

Intake Form For Lincoln Life Elements

Name	Last	First	MI	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Street					
City			State	Zip	
Social Security Number		Occupation			
Time Zone	Driver's License #		DL State		
DOB	Primary Phone () ()		Cell Phone () ()		
Email: _____					
Insurance Amount: _____					
Mode of Premium Payment: <input type="checkbox"/> Annual <input type="checkbox"/> SA <input type="checkbox"/> Qtrly <input type="checkbox"/> PAC					
Death Benefit Option: _____					
Riders: <input type="checkbox"/> WP <input type="checkbox"/> ADB <input type="checkbox"/> CTR <input type="checkbox"/> Over Loan Protection					
indicate Amount for Riders: \$ _____					

Select Rate Class

- Preferred Plus Non-Tobacco Preferred Non-Tobacco
- Standard Non-Tobacco Preferred Tobacco

Special Dating

Save age? Yes No

Will the insured be the owner? Yes No

If No, how many owners? _____

Owner information-if other than insured

Trust Individual Corporation

First and Last Name: _____

Address Line 1: _____

Address Line 2: _____

SSN/TIN: _____ DOB: _____ Email Address: _____

Temporary Life Insurance Agreement

Are you submitting premium with the ticket in exchange for coverage under the Temporary Insurance agreement?

Yes No

Does the amount applied for exceed \$3 million?

Yes No

Within the past 90 days, has any Proposed Insured been admitted to a hospital or other medical facility, been advised to be admitted or had surgery performed or recommended?

Yes No

Within the past 2 years has any Proposed Insured been treated for heart trouble, stroke, or cancer, or had such treatment recommended by a physician or other medical practitioner?

Yes No

Is Age of Proposed Insured under 15 days old or over age 70?

Yes No

Payment Method: Electronic Funds Transfer Direct Bill

Who will be providing the payment? Proposed Insured Individual Other Entity

Payment Amount: _____

Account holder name: _____

Address Line 1: _____

Address Line 2: _____

Account Number: _____ Routing Number: _____ Account Type: _____

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

Yes No

List each existing policy or contract you are contemplating replacing (include the insured or annuitant, name of the insurer, and the policy or contract number if available) and whether each policy will be replaced or used as a source of financing:

Is the policy being replaced, financed, neither? _____

Name of insured or annuitant: _____

Name of insurer: _____

Policy or contract #: _____

Type: Business Key Person Personal

Is the policy being replaced, financed, neither?: _____

Name of insured or annuitant: _____

Name of insurer: _____

Policy or contract #: _____

Type: Business Key Person Personal

Agent Report

How long have you known proposed insured?

Are you related to proposed insured? If yes, provide details

Does the proposed insured and owner read and understand the English language?

What is the purpose of this insurance?

Is this policy being paid for with a premium financing loan?

Is the proposed insured using income from the spouse/domestic partner to financially justify the coverage applied?

Is the proposed insured a Homemaker?

Does the applicant have any existing life insurance policies or annuities?

Do you know or have reason to believe that replacement of insurance is involved?
