

Life Suitability, Best Interest and Summary Disclosure Form
 (hereinafter referred to as "Life Suitability Form")

Insured A Name: _____ / _____ / _____ / _____
 (First) (Middle) (Last) (Suffix)

Insured B Name: _____ / _____ / _____ / _____
 (First) (Middle) (Last) (Suffix)

Insured A Date of Birth (mm/dd/yyyy): ____ / ____ / ____ Insured B Date of Birth (mm/dd/yyyy): ____ / ____ / ____

This form is required for the issue of new life products as well as certain post-issue changes. All questions below, unless indicated, require a response. This form is not required if the owner is an Irrevocable Life Insurance Trust.

It is important that the life insurance policy recommended to you be suitable and in your best interest based on the evaluation of relevant suitability information. Your producer's recommendation must reflect the care, skill, prudence, and diligence that a prudent person acting in a like capacity and familiar with such matters would use under similar circumstances then prevailing. Your producer must consider only your interests in making a recommendation. You should be reasonably satisfied that the product meets your needs and objectives, and that you have the knowledge necessary to make an informed decision. If the purchase of this life insurance policy involves a replacement of an existing annuity or life insurance policy, you should know that the Company does not encourage such replacements unless you have all the relevant facts. Additionally, you should be satisfied that you are fully educated on the advantages and disadvantages of a replacement and that you have received or will receive complete and accurate replacement forms as required by state regulations. The Company expects each producer selling its products to determine the appropriateness of each product recommendation according to the Company's guidelines prior to submitting an application. Please read the questions and statements on this Life Suitability Form carefully. Please complete the Financial Information in Section below as completely as possible. Financial information is needed in order to make an informed suitability and best interest determination. **If more information is required to determine suitability, this may require that you be contacted and asked to confirm in writing by initialing and dating the suitability form changes. Please be aware that Lincoln may decline this request if information is incomplete or is not adequate to make an informed suitability decision.**

Note: ANY AMENDMENTS TO ANSWERS ON THIS FORM MUST BE INITIALED AND DATED BY THE OWNER.

General Information (Based on the Owner/Applicant)

1. a. Owner (Select One)

Individual: _____ / _____ / _____ / _____
 (First) (M.I.) (Last) (Suffix)

Trust/Entity: _____

Trustee/Officer: _____ / _____ / _____ / _____
 (First) (M.I.) (Last) (Suffix)

b. Date of Birth/Trust Date (mm/dd/yyyy): ____ / ____ / ____ c. SSN/TIN: _____

d. **Answer Only if Owner is a Trust:** Is this a revocable grantor trust? (If "Yes," complete the Life Suitability Form based on the Insured's(s)/Grantor's overall income, assets and health.) Yes No

2. a. Joint Owner Name (if any): _____

b. Date of Birth/Trust Date (mm/dd/yyyy): ____ / ____ / ____ c. SSN/TIN: _____

3. **Answer Only if Product Applied for is Term Life Insurance (For Permanent Life Insurance submit a signed/dated illustration):**

Proposed Insured Rate Class Applied:

- | | |
|--|--|
| <input type="checkbox"/> Preferred Plus Non-Tobacco | <input type="checkbox"/> Preferred Tobacco |
| <input type="checkbox"/> Preferred Non-Tobacco | <input type="checkbox"/> Standard Tobacco |
| <input type="checkbox"/> Standard Non-Tobacco | <input type="checkbox"/> Rated Tobacco Table (insert A, B, C or D) _____ |
| <input type="checkbox"/> Rated Non-Tobacco Table (insert A, B, C or D) _____ | |

4. Tax Status:

If Individual select one of the following: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widower with Dependent Child
If Business select one of the following: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Sole Proprietorship

5. Do you currently have a Reverse Mortgage? Yes No

6. Do you reside in a Nursing Home/Assisted Living Facility (other than for temporary rehabilitative services)? Yes No

Financial Information (Responses below should be for combined household excluding dependents.)

