

The Lincoln National Life Insurance Company

Service Office: PO Box 21008, Greensboro, NC 27420-1008 (hereinafter referred to as the "Company")

MoneyGuard® Temporary Life Insurance Agreement

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE INSURANCE COMPANY-DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

| If the question below is answered yes or left blank with respect to a Proposed Insured, no representative of the Company is authorized to accept money, and NO COVERAGE will take effect under this Agreement with respect to such Proposed Insured. Within the past 90 days, has the Proposed Insured been admitted to a hospital or other medical facility, been advised to be admitted or had surgery performed or recommended? Yes No This Agreement provides a Limited Amount of Life Insurance protection for a Limited Period of time, subject to the terms of this Agreement, in consideration of advance payment in the amount of \$ in connection with the MoneyGuard® | | | | | | | |
|--|---|--|---|--|-------------|--------|----------|
| | | | | Application dated (MM/DD/YYYY) / made on | the life of | | |
| | | | | | , | | , |
| | | | | Name of Proposed Insured: (First) (Middle) | 11 | (Last) | (Suffix) |
| Method of Payment (Check One) | | | | | | | |
| ☐ Check ☐ Electronic Funds Transfer (Attach completed Electronic | T Authorization F | orm) | | | | | |
| AMOUNT OF COVERAGE - \$500,000 MAXIMUM FOR ALL APP by the Company as advance payment for an application for Life I Agreement is in effect, the Company will pay to the beneficiary discurred if no beneficiary has been designated, the lesser of a) the with respect to said Proposed Insured, or b) \$500,000. This total any current Company Tickets or Applications to the Company and Long-Term Care coverage is not available under this Agreement DATE COVERAGE BEGINS Coverage under this Agreement will begin on the date of this Agreement on the same date or not more than 10 days prior to the DATE COVERAGE TERMINATES – 60 DAY MAXIMUM Coverage under this Agreement will terminate automatically on the | esignated in the Asserbing amount of all designated in the Asserbing amount of all designated any other Temporent. The eement but only if date of this Agree | ath of a Proposed Insusplication, or to the estath benefits applied for as to all insurance appliary Life Insurance Agreement. | red occurs while this state of the proposed in the Application(s) ed for under this and eements. Temporary plication(s) has been | | | | |
| Personal History Interview is not completed and received by the C the date the insurance takes effect under the policy applied for, or coverage also defined herein as 5 days immediately following the the premium notice address designated in the Application(s). The | Company, or b) 60 d) the Proposed Ir date the Compan | days from the date of nsured's/Applicant's rec y mails notice of termin | this Agreement, or c) ceipt of termination of nation of coverage to | | | | |
| SPECIAL LIMITATIONS | | | | | | | |
| This Agreement does not guarantee the Company will issue a life Fraud or material misrepresentations in the Application(s) or in this Agreement and the Company's only liability is for refund of If a Proposed Insured dies by suicide, the Company's liability ur There is no coverage under this Agreement if the premium che or the bank/financial institution does not honor the check or EF | he answer to the H any payment mad ider this Agreemer ck or EFT Authoriz | ealth Question of this A le. It is limited to a refund o eation in not submitted | greement invalidates of the payment made. to the Company and/ | | | | |
| No one is authorized to waive or modify any of the provisions of the provision of the provisi | of this Agreement. | | | | | | |
| I (WE) HAVE RECEIVED A COPY OF AND HAVE READ THIS AGE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE | | | | | | | |
| Signature of Proposed Insured | Date (MM/DD/YYY | • | | | | | |
| Signature of Applicant/Owner/Trustee (If other than Proposed Insured) (Provide Title if owned by a Trust or a Corporation) | Date (MM/DD/YYY | Y) | | | | | |