-force:	Amount applied for:

For VUL only: agent commission options

Commissions schedule:	A – Heaped	B – Mod-Heaped	C – Trails
Do you have any special compensation instructions or commission schedule?			Yes No
If yes, explain:			

Lincoln life insurance policies are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc., a broker-dealer. **The Lincoln National Life Insurance Company does not solicit business in the state of New York, nor is it authorized to do so.**

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All guarantees and benefits of the insurance policy are subject to the claims-paying ability of the issuing insurance company. They are not backed by the broker-dealer and/or insurance agency selling the policy, or any affiliates of those entities other than the issuing company affiliates, and none makes any representations or guarantees regarding the claims-paying ability of the issuer.

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