



The Lincoln National Life Insurance Company, Fort Wayne, IN

OVERNIGHTTO:

MoneyGuard Streamlined Underwriting Unit

350 Church St

Hartford, CT 06103

MONEYGUARD® RESERVE TICKET

INSURED INFORMATION

First Name: _____ Last Name: _____
 Address Line 1 _____
 Address Line 2 _____
 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

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 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)

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

FINANCIAL ADVISOR INFORMATION

First Name: _____ Last Name: _____ SSN: _____
 Daytime Phone: _____ ext. _____ Fax: _____
 E-mail: _____ MGA associated with this business (if applicable): PACIFIC SW FIN
NOTE: We will send all correspondence concerning this case to the individual/entity's address listed below. This includes where the policy is sent for delivery to the client.
 Name: PACIFIC SOUTHWEST FINANCIAL
 Address Line 1 4275 EXECUTIVE SQUARE STE 900
 Address Line 2 _____
 City: LA JOLLA State: CA Zip: 92037
 Primary Case Contact: BARBARA MORROW Phone: (858) 546-8686 Email: barbara.morrow@capitasfinancial.com

The following form of client commitment was obtained on this case:

- 1035 Exchange Agreement or Non Qualified Replacement paperwork or
- Funds identified to purchase MoneyGuard Reserve and authorization received to move funds if approved for coverage or
- Premium and Completed Temporary Insurance Agreement – NOTE: Premium amount must be at least 10% of the single premium.

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 presented the following to my client:

- Simplified Quote (Single Premium ONLY) or an Illustration
- Outline of Coverage

Signature of Agent

Date

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