A. \$1 - \$24,999	B. \$25,000 - \$49,999	C. \$50,000 - \$99,999	D. \$100,000 - \$249,999
E. \$250,000 - \$499,999	F. \$500,000 - \$749,999	G. \$750,000 - \$999,999	H. \$1,000,000 & Over I. None/Zero

7. Choose the corresponding letter from the box above to answer the following financial questions.

- a. Annual Income: _____
(Total should include Annual plus any other recurring sources of income you receive)
- b. Existing Assets: _____
(Total of all your Assets, including value of all annuities and cash value of permanent life insurance)
- c. Total Net Worth: *(Assets minus Liabilities)* _____
- d. Liquid Net Worth: _____
(Net worth that can readily be turned into cash—Not applicable to Term Life Insurance)

8. For each type of liability or financial obligation that you currently have, check the corresponding box and complete the requested information. Check here if you have no liabilities or financial obligations:

<input type="checkbox"/> Mortgage(s): <i>(Provide combined amounts of all mortgages)</i> Mortgage Balance(s): \$ _____ Total Monthly Payment: \$ _____ Remaining term of liability <i>(Years left to pay off longest mortgage)</i> : _____ years
<input type="checkbox"/> Credit Card(s): <i>(Provide combined amounts of all credit card debt)</i> Credit Card Debt Balance(s):\$ _____ Total Monthly Payment:\$ _____ Estimated time you plan to pay off all credit card debt: _____ years
<input type="checkbox"/> Auto/Student/Personal Loans: <i>(Provide combined amounts of all loans)</i> Loan Balance(s):\$ _____ Total Monthly Payment:\$ _____ Remaining term of liability <i>(Years left to pay off the longest loan)</i> : _____ years
<input type="checkbox"/> Life Insurance and/or Annuity Premium Payments: <i>(Provide combined amounts of all current inforce policies)</i> Total Annual Premiums:\$ _____ Estimated time you plan to stop premium payments on all policies: _____ years

Other liabilities not listed above:

Type	Balance	Monthly Payment	Term
	\$	\$	_____ years
	\$	\$	_____ years
	\$	\$	_____ years
	\$	\$	_____ years
	\$	\$	_____ years

Available Funds - Liquidity Needs *(Not applicable to Term Life Insurance)*

9. a. Do you have sufficient cash or other liquid assets for living expenses and unexpected emergencies, such as medical expenses? Yes No
- b. If "No," please explain _____

-

Financial Experience

10. Provide length of experience by selecting the appropriate number of years for the following investment vehicles you have owned.

Check "1-4 years," "5+years," or "Never Owned" for each of the below.	1 to 4 years	5+ years	Never Owned
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking/Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Retirement Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Objective(s) and Intended Use(s)

11. What are your financial objectives or intended use for this life insurance policy? *(Check all boxes that apply)*

- Estate Planning/Wealth Accumulation/Wealth Transfer Family Protection/Income Replacement
 Long-Term Care Protection Business Protection
 Gifting Non-Qualified Executive Benefits
 Supplemental Retirement Protection
-

Financial Time Horizon *(Not Applicable to Term Life Insurance)*

12. a. Do you intend to withdraw or take a loan from the account value of the life insurance policy **during** any applicable surrender charge period? Yes No

- b. If "Yes," check all boxes that apply.

- Loans/Cash Withdrawals Partial Surrender Full Surrender

13. a. Do you anticipate negative material changes to any of the items listed **below** during any applicable surrender charge period? Yes No

- b. If "Yes," check all boxes that apply.

- Annual Income Existing Assets College Funding
 Liquidity Needs Liquid Net Worth Pay-Off Loans
 Retirement Expenses

- c. How will this impact your ability to afford this life insurance policy? *(Please explain below):*

-

Risk Tolerance *(Not applicable to Term Life Insurance)*

14. Considering this product, what is your risk tolerance? *(Check one)*

- Conservative Moderately Conservative Moderate Moderately Aggressive Aggressive

15. Considering this product, what is your risk tolerance for **non-guaranteed elements**, such as variability in premium, cash value, death benefit, or fees? *(Check one)*

