



UNDERWRITING & NEW BUSINESS

Lincoln *MoneyGuard*® iGO® eApplication

The What and The How

Not a deposit
Not FDIC Insured
May go down in value
Not insured by any federal government agency
Not guaranteed by any bank or savings association

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

Lincoln *MoneyGuard* is a universal life insurance policy with a long-term care rider that reimburses for qualified long-term care expenses.

For Financial Professional use only. Not for use with the general public.

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LCN-2949623-021220

1

What is iGO eApplication?

Electronic platform accessible via iPipeline or Lincoln's website

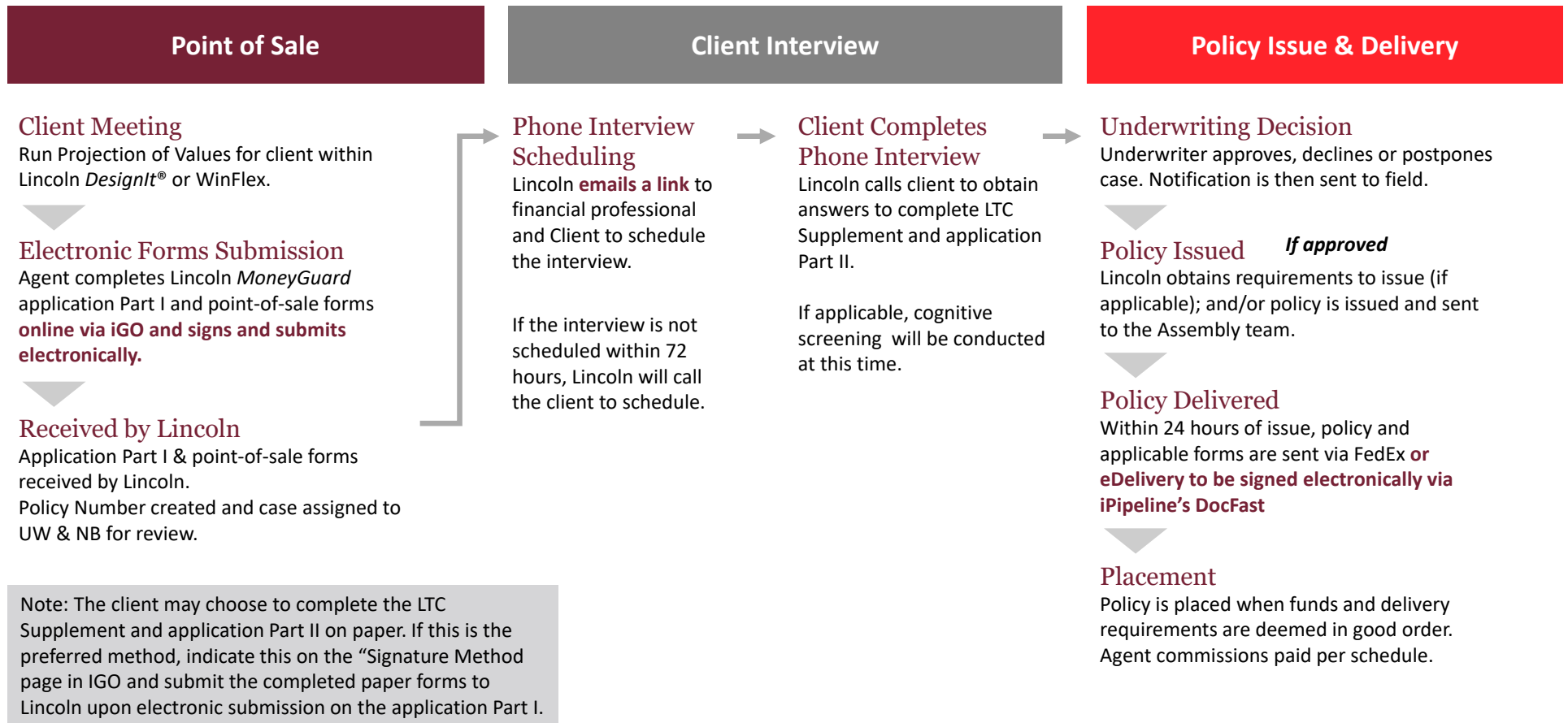
A **new** way to
submit
MoneyGuard
business

Paperless In-Good-Order
Submissions

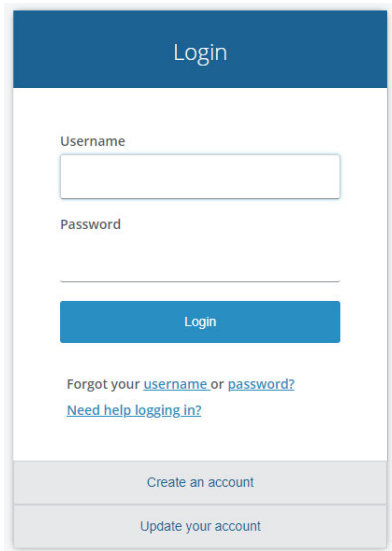
eSignature capability

Allowing for faster processing and turn around times

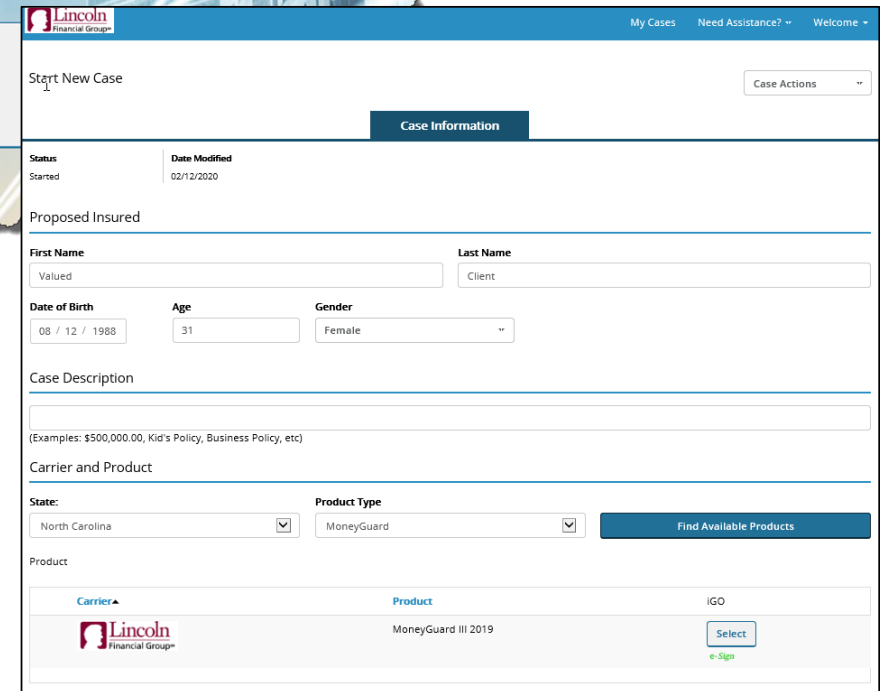
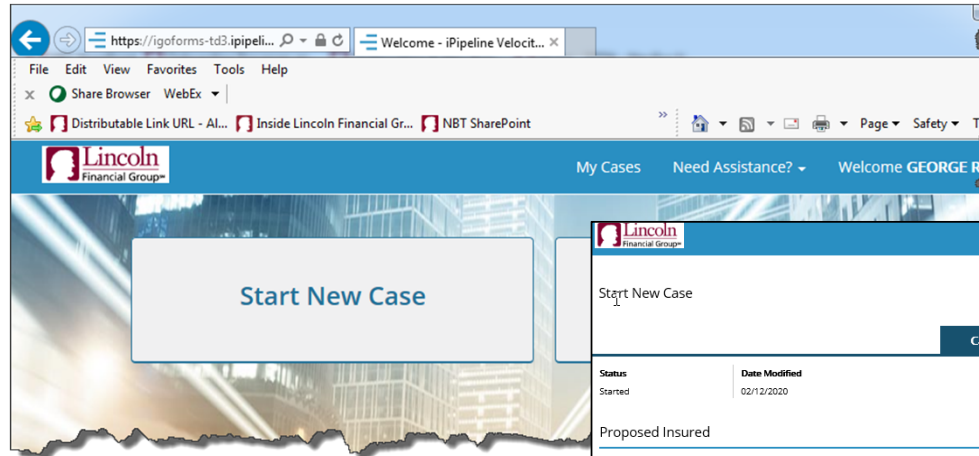
The Process



