

**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: \_\_\_\_\_

**NOTE: We will send all correspondence concerning this case to the address listed below. This includes where the policy is sent for the Financial Advisor to deliver to the client.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MGA/Firm associated with this business (if applicable):** \_\_\_\_\_

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.**

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

# MoneyGuard® Reserve

## Prequalifying Tool

### ➤ Prequalifying Tool

Clients who have not been previously declined for long-term care coverage (by Lincoln or any other carrier) and can answer "NO" to ALL of the following questions are good candidates for MoneyGuard. All others should be directed to alternative solutions.

(Note: This form is to be used as a reference for you and does not need to be submitted to Lincoln.)

- |   | NO                       | YES                      |
|---|--------------------------|--------------------------|
| 1 Has your client ever been diagnosed with Alzheimer's disease or dementia, or is he/she taking any medication for memory loss?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Does your client use a cane (any variety), walker, or wheelchair on a regular or intermittent basis? Is your client taking any narcotic drug or prescription pain medication on a regular basis?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Does your client have emphysema, Chronic Obstructive Pulmonary Disease (COPD), chronic lung disease, or congestive heart failure? Is he/she using oxygen for any reason? Is your client the recipient of an organ transplant? Is he/she on dialysis?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Has your client been diagnosed with Parkinson's disease, multiple sclerosis, or muscular dystrophy?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Has your client been diagnosed with rheumatoid arthritis or are they taking methotrexate, prednisone, Enbrel, or Remicade for joint pain? Does your client have osteoporosis that is untreated or with a history of compression fractures or height loss of two inches or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 In the past 6 months, has your client had a stroke, Transient Ischemic Attack (TIA), heart attack, heart or carotid artery surgery? Does your client have an implantable defibrillator?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Is your client currently being treated for cancer or have they had cancer diagnosed within the past three months (other than non-melanoma skin cancer)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Is your client currently collecting disability benefits of any kind? Does your client have a temporary or permanent handicap parking placard, plate, or sticker?  | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: If your client has any surgery scheduled in the next two months, or if he/she has recently been advised to have surgery, you should wait to submit the case until the client is at least three months post-operation, fully recovered, back to 100% full activity, and released from doctors' care.