- Conservative Moderately Conservative Moderate Moderately Aggressive Aggressive

Surrender Charges *(Not applicable to Term Life Insurance)*

16. a. I understand that this new life insurance policy has surrender charges for early surrenders/withdrawals and those charges may, depending on product, have a market value adjustment or other product-specific adjustments. I have been provided with and have read a product illustration or projection of values that discloses the surrender charge period, the surrender charge amounts and any market value or product-specific adjustment that may apply. Yes No
- b. I intend to keep the life insurance policy at least through the policy's surrender charge period. Yes No

Source of Funds

17. What is the source of funds for purchasing this life insurance policy? *(Check all boxes that apply)*
- | | | |
|--|--|--|
| <input type="checkbox"/> Single Premium Immediate Annuity | <input type="checkbox"/> **Money from a Canceled Life Insurance Policy or Annuity Contract | |
| <input type="checkbox"/> Financial Distributions | <input type="checkbox"/> Current Income | <input type="checkbox"/> CDs |
| <input type="checkbox"/> Savings/Checking | <input type="checkbox"/> Gift/Inheritance | <input type="checkbox"/> Business Activity |
| <input type="checkbox"/> Home Equity Loan | <input type="checkbox"/> Premium Finance Loan | <input type="checkbox"/> Loans (Other than Home Equity or Premium Finance) |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> Brokerage Account/Cash | <input type="checkbox"/> Employer Retirement Account |
| <input type="checkbox"/> Investment Products (Stocks, Bonds, etc.) | | |
18. a. Have you surrendered or replaced any annuity or life insurance policy within the past 36 months? *(This question applies to partial or full surrenders/replacements.)* Yes No
- b. If "Yes," will funds from the surrendered contract be used (directly** or indirectly**) toward the premium of this proposed contract? *(If "Yes," complete Question 20 below and any applicable Replacement forms.)* Yes No
19. Will the proposed life insurance policy replace an existing annuity contract or life insurance policy? *(If "Yes," complete Question 20 below and any applicable Replacement forms.)* Yes No

Required if Question 18b. and/or Question 19. is "Yes."

20. What significant material benefit(s) will you realize by replacing your current contract or policy? *(Check all boxes that apply—None or N/A are not acceptable)*
- | | |
|--|---|
| <input type="checkbox"/> Long-Term Care Protection | <input type="checkbox"/> Guaranteed Level Premiums for New Level Term Period |
| <input type="checkbox"/> Level/Guaranteed Death Benefit Protection | <input type="checkbox"/> Reduction in Premium Cost |
| <input type="checkbox"/> Increased Potential for Cash Value Growth | <input type="checkbox"/> Increased Death Benefit Protection with Better Product Pricing |
| <input type="checkbox"/> Other _____ | |

Product Considerations *(To be completed by the Agent.)*

21. a. In recommending the purchase or exchange of an annuity or life insurance product, has your client been reasonably informed of the following various features and considerations (but not limited to) of this life insurance policy?

Yes No

All but Term Life Insurance:

- Surrender period and surrender charge
- Secondary guarantee period
- Index features *(Where Applicable)*
- Availability of cash value
- Potential tax implications associated with various transactions
- Fees, such as mortality and expense fees, cost of insurance fees and investment advisory fees
- Non-Guaranteed elements, including variability in premium, cash value, death benefit or fees
- Product restrictions or exclusions
- Potential charges for features or riders
- Limitations on interest returns
- Guaranteed interest rate
- Investment components *(Where Applicable)*
- Market risk *(Where Applicable)*
- The manner in which the producer is compensated
- Others

Term Life Insurance Only:

- Basic policy fee
- Product restrictions or exclusions
- Potential charges for features or riders
- Contractual Conversion Provisions
- The manner in which the producer is compensated
- Others

b. How do the following factors or features impact the recommendation?