Accessing iGo: <https://pipepasstoigo.ipipeline.com/default.aspx?gaid=1933>



A login form with a blue header containing the word "Login". Below the header are two input fields: "Username" and "Password". A blue "Login" button is positioned below the password field. At the bottom, there are two links: "Forgot your username or password? Need help logging in?" and "Create an account" and "Update your account".



The "Start New Case" form in the iGo application. It features a blue header with the Lincoln Financial Group logo and navigation links. The form is divided into sections: "Case Information", "Proposed Insured", "Case Description", and "Carrier and Product". The "Proposed Insured" section includes fields for "First Name", "Last Name", "Date of Birth", "Age", and "Gender". The "Case Description" section has a text area with examples: "(Examples: \$500,000.00, Kid's Policy, Business Policy, etc)". The "Carrier and Product" section includes a "State" dropdown (set to "North Carolina"), a "Product Type" dropdown (set to "MoneyGuard"), and a "Find Available Products" button. Below this, a table lists available products, including "MoneyGuard III 2019" with a "Select" button.

- First time users will need to create an account
- Enter basic client information
- Select state and Product Type '*MoneyGuard*'
- Click '**Find Available Products**'
- Click '**Select**' beside the product chosen

Key System Features

Hyperlinks

Each page is hyperlinked, offering flexibility to move within pages

Red question marks or green checks indicate if page requires additional information

Case Information Application

Insured

☐ Policy Information

☐ Beneficiaries

☐ Premium and Billing

☐ Existing/Pending Insura...

☐ LTC-Existing/Pending In...

☐ LTC Suitability

☐ Illustration Compliance

☐ Additional

☐ Agent Information

Insured

Insured Information

First MI Last Suffix

Valued Client

Sex Date of Birth Age

☒ Male ☐ Female 01 / 01 / 1979 40

Contact Information

Home Address (Street)

Apt. or Suite

City State Zip Code

Mailing Address same as Home Address?

☐ Yes ☐ No

Social Security Number

Are you

☐ a Citizen of the U.S. ☐ Permanent Resident of the U.S. (Green Card Holder) ☐ Neither

Email [Email needed for eSignature](#)

Required Questions

All questions in yellow are required

Additional Required Question

Additional questions will display from radio buttons and drop lists, collecting additional required information

Saving Data

When the user advances to the next page, data is automatically saved

Insured Information

Case Information

Application

?

Insured

☐ Policy Information

☐ Beneficiaries

☐ Premium and Billing

☐ Existing/Pending Insura...

☐ LTC-Existing/Pending In...

☐ LTC Suitability

☐ Illustration Compliance

☐ Additional

☐ Agent Information

Insured

Insured Information

First

MI

Last

Suffix

Sex

Date of Birth

Age

☐ Male
 ☐ Female

MM / DD / YYYY

Contact Information

Home Address (Street)

Apt. or Suite

City

State

Zip Code

Mailing Address same as Home Address?

Social Security Number

Are you

Email Email needed for eSignature

Primary Phone Number

Secondary Phone Number

Married, or in a civil union or domestic partnership legally recognized by your state?

Driver Information

Does the insured have a driver's license?

Owner(s)

Will the Insured be the Owner?

Only U.S. Citizen and Permanent Residents (Green Card Holders) are eligible for *MoneyGuard*

Policy Information

Case InformationApplication

? Insured

? Policy Information

☐ Beneficiaries

☐ Premium and Billing

☐ Existing/Pending Insura...

☐ LTC-Existing/Pending In...

☐ LTC Suitability

☐ Illustration Compliance

☐ Additional

☐ Agent Information

Policy Information

Please refer to the Projection of Values New Business Data page to complete this information.

Specified Amount

\$750,000

The allowable range for the MoneyGuard product is \$50,000-\$500,000

Long-Term Care Benefits Rider:

Long-Term Care Benefits Rider Duration:

Return of Premium

☒ Basic ☐ Vested

☒ Terminal Illness Rider

Optional Inflation Protection Option

No Inflation

< Back

Next >

Messages are built throughout the platform to help guide the user with inputting correct information

Required riders are automatically selected while optional riders are available to be selected

Owner Information

Sample of the Owner screens
The platform will support 4 Owners with a maximum of 1 Trust and 3 Trustees

Case Information Application

Insured
Policy Information
Owner 1 - Individual

Individual Owner

Owner Information

First Name MI Last Name Suffix

☐ Owner Address the same as the Proposed Insured

Address/Street

Apt. or Suite

City State Zip Code

Date of Birth Age SSN/TIN

Primary Phone Number Secondary Phone Number

Relationship to Proposed Insured

Email E-mail needed for

< Back

Insured
Policy Information
Owner Corporation

Owner Corporation

Corporate Officer Information

Is the owner the proposed insured's employer?

Corporation Name

Tax Identification Number

Name Email

No matching records found

Click here to add...

Please list at least two Corporate Officers

Insured
Policy Information
Owner Trust

Owner Trust

Trust Information

Trust Type

Trust Name Date of Trust Latest Amendment Date (if any):

SSN TIN

Trust Address

Apt. or Suite

City State Zip Code

Contract or Policy Number(s) (if known)

State Governing Law of Trust:

Is this a grantor trust?

