

Lincoln TermAccelSM

Tele-App interview instructions

Dear valued prospective *Lincoln TermAccel*SM Level Term client:

Please complete the worksheet below prior to your Tele-App 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

A highly trained Lincoln professional will call you to schedule an appointment for your telephone interview. The interview may take 20 to 30 minutes. Because the nature of the questions is personal (relating to your health history and financial information), we encourage you to schedule the telephone interview for a place and time that allows you the privacy you need. Lincoln is committed to keeping the personal information of our clients confidential and secure. 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 beneficiary(ies). We will also ask about your source of premium, citizenship and financial information.
- Your existing life insurance policy and annuity contract information. We'll verify company names, coverage amounts, issue dates, and if you're replacing the policies, we'll need 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. You may be asked about any medications you take, as they relate to your medical history.
- The names and dosages of any medications you are currently taking. Have prescription bottles handy to make it easier.
- After your interview, you'll be contacted by a paramed service to schedule your exam.

Thank you for applying for *Lincoln TermAccel*. We look forward to talking with you.

Preinterview worksheet

Important numbers

Your Social Security number

Financial information

Your annual earned income

Your total household income

Your net worth (assets minus liabilities)

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

Existing insurance information

List every life insurance policy and annuity contract 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

Physical stature

Height	Weight

Social habits

Tobacco use (types, including e-cigarettes)	Alcohol use (number of drinks per week)

Hobbies/avocations (Include activities such as racing, scuba diving, parachuting, hang gliding, mountain climbing.)

Activity	Amateur or professional	Certifications/club affiliations/licenses	Location of activity	Maximum speeds, depths, heights attained	Frequency of activity

Aviation

Type of aircraft flown	Are you a student pilot? <input type="checkbox"/> Yes <input type="checkbox"/> No	License(s) held	Total hours flown solo	Total hours expected to fly in the next 12 months	Are you instrument flight rated (IFR)? <input type="checkbox"/> Yes <input type="checkbox"/> No

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					

Doctors visits

Provide the following information about any doctors you've seen in the last 10 years for a medical condition 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

Hospital and medical facilities

Provide the following information about your hospital or medical facility admissions. Use a separate sheet of paper if you run out of space.

Hospital/medical facility name and complete mailing address	Name of doctor consulted	Admission date(s)	Reason for admission(s)	Treatment date(s)

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

Asthma	Date of diagnosis	Have you been diagnosed with status asthmaticus? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of symptoms	Do you require oral steroids? <input type="checkbox"/> Yes <input type="checkbox"/> No
Crohn's disease	Date of diagnosis	Did you require surgical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you require hospitalization for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you require steroids or immunosuppressants? <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	Date of diagnosis	Provide most recent A1C result.	Complications from diabetes?	Type of treatment
Hypertension (high blood pressure)	Date of diagnosis	Did you require hospitalization for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Complications from high blood pressure?	Type of treatment
Multiple sclerosis	Date of diagnosis	Do you have limitations on activities of daily living? <input type="checkbox"/> Yes <input type="checkbox"/> No	Complications from multiple sclerosis?	Type of treatment
Seizure disorder	Date of diagnosis	Did you require hospitalization for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of seizures/date of last seizure	Type of treatment
Sleep apnea	Date of diagnosis	Did you require surgical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If CPAP is required? <input type="checkbox"/> Yes <input type="checkbox"/> No How often?	Did you have follow-up sleep studies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ulcerative colitis	Date of diagnosis	Did you require surgical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of colonoscopies	Did you require steroids or immunosuppressants? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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Order code: TO-PHI-FLI001

Important information:

*Lincoln TermAccel*SM Level Term is issued on policy form TRM5065/ICC15TRM5065 with endorsement END7013, data pages TA5165, and state variations by 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.**

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