



***MONEYGUARD*[®] RESERVE PERSONAL HISTORY INTERVIEW**

INSTRUCTIONS SHOULD BE LEFT WITH THE CLIENT TO PREPARE FOR THE PERSONAL HISTORY INTERVIEW.

This information DOES NOT need to be sent back to Lincoln!

Dear Valued Prospective *MoneyGuard*[®] Reserve Client:

- Preparing in advance for your telephone interview will expedite the interview process.
- Please complete the Pre-Interview Worksheet (immediately following this section) prior to your interview.
- Please allow at least 45 minutes to complete the interview. It will be beneficial for you to be in a place where you are alone and free from distractions. If you are taking medication, please have your prescription bottles handy for the interview process, so that it will be easy for you to provide the name and dosage of the medication. Please be prepared to confirm your social security number, and the social security numbers or tax I.D. numbers of the individuals/entities that will be the owner and beneficiary(ies).
- Also, please be ready to confirm your existing life insurance policy information. We'll verify company names, coverage amounts, dates of issue, and if you are replacing the policies, the policy numbers.
- You will be asked about your medical history including diagnoses, symptoms, and conditions for which you are or have been treated. Be sure you are prepared to give detailed information about your health.
- This interview will require your participation in a series of memory exercises.
- The outcome of your application will be based on the information given during this interview only. Be sure you take your time and give it your full attention. Lincoln will not contact your doctor or access your medical records in order to make an underwriting offer.

We look forward to our upcoming conversation and thank you for applying for *MoneyGuard*[®] Reserve.

PRE-INTERVIEW WORKSHEET

Important Numbers

Your Social Security Number

Additional Owner Information

If you are not the owner of the policy, please provide the Tax ID or the Social Security number of whoever the owner will be.	Number
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Existing Life Insurance Information

Please list every life insurance policy you currently have in force AND any life insurance you've applied for which has not yet been issued. Please use another piece of paper if there is not enough room in the space provided.

Company Name	Policy Number (if available)	Issue Date	Face Amount

Third Party Designation (to receive grace period of lapse notices)

Name	Address	Phone #

Beneficiary(ies)

	Beneficiary (1)	Beneficiary (2)
Name		
Social Security number		
Relationship		
Trust name		
Trustee name(s)		
Date of trust		
Contingent name		
Social Security number		
Relationship		

Medications

Please provide the following information about the prescription medication you are currently taking, including vitamins and herbal supplements.

Prescription name	Dosage and frequency
1	
2	
3	
4	
5	
6	

Social History

Type of residence	Tobacco use	Alcohol use

Medical History

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

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

Have you had to alter any of your daily activities? Please check Yes or No.

Do you need assistance with:

- Cooking Yes No Continence Yes No Dressing Yes No
- Yard work Yes No Shopping Yes No Cleaning Yes No
- Carrying groceries Yes No

Do you participate in any recreational activities? If so, what are they?

If you have any of the following conditions, please be ready to provide the following information.

Breast Cancer	Size of tumor	Stage	Lymph node involvement	Type of treatment	
Prostate Cancer	Pre-treatment PSA	Gleason score	Stage	Type of treatment	Post-treatment PSA
Colon Cancer	Dukes staging	Lymph node involvement			
Diabetes	Age of diagnosis	Type of treatment	Fasting blood glucose	Blood HgA1C	Confirmation of any of the following: retinopathy, neuropathy, nephropathy
Coronary Heart Disease	Bypass surgery <input type="checkbox"/> Yes <input type="checkbox"/> No	Ho 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



The Lincoln National Life Insurance Company
Service Office: 350 Church St. - MMG1, Hartford, CT 06103-1106
(hereinafter referred to as "the Company")

MONEYGUARD® RESERVE TEMPORARY LIFE INSURANCE AGREEMENT

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE INSURANCE COMPANY-DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

If the question below is answered yes or left blank with respect to a Proposed Insured, no representative of the Company is authorized to accept money, and NO COVERAGE will take effect under this Agreement with respect to such Proposed Insured.

Within the past 90 days, has the Proposed Insured been admitted to a hospital or other medical facility, been advised to be admitted or had surgery performed or recommended? [] Yes [] No

This Agreement provides a Limited Amount of Life Insurance protection for a Limited Period of time, subject to the terms of this Agreement, in consideration of advance payment in the amount of \$ _____ in connection with the MoneyGuard® Reserve Ticket dated _____ made on the life of _____ Name of Proposed Insured

TERMS AND CONDITIONS

AMOUNT OF COVERAGE - \$500,000 MAXIMUM FOR ALL APPLICATIONS OR AGREEMENTS If money has been accepted by the Company as advance payment for an application for Life Insurance and death of a Proposed Insured occurs while this Agreement is in effect, the Company will pay to the beneficiary designated in the Application, or to the estate of the proposed insured if no beneficiary has been designated, the lesser of a) the amount of all death benefits applied for in the Reserve Ticket(s) with respect to said Proposed Insured, or b) \$500,000. This total benefit limit applies to all insurance applied for under this and any current Tickets or Applications to the Company and any other Temporary Life Insurance Agreements. Temporary Long-Term Care coverage is not available under this Agreement.

DATE COVERAGE BEGINS

Coverage under this Agreement will begin on the date of this Agreement but only if the MoneyGuard® Reserve Ticket(s) has been completed on the same date or not more than 10 days prior to the date of this Agreement.

DATE COVERAGE TERMINATES - 60 DAY MAXIMUM

Coverage under this Agreement will terminate automatically on the earliest of: a) 30 days from date of this Agreement if a required Phone History Interview is not completed and received by the Company, or b) 60 days from the date of this Agreement, or c) the date the insurance takes effect under the policy applied for, or d) the date the Company mails notice of termination of coverage to the premium notice address designated in the Reserve Ticket(s). The Company may terminate coverage at any time.

SPECIAL LIMITATIONS

- This Agreement does not guarantee the Company will issue a life insurance policy or any special riders or endorsement thereto.
Fraud or material misrepresentations in the Reserve Ticket(s) or in the answer to the Health Question of this Agreement invalidates this Agreement and the Company's only liability is for refund of any payment made.
If a Proposed Insured dies by suicide, the Company's liability under this Agreement is limited to a refund of the payment made.
There is no coverage under this Agreement if the check or draft submitted as payment is not honored by the bank.
No one is authorized to waive or modify any of the provisions of this Agreement.

I (WE) HAVE RECEIVED A COPY OF AND HAVE READ THIS AGREEMENT AND DECLARE THAT THE ANSWERS ARE TRUE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) UNDERSTAND AND AGREE TO ALL ITS TERMS.

Signature of Proposed Insured Witness (Licensed Representative/Agent) Date

Signature of Applicant/Owner/Trustee (Provide Officer's Title if policy is owned by a Corporation.) Witness (Licensed Representative/Agent) Date

This form is to be used with the MoneyGuard® Reserve Streamlined process ONLY.