Trustee Information

Name Email

No matching records found

Click here to add...

Please list at least one Trustee

Transaction request must be authorized by (Select one):

Will Trust be paying the premium?

Owner Information -Continued

Trustee Information ✕

First Name MI Last Name

Trustee Address

Apt. or Suite

City State Zip Code

Trustee's Social Security Number

Primary Phone Number Secondary Phone Number

E-mail [E-mail needed for eSignature](#)

Samples of pop-up windows for additional owner information

Corporate Officer Information ✕

First Name MI Last Name

Title

☐ Owner Address the same as the Proposed Insured

Address/Street

Apt. or Suite

City State Zip Code

Corporate Officer's Social Security Number

Primary Phone Number Secondary Phone Number

Relationship to Proposed Insured

E-mail [E-mail needed for eSignature](#)

Beneficiary Information

?

Insured

☐ Policy Information

?

Beneficiaries

☐ Premium and Billing

☐ Existing/Pending Insura...

☐ LTC-Existing/Pending In...

☐ LTC Suitability

☐ Illustration Compliance

☐ Additional

☐ Agent Information

Case Information

Application

Beneficiaries

Please enter Primary/Contingent Beneficiaries. Any missing information, such as SSN, will need to be submitted to Lincoln Financial Group prior to issuing case.

Do you want Primary Beneficiary share divided equally?

☐ Yes ☒ No

Name	Relationship to Insured	%Share/Divide Equally	
No matching records found			
Click here to add...			

Please list at least one primary beneficiary

Would you like to designate a Contingent Beneficiary?

☒ Yes ☐ No

Please enter your Contingent Beneficiaries.

Do you want Contingent Beneficiary share divided equally?

☐ Yes ☐ No

Name	Relationship to Insured	%Share/Divide Equally	
No matching records found			
Click here to add...			

Please list at least one contingent beneficiary

Special Instructions:

There is a maximum of 5 beneficiaries allowed with at least 1 primary beneficiary identified

Beneficiary Information | Continued

Primary Beneficiary

Is this an

Individual

Not an individual

Relationship to Proposed Insured

Beneficiary Information

Entity Name

Address/Street

Apt. or Suite

City

State

Zip Code

Beneficiary's email

SSN

TIN

Phone Number

Share %

Sample beneficiary
pop-up windows

Contingent Beneficiary

Is this an

Individual

Not an individual

Relationship to Proposed Insured

Beneficiary Information

First Name

MI

Last Name

Address/Street

Apt. or Suite

City

State

Zip Code

Date of Birth

MM / DD / YYYY

Beneficiary's email

SSN

TIN

Phone Number

Share %

Premium and Billing

Identification of Premium source and the Premium Payor are made here.

If the payor's information has already been entered, information previously captured will automatically display

Case Information

Application

✓ Insured

✓ Policy Information

? Beneficiaries

? Premium and Billing

Existing/Pending Insura...

LTC-Existing/Pending In...

LTC Suitability

Illustration Compliance

Additional

Agent Information

Premium and Billing Information

Premium Amount

Mode

Will this policy be paid via Electronic Funds Transfer (EFT)?

☐ Yes ☒ No

Lump Sum **MEC?**

☐ Yes ☐ No

Source of Premium (Income, savings, replacement, inheritance, etc.)

Premium Notices to:

Joe Regular

Premium and Payor Information

Is this an

☒ Individual ☐ Not an individual

Select Premium Payor

Joe Regular

Address/Street **Apt. or Suite**

123 Regular Lane Suite 3

City **State** **Zip Code**

Normal AL 06454-6546

☒ SSN ☐ TIN

012-36-5498

Relationship to Proposed Insured

Joe Regular

[< Back](#) [Next >](#)

EFT

Case Information	Application
<div><div><div><div><div>?</div><div>Insured</div></div><div><div><input type="checkbox"/></div><div>Policy Information</div></div><div><div><div>?</div><div>Beneficiaries</div></div><div><div><div>?</div><div>Premium and Billing</div></div><div><div><div>?</div><div>EFT</div></div><div><div><div>?</div><div>Existing/Pending Insura...</div></div><div><div><input type="checkbox"/></div><div>LTC-Existing/Pending In...</div></div><div><div><input type="checkbox"/></div><div>LTC Suitability</div></div><div><div><input type="checkbox"/></div><div>Illustration Compliance</div></div><div><div><input type="checkbox"/></div><div>Additional</div></div><div><div><input type="checkbox"/></div><div>Agent Information</div></div></div></div></div></div></div></div></div>	<div><div>EFT</div><div>Accountholder</div><div>Accountholder Name</div><div><input type="text"/></div><div>Address/Street</div><div><input type="text"/></div><div>City</div><div><input type="text"/></div><div>State</div><div><input type="text"/></div><div>Zip Code</div><div><input type="text"/></div><div>EFT Details</div><div>Bank or Credit Union Name</div><div><input type="text"/></div><div>Address/Street</div><div><input type="text"/></div><div>City</div><div><input type="text"/></div><div>State</div><div><input type="text"/></div><div>Zip Code</div><div><input type="text"/></div><div>Routing Number</div><div><input type="text"/></div><div>Account Number</div><div><input type="text"/></div><div>Account Type</div><div><input type="radio"/> Checkings <input type="radio"/> Savings</div><div>Day to withdraw monthly bank draft</div><div><input type="text"/></div><div><div><div>Back</div><div>Next</div></div></div></div>

Information related to an Electronic Transfer of Funds (EFT) is entered here

This is only required if EFT is the payment mode chosen

Replacements

Case Information

Application

Insured

Policy Information

Beneficiaries

Premium and Billing

EFT

Existing/Pending Insura...

LTC-Existing/Pending In...

LTC Suitability

Illustration Compliance

Additional

Agent Information

Existing/Pending Insurance

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

☐ Yes ☒ No

Does the applicant have any existing and in force long-term care insurance, or has the applicant been sold any long-term care insurance in the past five years, by you, that is no longer in force?

☐ Yes ☒ No

Do you know or have any reason to believe that replacement of life insurance policies or annuities is involved?

☒ Yes ☐ No

Are you considering replacing, lapsing, stopping premium payments, surrendering, assigning to the insurer or reducing your benefits under an existing policy or annuity?

☒ Yes ☐ No

Are you considering using or borrowing funds from your existing policies or annuities to pay premiums due on the new or applied for policy?

☒ Yes ☐ No

If you answered Yes to either or both of the above questions with regards to an annuity contract, please provide company, contract number and issue date.

Company	Face Amount	Policy Number	Issue Date
No matching records found			
Click here to add...			
<div> At least one policy must be entered. </div>			

Do you have any other life insurance policies or annuity contracts?

