

Lincoln *MoneyGuard*® II

Personal History Interview instructions (California)

Please complete this worksheet prior to your Personal History Interview. Preparing for your interview helps ensure it will go smoothly. The worksheet is for your use only and should not be returned to Lincoln.

What you need to do

The actual phone interview will take about 45 minutes. You may want to be in a place free of distractions. Be ready to provide the following details:

- Your name, date of birth and Social Security number (SSN).
- Your medical history including height and weight, plus diagnoses, symptoms and conditions for which you are or have been treated in the last 10 years. Also be sure you are prepared to give detailed information about your health and any physician visits over the past five years. We will want to know about any symptoms, treatments, and any testing or follow up that occurred. Be ready to provide your doctor's name, address, phone number, specialty, date and reason for last visit, and any testing or treatment performed. We'll also perform a prescription drug check prior to your Personal History Interview, and you may be asked about any medications identified as a part of that search. Please have available the names and dosages of any medications you are currently taking. Have prescription bottles handy to make it easier.
- This interview may require you to participate in a short memory exercise. The interview is a very important part of determining your insurability. Be sure you take your time and give it your full attention.
- Thank you for applying for Lincoln *MoneyGuard* II. We look forward to talking with you.

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

Prescreening questions not available in California.

Insurance products issued by:
The Lincoln National Life Insurance Company

Preinterview worksheet

Your Social Security number	Height	Weight

Doctors visits

Please provide the following information about any doctors you've seen in the last five years for a medical condition, routine physical exam, or follow up. Use a separate sheet of paper if there is not enough room in the space provided.

Doctor's name	City and state	Specialty	Date of last visit	Reason for last visit	Testing or treatment received
1					
2					
3					

Social history

Tobacco use	Alcohol use

Medical history

List any medical conditions you have or have ever been diagnosed with. Use a separate sheet of paper if there is not enough room in the space provided.

Condition	Date of diagnosis	Symptoms	Type and date of treatment	Tests done and results	Date of last doctor visit
1					
2					
3					

Medications

Provide the following information about any prescription medication or regularly used over-the-counter drugs you are currently taking.

Prescription name	Dosage and frequency	Reason for usage	Date started	Date last used
1				
2				
3				
4				
5				

Disability benefits

In the last 12 months, have you collected any of the following disability benefits: worker's compensation, Social Security disability, disability insurance or handicap sticker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had to alter any of your daily activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have any of the following conditions, please be ready to provide the following information, and check with your doctor to make sure the pathology staging, tumor size and treatment information are accurate.

Breast cancer	Age at diagnosis	Size of tumor	Stage	Lymph node involvement	Type of treatment
Prostate cancer	Age at diagnosis and pretreatment PSA	Gleason score	Stage	Type of treatment	Post-treatment PSA
Colon cancer	Age at diagnosis	Dukes staging	Lymph node involvement	Type of treatment	
Diabetes	Age at diagnosis	Fasting blood glucose	Blood HgA1C	Type of treatment	
Coronary heart disease	Age at diagnosis	Bypass surgery <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many vessels?	Angioplasty with or without stent <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart attack <input type="checkbox"/> Yes <input type="checkbox"/> No	Last stress test and results

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POD 6/21 **Z02**

Order code: MGR-PHIC-FLI003



Issuer: The Lincoln National Life Insurance Company, Fort Wayne, IN

The Lincoln National Life Insurance Company does not solicit business in the state of New York, nor is it authorized to do so.

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.

Long-term care benefit riders may not cover all costs associated with long-term care costs incurred by the insured during the coverage period.

Distributor: Lincoln Financial Distributors, Inc., a broker-dealer

Policy: Lincoln *MoneyGuard*® II, universal life insurance policy form LN880 with the following riders: Value Protection Rider (VPR) on form LR880 Rev; Long-Term Care Acceleration of Benefits Rider (LABR) on form LR881; optional Long-Term Care Extension of Benefits Rider (LEBR) on form LR882.

For use only in the state of California.