Unless indicated, check "Supports," "Neutral" or "Does Not Support" for each of the below.	Supports	Neutral	Does Not Support
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial situation and needs, including the financial resources used for funding the policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intended use of the policy (e.g. Wealth Accumulation, Income Replacement, Long-Term Care Protection, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial time horizon, including duration of existing liabilities and obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing assets, including investment and insurance holdings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidity needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid net worth (<i>Not Applicable to Term Life Insurance</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept non-guaranteed elements in the policy, including variability in premium, cash value, death benefit, or fees (<i>Not Applicable to Term Life Insurance</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surrender charge period (<i>Not Applicable to Term Life Insurance</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum guaranteed death benefit (<i>Not Applicable to Term Life Insurance</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death benefit with cash growth potential (<i>Not Applicable to Term Life Insurance</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax deferral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issuer financial strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>describe</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. If any options were chosen in the "Does Not Support" column above, please explain/describe.

Agent/Representative's Statement (Respond to each of the below statements by checking the appropriate answer.)

I believe the purchase or modification of this life insurance policy is suitable and is in the best interest of the client based on information provided by the Owner/Applicant(s) regarding his/ her insurance needs and financial objective(s). I have discussed the advantages and disadvantages of discontinuing or modifying an existing long-term care policy, life insurance policy or annuity contract (if applicable) with my client, including any replacement concerns or issues mentioned above. I have determined that the existing life insurance coverage or annuity contract (if applicable) no longer meets the client's insurance needs and objectives and that the proposed life insurance policy is appropriate in accordance with the Company's Appropriateness of Replacements Position Statement. I have used only Company approved sales material in conjunction with this sale. I have left copies of all sales material with the Owner/Applicant(s) at the time the Application was submitted.

22. a. My recommendation to the owner/applicant to purchase the proposed life insurance policy is based on the following significant material benefit(s) to the client: (None or N/A are not acceptable)

- Temporary Death Benefit Protection
- Permanent Death Benefit Protection
- Death Benefit Protection with Cash Value Growth Potential
- Death Benefit Protection with Supplemental Retirement Income Needs
- Long-Term Care Protection
- Business Insurance Needs
- Guaranteed Level Premiums for New Level Term Period
- Reduction in Premium Cost
- Increased Death Benefit Protection with Better Product Pricing
- Other _____

- b. **Have you reviewed and do you understand the Vulnerable Persons Agent Guide?** (To access the guide, please visit the Lincoln Forms Tool or the Life and Annuity Compliance section of Lincoln producer websites. For Primerica Representatives, please go to Lincoln's External website on POL, under the training materials tab.) Yes No
- c. **Do you agree to refrain from using the title or designation of "financial planner," "financial advisor," or any similar title unless you are properly licensed or certified to do so and only when providing securities or other non-insurance financial services?** Yes No
- d. **Did you provide the owner/applicant with a copy of the current version of the product illustration, projection of values or applicable product disclosure?** Yes No
- e. **Did you disclose to the owner/applicant the manner in which you receive compensation for the sale and servicing of this policy?** Yes No
- f. In your professional opinion based on the information the owner/applicant provided, **is the recommended life insurance policy suitable and in the client's best interest for the client's needs and objectives**, as compared to other life insurance products that you are appropriately designated to offer, and is based on your evaluation of relevant suitability information and reflects the care, skill, prudence, and diligence that a prudent person acting in a like capacity and familiar with such matters would use under similar circumstances? Yes No
- g. In making this recommendation, have you considered only the interests of the consumer and has **receipt of compensation or other incentives not influenced the recommendation?** Yes No

Signature of Licensed Agent

_____/_____/_____
Date (MM/DD/YYYY)

Printed Name of Licensed Agent

Owner/Applicant's Statement

23. I confirm the information given is accurate. My Agent/Representative has discussed surrender charges and other costs with me and I believe that the life insurance policy is appropriate for my insurance needs and financial objective(s). I acknowledge that I did not receive any advice from Lincoln regarding the purchase or investment of the life insurance policy.

Owner/Applicant's Signature
Provide Title if Owner is a Trust or Corporation

_____/_____/_____
Date (MM/DD/YYYY)

Owner/Applicant's Signature
Provide Title if Owner is a Trust or Corporation

_____/_____/_____
Date (MM/DD/YYYY)