☐ Yes ☒ No

Replacement and In force policy information is captured on this screen

A maximum of 6 policies can be entered

Replacements -Continued

Existing Insurance Details

Is the existing policy being

The existing policy or contract is being replaced because:

Company Name

Face Amount

Contract or Policy #

Issue Date

MM / DD / YYYY

Policy Type

☐ Life

☐ Annuity

Is there a 1035?

☐ Yes

☐ No

Is there a 1035?

☐ Yes

☐ No

Is there a 1035?

☒ Yes

☐ No

Type of Insurance

☐ Life

☐ Annuity

Insured in the replacing policy

Is there a Collateral Assignment on this Contract?

☐ Yes

☐ No

☐ Check here if original policy(ies)/certificate(s) is lost or destroyed.

Is the Contract subject to an existing loan?

☐ Yes

☐ No

Email [Email needed for eSignature](#)

Existing Insurance requires additional information about the policies being replaced

One policy can be entered at a time

LTC Replacements

Case Information	Application																								
<div> <div>?</div> Insured </div> <div> <input type="checkbox"/> Policy Information </div> <div> <div>?</div> Beneficiaries </div> <div> <div>?</div> Premium and Billing </div> <div> <div>?</div> EFT </div> <div> <div>?</div> Existing/Pending Insura... </div> <div> <div>?</div> LTC-Existing/Pending In... </div> <div> <input type="checkbox"/> LTC Suitability </div> <div> <input type="checkbox"/> Illustration Compliance </div> <div> <input type="checkbox"/> Additional </div> <div> <input type="checkbox"/> Agent Information </div>	<h3>LTC - Existing/Pending Insurance</h3> <p>List all Long-Term Care or Health Insurance that:</p> <p>1) You have sold to the Proposed Insured that is still in force. 2) You have sold to the Proposed Insured in the last 5 years that is no longer in force.</p> <table border="1"> <thead> <tr> <th>Company</th> <th>Policy number</th> <th>Issue year</th> <th>Inforce?</th> </tr> </thead> <tbody> <tr> <td colspan="4">No matching records found</td> </tr> <tr> <td colspan="4">Click here to add...</td> </tr> <tr> <td colspan="4">At least one policy must be entered.</td> </tr> </tbody> </table> <p>Currently, or within the past 12 months, have you had any Long-Term Care policies, a chronic illness rider or a Long-Term Care rider on either a life insurance policy or annuity contract in force or pending?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <table border="1"> <thead> <tr> <th>Company Name</th> <th>Issue Date</th> </tr> </thead> <tbody> <tr> <td colspan="2">No matching records found</td> </tr> <tr> <td colspan="2">Click here to add...</td> </tr> <tr> <td colspan="2">At least one policy must be entered.</td> </tr> </tbody> </table>	Company	Policy number	Issue year	Inforce?	No matching records found				Click here to add...				At least one policy must be entered.				Company Name	Issue Date	No matching records found		Click here to add...		At least one policy must be entered.	
Company	Policy number	Issue year	Inforce?																						
No matching records found																									
Click here to add...																									
At least one policy must be entered.																									
Company Name	Issue Date																								
No matching records found																									
Click here to add...																									
At least one policy must be entered.																									

Information about any of the applicants LTC Policies are entered here

A maximum of 4 policies can be entered

Will the policy applied for replace any medical, health or Long-Term Care insurance contract or rider currently in force with this or any other company?

☒ Yes ☐ No

Company Name	Issue Date
No matching records found	
Click here to add...	
At least one policy must be entered.	

Has any Long-Term Care insurance contract or rider lapsed, been surrendered or otherwise terminated in the past 24 months?

☒ Yes ☐ No

Company Name	Issue Date
No matching records found	
Click here to add...	
At least one policy must be entered.	

Is your client currently covered by Medicaid?

☐ Yes ☐ No

LTC Replacements -Continued

Long-Term Care or Health Insurance x

Company
[Yellow dropdown menu]

Policy Number
[Text input field]

Year of Issue
[Text input field]

☐ Inforce ☐ No longer inforce

LTC In Force or Pending Policies x

Company
[Yellow dropdown menu]

Issue Date
[MM / DD / YYYY]

Long-term Care maximum daily benefit
[Text input field]

☐ Inforce ☐ Applied for

Terminated LTC Policies x

Company
[Yellow dropdown menu]

Issue Date
[MM / DD / YYYY]

Date of lapse, surrender, or termination
[MM / DD / YYYY]

Long-term Care maximum daily benefit
[Text input field]

LTC Replacement x

Company
[Yellow dropdown menu]

Issue Date
[MM / DD / YYYY]

Policy/Certificate Number
[Text input field]

Long-term Care maximum daily benefit
[Text input field]

Examples of LTC
pop-up windows

LTC Suitability

Case Information

Application

✓ Insured

✓ Policy Information

? Beneficiaries

? Premium and Billing

Existing/Pending Insura...

LTC-Existing/Pending In...

? LTC Suitability

Illustration Compliance

Additional

Agent Information

LTC Suitability

Financial Information

☐ My client elects not to disclose financial information as part of this application.

What is client's annual income?

How do you expect their income to change over the next 10 years?

Not counting their home, about how much are all of their assets (savings and investments) worth:

How do you expect their assets to change over the next 10 years?

Client Acknowledgement

☐ The answers provided to the questions above describe my client's financial situation

☐ I choose not to complete this information

☐ I acknowledge that the carrier and/or its agent (below) has reviewed all information provided including the monthly rider charges, long-term care rider charge increase history and potential for long-term care rider charge increases. I understand the above disclosure.

☐ My agent has advised me that this policy does not seem to be suitable for me. However, I still want the Company to consider my application.

Questions about the applicant's financial information are required to assist with assessment of suitability

Illustration Compliance

Case Information

Application

? Insured

☐ Policy Information

? Beneficiaries

? Premium and Billing

? Existing/Pending Insura...

? LTC-Existing/Pending In...

✓ LTC Suitability

✓ Illustration Compliance

☐ Additional

☐ Agent Information

Illustration Compliance

Illustration

Sales Illustration Acknowledgement

I certify that:

If a signed illustration was used and it matches the application applied for, please be sure to mail in the signed illustration. Otherwise, please be sure to answer one of the following questions

☐ No printed illustration was used during this sale

☐ A printed illustration was used but does not match the application

< Back

Next >

The agent will certify that a signed Illustration was used

Additional Information

Case Information

Application

✓ Insured

✓ Policy Information

? Beneficiaries

? Premium and Billing

Existing/Pending Insura...

LTC-Existing/Pending In...

? LTC Suitability

Illustration Compliance

? Additional

Agent Information

Additional

Please attach the Illustration using the **Attach Illustration** button. Attachment must be in **PDF format**. Please note Attachment will not be e-signed.

A signed, valid Illustration is required for the case to be considered IGO.

