

Lincoln MoneyGuard[®] solutions

Personal History Interview Instructions

Dear valued prospective Lincoln MoneyGuard client:

Please complete the worksheet below 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 60 minutes. You may want to be in a place free of distractions. Be ready to provide the following details:

- Your name, gender, birth date, address, Social Security number (SSN), and the Social Security numbers or tax I.D. numbers (TIN) of the individuals/entities that will be the owner and beneficiary(ies). We will also ask about your source of premium, citizenship and marital status.
- Your existing life insurance policy, annuity and long-term care contract information. We'll verify company names, coverage amounts, issue dates, and if you're replacing the policies, the policy numbers. This includes any previous coverage for which you applied and may have been declined, rated, postponed or offered.
- Your medical history including diagnoses, symptoms and conditions for which you are or have been treated in the last 10 years. Be sure you are prepared to give detailed

information about your health and recent physician visits. 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.

- 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 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.
- Thank you for applying for Lincoln MoneyGuard solutions. We look forward to talking to you.

Preinterview worksheet

Important numbers

Your Social Security number

Existing insurance information

List every life insurance policy, annuity contract or long-term care policy you currently have in-force AND any life insurance or annuity you've applied for, but have not yet been issued. Use a separate sheet of paper if there is not enough room in the space provided.

Company name	Policy number (if available)	Issue date	Face amount	Replacing
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York

Owner information

If you are not the owner of this policy, you need to provide the following information for the owner:

Owner's name	Date of birth
Relationship to insured	SSN or TIN
Address	

If trust owned, you need to provide the following information:

Trust name	Date of trust
Trustee(s)	Trust TIN

Beneficiary(ies)

Use a separate sheet of paper if there is not enough room in the space provided.

	Primary beneficiary (1)	Primary beneficiary (2)	Contingent beneficiary
Name			
Date of birth			
Address			
Phone number			
SSN or TIN			
Relationship			
Trust name			
Trustee name			
Date of trust			
Share percentage			

Third party designation (to receive grace period of lapse notices)

Name	Address	Phone 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 visit	Reason for last visit	Testing or treatment received

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

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? Yes No

Have you had to alter any of your daily activities? Yes No

Social history

Marital status	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 the prescription medication or aspirin you are currently taking:

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

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 for the call.

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

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

©2015 Lincoln National Corporation

LincolnFinancial.com

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

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-1231192-061915

POD 7/15 201

Order code: MGR-PHI2-FLI002



Issuers:

The Lincoln National Life Insurance Company, Fort Wayne, IN
Lincoln Life & Annuity Company of New York, Syracuse, NY

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.

Products, riders and features are subject to state availability. The insurance policy and riders have limitations, exclusions, and/or reductions. 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

Policies:

Lincoln *MoneyGuard*® Reserve, universal life insurance policy form LN850 (8/05) with a Convalescent Care Benefits Rider on Rider Form LR851 (8/05), an Extension of Benefits Rider on Rider Form LR852 (8/05), a Return of Premium Rider on Rider Form LR850 (10/07), a Terminal Illness Accelerated Death Benefit Rider on Rider Form LR853 (8/05), a Right to Purchase a Long-Term Care Policy on Endorsement Form LR856 (8/05), and a Nonforfeiture Benefit Rider on Rider Form LR855 (8/05). Only available in NY.

Lincoln *MoneyGuard*® II, universal life insurance policy form LN880/ICC13LN880 with the Value Protection Rider (VPR) on form LR880 and state variations/ICC15LR880 Rev, Long-Term Care Acceleration of Benefits Rider (LABR) on form LR881/ICC13LR881, and optional Long-Term Care Extension of Benefits Rider (LEBR) on form LR882/ICC13LR882. Not available in NY.