MoneyGuard® Reserve Client Profiles-Maximum LTC Leverage

Lincoln Financial Group®

FEMALE **Nonsmoker - Level Benefits** LTC benefits per $100,000 premium* All examples include return of premium rider (ROPR)					**MALE** **Nonsmoker - Level Benefits** LTC benefits per $100,000 premium* All examples include return of premium rider (ROPR)				
Female Age	**Benefit Period**	**Specified Amount**	**Total LTC Benefit**	**Monthly LTC Max**	**Male Age**	**Benefit Period**	**Specified Amount**	**Total LTC Benefit**	**Monthly LTC Max**
50	6 Year	$258,227	$774,681	$10,759	50	6 Year	$222,920	$668,760	$9,288
51	6 Year	$250,403	$751,209	$10,433	51	6 Year	$215,931	$647,793	$8,997
52	6 Year	$242,946	$728,838	$10,123	52	6 Year	$209,191	$627,573	$8,713
53	6 Year	$236,077	$708,231	$9,837	53	6 Year	$202,930	$608,790	$8,455
54	6 Year	$229,431	$688,293	$9,560	54	6 Year	$196,923	$590,769	$8,205
55	6 Year	$223,203	$669,609	$9,300	55	6 Year	$191,399	$574,197	$7,975
56	6 Year	$216,297	$648,891	$9,021	56	6 Year	$185,353	$556,059	$7,723
57	6 Year	$209,980	$629,940	$8,749	57	6 Year	$179,773	$539,319	$7,491
58	6 Year	$203,981	$611,943	$8,499	58	6 Year	$174,601	$523,803	$7,275
59	6 Year	$198,479	$595,437	$8,270	59	6 Year	$169,930	$509,790	$7,080
60	6 Year	$193,297	$579,891	$8,054	60	6 Year	$165,620	$496,860	$6,901
61	6 Year	$186,776	$560,328	$7,782	61	6 Year	$160,367	$481,101	$6,682
62	6 Year	$180,862	$542,586	$7,536	62	6 Year	$155,556	$466,668	$6,482
63	6 Year	$175,510	$526,530	$7,313	63	6 Year	$151,068	$453,204	$6,295
64	6 Year	$170,708	$512,124	$7,113	64	6 Year	$146,910	$440,738	$6,121
65	6 Year	$166,407	$499,221	$6,934	65	6 Year	$143,081	$429,243	$5,962
66	6 Year	$159,115	$477,345	$6,630	66	6 Year	$136,997	$410,991	$5,708
67	6 Year	$152,538	$457,614	$6,356	67	6 Year	$131,512	$394,536	$5,480
68	6 Year	$146,710	$440,130	$6,113	68	6 Year	$126,767	$380,301	$5,282
69	6 Year	$141,656	$424,968	$5,902	69	6 Year	$122,544	$367,632	$5,106
70	6 Year	$137,367	$412,101	$5,724	70	6 Year	$118,730	$356,190	$4,947
71	6 Year	$126,115	$378,345	$5,255	71	6 Year	$110,073	$303,219	$4,586
72	6 Year	$117,040	$351,120	$4,877	72	6 Year	$103,244	$309,732	$4,302
73	6 Year	$109,673	$329,019	$4,570	73	7 Year	$126,483	$295,127	$3,513
74	6 Year	$103,513	$328,539	$4,316	74	7 Year	$122,456	$285,731	$3,402
75	7 Year	$135,580	$316,353	$3,766	75	7 Year	$118,493	$276,484	$3,291
76	7 Year	$130,092	$303,548	$3,614	76	7 Year	$113,875	$265,708	$3,163
77	7 Year	$125,578	$293,015	$3,488	77	7 Year	$110,046	$256,774	$3,057
78	7 Year	$121,894	$284,419	$3,386	78	7 Year	$106,994	$249,653	$2,972
79	7 Year	$119,022	$277,718	$3,306	79	7 Year	$104,810	$244,557	$2,911
80	7 Year	$116,826	$272,594	$3,245	80	7 Year	$102,850	$239,983	$2,857

*Represents what $100,000 single premium will purchase. Multiples of $100,000 would purchase proportional benefits listed above. Numbers illustrated above using Single Premium *MoneyGuard*® Reserve.

MoneyGuard® Reserve is a universal life insurance policy with a rider that accelerates the death benefit to pay for covered long-term care expenses. An extension of benefits rider (EOBR) is available to continue long-term (or convalescent) care benefit payments after the entire death benefit has been paid. The return of premium rider (ROPR) is available at issue (single premium only). An additional cost for these riders will be deducted from the policy account value. Guarantees are backed by the claims-paying of the issuer and are subject to policy terms and conditions. Two-year suicide and contestability provisions apply (one year in some states).

MoneyGuard® Reserve is issued on Policy Form LN850 (8/05), Return of Premium Rider on Form LR850 (8/05), Convalescent Care Benefits Rider on Form LR851 (8/05), and Extension of Benefits Rider on Form LR852 (8/05) by The Lincoln National Life Insurance Company, Fort Wayne, IN. Products and features are subject to state availability.

Agent and Broker use only. Not for use with the general public.

MoneyGuard® Reserve

Pre-Qualifying Tool

Pre-Qualifying Tool

Clients answering "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?	☐	☐
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?	☐	☐
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?	☐	☐
4 Has your client been diagnosed with Parkinson's disease, multiple sclerosis, or muscular dystrophy?	☐	☐
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?	☐	☐
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?	☐	☐
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)?	☐	☐
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?	☐	☐

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.

MoneyGuard® Reserve is a universal life insurance policy with a rider that accelerates the specified amount of death benefit to pay for covered long-term care expenses.

MoneyGuard Reserve is issued on Policy Form LN850 (8/05) and Convalescent Care Benefits Rider on Form LR851 (8/05) and state variations by The Lincoln National Life Insurance Company, Fort Wayne, IN. Products and features - including benefits, exclusions, limitations, terms, and definitions - may vary by state. Your representative/insurance agent will provide you with an Outline of Coverage that is specific to your state.

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OVERNIGHT TO:

MoneyGuard Streamlined Underwriting Unit
350 Church St
Hartford, CT 06103

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

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