Attach Illustration

Temporary Insurance Agreement

Does the client wish to apply for a Temporary Life Insurance Agreement?

Yes

No

Third Party Designee/ Secondary Addressee (Protection Against Unintended Lapse)

I, the Applicant/Owner, understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this insurance policy for nonpayment of premium. I also understand that I will be given the opportunity to change this written designation at any time.

I elect to designate a Third Party Designee/Secondary addressee

Yes

No

Back

Next

A signed, valid illustration can be attached using the Attach Illustration button

Third Party Designee information is chosen here

Agent Information

Case Information

Application

✓ Insured

✓ Policy Information

? Beneficiaries

? Premium and Billing

☐ Existing/Pending Insura...

☐ LTC-Existing/Pending In...

? LTC Suitability

☐ Illustration Compliance

? Additional

? Agent Information

Agent Information

FA/Lic.Rep First Name

FA/Lic.Rep Last Name

SSN

Address/Street

City

State

Zip Code

Primary Phone Number

License Number

Affiliated Agency

Email [Email needed for eSignature](#)

Will there be more than one Agent?

☐ Yes ☐ No

Split %

< Back

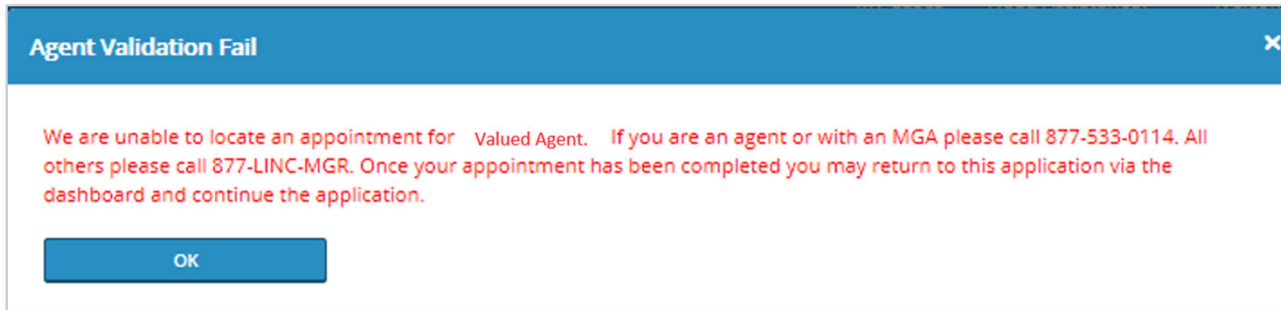
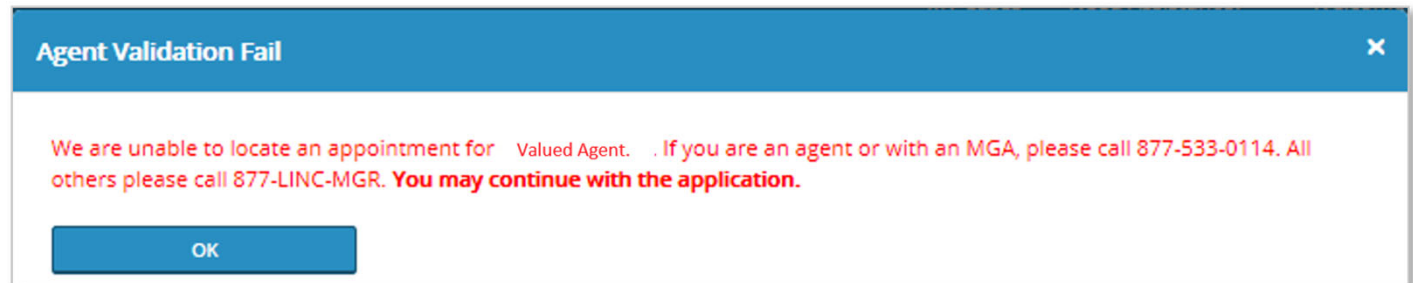
Next >

Minimal information is collected on the agent

A maximum of 4 agents can be entered on each application

Agent Validation

If agent validation is not successful on a non-restricted state, the application process can continue



If validation isn't successful on a restricted (just in time) state, the application process is stopped until appointment has been achieved

Agent Report

Case Information	Application
<ul style="list-style-type: none">✓ Insured✓ Policy Information✓ Beneficiaries✓ Premium and Billing✓ Existing/Pending Insura...✓ LTC-Existing/Pending In...? LTC Suitability✓ Illustration Compliance✓ Additional✓ Agent Information? Agent Report✗ Validate and Lock	<h2>Agent Report</h2> <p>How long have you known the Proposed Insured?</p> <p>Are you related to the Proposed Insured?</p> <p>Do the Proposed Insured and Owner(s) read and understand the English Language?</p> <p>Have you recently submitted paperwork for a change in reporting hierarchy or commission set-up?</p> <p>Is there a Partner Case?</p> <p>Primary Agent's Email Primary Agent's Phone Number</p> <p>Is the case contact the same as the Primary Agent?</p> <h3>Case Contact Information</h3> <p>First Name Last Name</p> <p>Email Phone Number</p> <h3>Agent Certification</h3> <p>I declare I have not been involved in any recommendation regarding the possible sale or assignment of this policy to a life settlement, viatical or other secondary market provide.</p> <p>I declare, to the best of my knowledge, that this policy is not being funded via non-recourse premium financing and is not being paid for with funds from any person or entity whose only interest in the policy is the potential for earnings based on the provision of funding for the policy.</p> <p>I have reviewed and I understand Lincoln Financial Group's Position Regarding Marijuana-Related Businesses as published in form GB10877</p>

Within the contact information field, an additional case contact can be listed. Example: a Case Manager

Note: The case contact will receive all follow-up information, case statuses, and will handle eDelivery of the policies

Case Status – Not In Good Order

If a case has missing required information, the system will display a red question mark, indicating the case is not in good order

Click the section header to return to the page and complete missing information
Return to the Validate and Lock page by clicking the hyperlink to lock the case

Case Information Application

✓ Insured
✓ Insured Cont.
✓ Policy Information
? Owner 1 - Individual
✓ Beneficiaries
✓ Premium and Billing
✓ TIA
✓ Third Party Designee / ...
✓ Existing/Pending Insura...
✓ General Risk Informatio...
✓ HIV
✓ Additional Information

Validate And Lock Data

? Your application is incomplete and not in Good Order.

To edit the application, click on the desired screen in the left-hand navigation tree. You must relock the application to collect electronic signatures and use electronic submission.

1. To be considered in Good Order, ✓ Click screens in the left-hand navigation tree marked ? or with a blank box and complete the yellow highlighted fields.
2. Save the application packet to complete later by clicking the Save link to the right.
3. Print incomplete application packet by clicking the View Forms link to the right and then selecting Print.

Thank you for using our Electronic Application!

Case Status – In Good Order

✓ License and Appointment...
✓ Insured Information
✓ Owner Information
✓ Temporary Life Insuranc...
✓ Agent Information
✓ Additional Information
✓ Quote Summary
✓ Validate and Lock

Validate And Lock Data

✓ **Congratulations! Your application is complete and In Good Order**

★ You now qualify for our electronic application submission processing.

Please click [View Forms](#) at the top of this page to review your application then click the button below to lock the application and proceed to the signature process. If you need to edit the application before locking, you may do so by going back to any screen on the left navigation tree, then come back here to the Validate and Lock Data screen using the same navigation tree. Once the application is locked, no changes can be made without unlocking the application.

Lock Application and Proceed to Electronic Signature Process

Thank you for using Lincoln National.

Note: If you need to edit the application, you may do so by clicking [Unlock Application Data and Cancel Signature Process](#) button located on the left navigation tree.

When all required information has been completed, the application will be listed **In Good Order**

The user can lock the case and move forward with collecting eSignatures

Case Information Application

🔒 License and Appointment...
🔒 Insured Information
🔒 Owner Information
🔒 Temporary Life Insuranc...
🔒 Agent Information
🔒 Additional Information
🔒 Quote Summary
✓ Validate and Lock

Validate And Lock Data

🔒 ✓ Your application has been locked!

Your application has been digitally sealed to protect client data from alteration during the signature process. Please be aware that unlocking the application will cancel all previously collected signatures and require you to restart the signature process. If you need to edit the application, you may do so by clicking [Unlock Application Data and Cancel Signature Process](#) button. Once your edits are completed, come back to this screen ([Validate and Lock Data](#)) located on the left-hand navigation tree to Lock and return to the signature process.

Unlock Application Data and Cancel Signature Process

Next >

Signature Method

Case Information	Application
<ul style="list-style-type: none"> Insured Policy Information Beneficiaries Premium and Billing Existing/Pending Insura... LTC-Existing/Pending In... LTC Suitability Illustration Compliance Additional Agent Information Agent Report Validate and Lock Signature Method 	<h2>Signature Method</h2> <p>How does the Proposed Insured intend to complete the LTC Supplement and Application Part II?</p> <p>Personal History Interview (tele-interview) <input type="button" value="v"/></p> <p>Does the Proposed Insured require that their telephone interview be conducted in a language other than English?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <p>Please choose a signature method:</p> <p><input checked="" type="checkbox"/> Electronic Signature using email</p> <p><input type="checkbox"/> Wet Signature: Print, review, obtain signatures and mail appropriately</p> <p>Electronic Signature Method: Signers can choose from two Remote electronic signature options. Each signer can select his/her preferred signing method.</p> <p>Remote using texted PIN - select this option when:</p> <ol style="list-style-type: none"> 1. Signer is not located with the agent or prefers to receive an Email to complete the signature process 2. Signer must have access to the internet and have their own Email address 3. Signer must agree to use the eSignature process 4. Signatures must be obtained within 7 calendar days 5. Signer will provide a cell phone number to receive a text with a randomly generated 6-digit PIN <p>Remote using 4-digit SSN/PIN - select this option when:</p> <ol style="list-style-type: none"> 1. Signer is not located with the agent or prefers to receive an Email to complete the signature process 2. Signer must have access to the internet and have their own Email address 3. Signer must agree to use the eSignature process 4. Signatures must be obtained within 7 calendar days 5. Signer will use last 4-digits of the SSN or PIN <p>Please specify the signature location of all signing parties.</p> <hr/> <p>Joe Regular - Proposed Insured</p> <p><input type="radio"/> Remote using texted PIN <input type="radio"/> Remote using 4-digit SSN/PIN</p>

The Signature Method Screen gives the user the opportunity to identify how the Application Part II and LTC Supplement are completed

‘Electronic Signature ‘ will allow the agent to move forward with an electronic submission

The Part II and LTC Supplement will be completed via a phone history interview when the electronic signature option is chosen

Electronic Signatures

Enter all Required Information

Click 'Click here to send emails' button to send all signing parties their personalized email

Each signing party will immediately receive an email containing a link to eSign the required forms

Case Information

Application

Insured

Policy Information

Beneficiaries

Premium and Billing

Existing/Pending Insura...

LTC-Existing/Pending In...

LTC Suitability

Illustration Compliance

Additional

Agent Information

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Validate and Lock

Signature Method

Signature Instructions

Electronic Signature

Electronic Signatures

After all required information is entered, select "Click here to send Emails or send Emails/text PIN codes" (below) to send an Email message with electronic signature instructions to each signer. A PIN code is provided or texted to each signer to access the application for eSignature.

To **update the Email address and/or Cell Phone Number** below, you will need to **unlock the application** and make the appropriate change and then **relock the application** to send the Emails or send Emails/text PIN codes.

[Click here to view eSignature invitation](#)

Joe Regular - Proposed Insured

Last 4 digits of SSN or PIN	Email Address	Status
5498	Ryan.emond@lfg.com	Email not sent

[Click here to send Emails or send Emails/text PIN codes](#)

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[Click here to view eSignature invitation](#)


Joe Regular - Proposed Insured


Cell Phone Number	Email Address	Status
	Ryan.emond@lfg.com	Email/PIN not sent

[Click here to send Emails or send Emails/text PIN codes](#)

Electronic Signatures

eSignature Process - Email(s) Sent



 All required Emails have been sent!

You have successfully sent Email(s) to the following individual(s), instructing them how to gain access to the application and the necessary steps that must be completed to collect their electronic signature.

[Click here to view eSignature invitation](#)

Valued Client - Proposed Insured

Last 4 digits of SSN or PIN	Email Address	Status
<input type="text" value="1234"/>	<input type="text" value="abc123@email.com"/>	Email sent
<input type="button" value="Resend"/>		

Individual Owner - Owner

Last 4 digits of SSN or PIN	Email Address	Status
<input type="text" value="1234"/>	<input type="text" value="abc123@email.com"/>	Email sent
<input type="button" value="Resend"/>		



When the emails have been successfully sent, the screen status will update to:

Email sent

If the email was not sent, the status will state email not sent

If an email needs to be resent, the agent can click the **'Resend'** button and a new email is sent

Generating envelopes for eSignature



Hello **Valued Client** (Proposed Insured),
Your application is ready for your review. Please click the button below to be directed to your online application.
Once you have reviewed all forms for accuracy, you may apply your eSignature by following the instructions on the screens.
If you have any questions, please do not hesitate to contact me at sample.email@lfg.com.
Thank you for allowing me to handle your financial needs.

I Consent
Click Here

Regards,
Alicia Fleurqjun
The Lincoln National Life Insurance Company

Consent for Electronic Transmissions

If you consent, The Lincoln National Life Insurance Company (the "Company") at www.LFG.com, will transmit documents to you related to your application and policy by electronic means, to the extent that electronic transmission is consistent with applicable state and federal law. Any document that we send by electronic means, which complies with applicable law, will have the same force and effect as if that document was sent in paper format.

This Consent covers all electronic documents and communications as related to an application for life insurance coverage through the Company, which includes, but is not limited to, (applications, supplements, administrative forms and any policy- related correspondence). This Consent also covers all electronic documents and communications as related to a life insurance policy issued to you by the Company, which includes, but is not limited to the (policy and policy delivery notices).

In order to successfully receive electronic transmissions using this web site, it is recommended that your electronic device supports (Windows® 7 or above, or Macintosh OSX), Adobe Acrobat Reader; has browser settings such as (Internet Explorer 9.0* or above (Windows only), Google® Chrome® (Windows only), Apple Safari (for Mac and iPad), or Mozilla Firefox (Windows or Mac)); a valid email address and security settings that allow per session cookies. The Company recommends that you keep electronic copies or print a copy of your documents.

The Company will only transmit documents to you electronically if you consent. Such consent is voluntary. You are not required to consent to electronic transmissions if you prefer not to do so. If the policyholder or insured or owner has permitted electronic transmissions in the past, that authorization does not obligate the same procedure regarding this policy as well. If you choose not to consent to receive your documents electronically, please contact your agent or the Company.

If you consent to receive documents electronically, the Company will provide you with a paper copy of any document sent electronically upon request. The Company will not charge a fee for this service.

If you want to revoke the consent to receive the documents noted above electronically and want to receive all future documents via paper mail, you may notify the Company by any one of the methods shown below; otherwise the consent will continue until revoked.

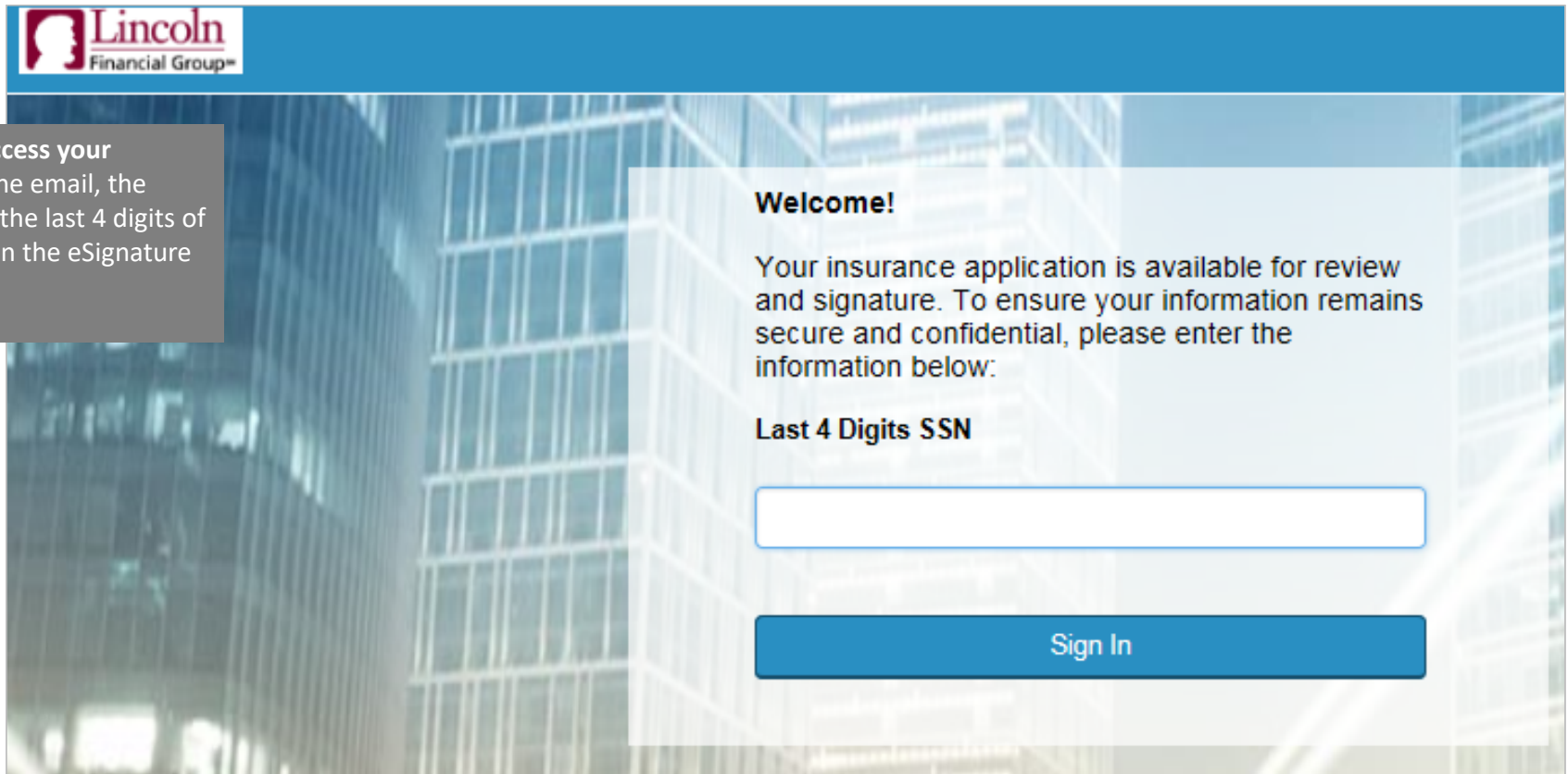
If your email account changes, we suggest that you contact your agent or the Company so that the Company's contact information for you remains current and accurate. You may contact us via the Company web page as shown above, or by our toll free telephone number (1-800-487-1485), or by submitting a written request via paper mail with sufficient postage to the Company at (100 N. Green Street, Greensboro, NC 27401).

If you consent to the terms outlined above for electronic transmissions, click on the button marked "I consent."

The signer will receive an email with a link to begin the eSignature process

eSignature | Starting the process

After clicking 'Access your Application' in the email, the signer will input the last 4 digits of their SSN to begin the eSignature process



Lincoln
Financial Group™

Welcome!

Your insurance application is available for review and signature. To ensure your information remains secure and confidential, please enter the information below:

Last 4 Digits SSN

Sign In

eSignature | Terms of Use and Consent

The screenshot shows a web form titled "Consent for Electronic Signature". The form contains a header, a title, two paragraphs of text, a "Print" link, four numbered instructions, a checkbox with a long text label, and two buttons labeled "I Decline" and "I Agree".

Consent for Electronic Signature:

Consent for Electronic Signature

The Lincoln National Life Insurance Company (the "Company"), offers you the ability to sign and receive documents electronically. These disclosures will help you decide whether you would like to consent to this electronic process or not. Please read this carefully.

This consent acknowledges that you can receive and review application forms provided electronically to you and also that by signing documents electronically you agree to your understanding that electronic signatures have the same force and effect as if you had affixed your signature on paper by hand. You further represent that you have read and understand the documents to be signed electronically and that they have been accurately filled out.

In order to successfully receive electronic transmissions and electronically sign documents using this web site, it is recommended that your electronic device supports [unclear]

[Print](#)

1. Please review your forms in their entirety for accuracy and to make sure you completely understand and agree with the information provided.
2. If you need to change or update any information or if you have questions, please contact your producer before proceeding.
3. The Company will only transmit documents to you electronically if you consent. The receipt of your electronically signed documents by the Company demonstrate that you can access this application in the electronic form provided to you by the Company website.
4. After reading all documents that are to be transmitted and electronically signed, please check the "I have reviewed box" and then select "I Agree" or "I Decline".

☐ I have reviewed all forms in their entirety that are to be electronically transmitted and signed. I have read the Consent for Electronic Signature provided above. I have indicated below whether "I Agree" or "I Decline" the terms of these documents.

Annotations:

- The signer will agree to the Terms of Use and Consent by clicking the check box and selecting 'I Agree'
- If the signer does not want to continue with the eSignature process, they can select 'I Decline'
- If the client declines, the process is cancelled for all signing parties.

eSignature | DocuSign

Please Review & Act on These Documents



Your signature is required

Please read the [Electronic Records and Signature Disclosure](#).

☐ I agree to use electronic records and signatures.

CONTINUE

OTHER ACTIONS ▾

DocuSign Envelope ID: C7378357-3637-445D-A232-69A2FB12E113



DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
1301 2nd Ave, Suite 2000 • Seattle • Washington 98101 • (206) 219-0200
www.docusign.com

LIFE INSURANCE BUYER'S GUIDE

This guide can help you when you shop for life insurance. It discusses how to:

- Find a policy that meets your needs and fits your budget
- Decide how much insurance you need
- Make informed decisions when you buy a policy

After logging into DocuSign, the user will click the 'I agree' checkbox and then select the 'continue' link

eSignature | DocuSign

Adopting Electronic Signature

add your signature

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* Valued Client **Initials*** VC

SELECT STYLE **DRAW**

PREVIEW

DocuSigned by:
Valued Client
1038FC5F6EEE1F2...

DS
VC

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN **CANCEL**

The user will adopt their electronic signature and select the 'adopt and sign'

The system will automatically scroll to each location a signature is required

Once all signatures have been collected, the user will submit the application to the agent

The user can manually scroll through each form if desired

After all signatures have been collected, the agent will receive an email with a link to apply their signature and submit the case to Lincoln

Signatory Section

Signed in Pleasant Garden, NC 1/5/2018
(city, state) this 1/5/2018 day of

SIGN **Sign**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.


1/5/2018

Signed in NC this 1/5/2018 day of (month) (year)

DocuSigned by:
Valued Client

Signature of Proposed Insured (Parent or Guardian if under 14 years of age) **Witness**

Submitting the Application



Application Review and Signature are Complete

Thank You! Step 3 of 3

The application review and electronic signature process are now complete and your signature has been applied to the application and all other documents.

Application status will be available via your Lincoln National Life Insurance Pending Status tool within 24-48 hours of Lincoln National Life Insurance receiving your submitted application.

Step 1 – Click the "View Your Completed Application" button.

View Your Completed Application

Step 2 – Click the "Submit Application" button.

Submit Application

WARNING: The "Submit Application" button must be clicked to complete the electronic process.

Please click the 'X' in the upper right corner to close the window.

Upon successful completion of the eSignature process, the agent will see a message indicating the **'Application Review and Signatures are Complete'**

To submit the application to Lincoln, the **'Submit Application'** button must be selected

Step 1: Select View Your Completed Application

Step 1: Select View Your Completed Application

Step 2 – Click the "Submit Application" button.

Step 2: Select Submit Application after viewing application

Submit Application

WARNING: The "Submit Application" button must be clicked to complete the electronic process.

Please click the 'X' in the upper right to close the window/browser.

New eSubmission Email

This secure e-mail notification is confirmation that an electronic submission has been submitted to Lincoln Financial Group.

Agent:
Alicia Fluerquin

Proposed Insured:
Valued Customer

Policy:
MG10006351

For your convenience, attached is a copy of the application. We invite you to reply to this e-mail, sending any additional solicitation forms such as a cover letter or illustration. You will receive communication from your Underwriting team in the near future identifying your Underwriter, New Business Associate and a list of any pending requirements.

Thank you for your business

Lincoln Financial Group

You're In Charge®

Find us on facebook: www.facebook.com/LincolnFinancialGroup

After the file is received at Lincoln, a New eSubmission email is generated to the agent and case contact

The email contains the complete eSigned package, agent name, proposed insured Name and policy number

NOTE: This email is from the test environment and does not contain valid information, e.g., Agent Name, Proposed Insured Name or Policy Number.

The Process

After the electronic application has been submitted to Lincoln, the process will continue

Client Interview

Phone Interview Scheduling

Lincoln **emails a link** to financial professional and Client to schedule the interview.

If the interview is not scheduled within 72 hours, Lincoln will call the client to schedule

Client Completes Phone Interview

Lincoln calls client to obtain answers to complete LTC Supplement and application Part II.

If applicable, cognitive screening will be conducted at this time.

Policy Issue & Delivery

Underwriting Decision

Underwriter approves, declines or postpones case. Notification is then sent to field.

Policy Issued *If approved*

Lincoln obtains requirements to issue (if applicable); and/or policy is issued and sent to the Assembly team.

Policy Delivered

Within 24 hours of issue, policy and applicable forms are sent via FedEx **or eDelivery to be signed electronically via iPipeline's DocFast**

Placement

Policy is placed when funds and delivery requirements are deemed in good order. Agent commissions paid per schedule.

Thank You

Disclosures

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 reductions. Check state availability. Long-term care benefit riders may not cover all costs associated with long-term care costs incurred by the insured during the coverage period. Accelerated death benefits may be taxable and may affect public assistance eligibility.

Lincoln *MoneyGuard*® III, a universal life insurance policy with a long-term care rider that reimburses for qualified long-term care expenses, is issued by the Lincoln National Life Insurance Company of Fort Wayne, IN on policy Form 19-MG890 with the following riders: Value Protection Endorsement (VPE) on form ICC19END-10534/END-10534; Terminal Illness Acceleration of Death Benefit Rider (TIR) on form ICC19TIR-891/TIR-891; Long-Term Care Benefits Rider (LTCBR) on form ICC19LTCBR-890/LTCBR-890. Not available in CA or NY.

Not a deposit
Not FDIC Insured
May go down in value
Not insured by any federal government agency
Not guaranteed by any bank or savings association

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.

02/20

LincolnFinancial.com

