

## The Lincoln National Life Insurance Company

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

## CHILDREN'S TERM INSURANCE SUPPLEMENT

COVERAGE INFORMATION						
Application for the Addition of Child	dren's Term Insurance R	Rider to:				
☐ The application dated	for Life	e Insurance on	ma of Proposad Insurad)			·
□ Policy No.	on	(1van				
□ Policy No	On (Nar	me of Insured)				•
1. Add: Amount \$	/units	of Ch	nildren's Term Insuran	ce Rider.		
(CHILD/CHILDREN) PROPOSED						
2. Give information on all unmarrie reached their 18th birthday and w	ed children of the Insured	l, including step-c Insured.	hildren and legally ad	lopted child	ren, who h	ave not
	Relationship to	Date of Birth		Citizen of		
Name	Insured	(mm/dd/yy)	of Birth	(Country)	Height	Weight
LIFE INSURANCE IN FORCE						
3. Has any child proposed for insura postponed or charged an increased		health or disabilit	ty insurance and been	declined,	□ у	es □ No
4. Does any child proposed for insur	-	ns pending with a	nv other life insurance	e company r		
(If "Yes" to question 4, complete with d		p 8		, , , , , , , , , , , , , , , , , , ,		
Child's Name	Company	Amount	Reas	son Applied	For	
		\$				
		\$				
		\$				
		\$				
5. List all insurance in force on any	child proposed for insura	· ·	te "None".			
		Face	Policy	Issue	Replace	ment or
Insured	Company	Amount	Number	Year	Change o	
		\$			☐ Yes	$\square$ No
		\$			☐ Yes	□No
		\$			☐ Yes	□ No
		\$			☐ Yes	□ No
If this insurance will replace or change	e any other insurance CC		ICLOSE any required	   state renlac		
GENERAL RISK INFORMATION		on DETE and Er	voloble any required	state replac		
Has any child proposed for insurance					,	Yes No
6. Does any child now, or do they pl or crew member? (If "Yes", an Avi	an to, fly, or have they fl		ast 2 years as a pilot,	student pilo		
7. Does any child plan to participate			2 years: in motor vel	hicle or box	t	<u> </u>
racing, in hang gliding, sky or sci (If "Yes", an Avocation Supplement is	uba diving, or mountain,				ı	
8. Does any child contemplate resid (If "Yes", a Foreign Travel or Residence	ence or any travel outsid	e of the United St	tates or Canada within	n the next y	ear?	

•	you answer "Yes" to any of the following questions, please give details in the space provided below.	Yes	No
	s any child ever used tobacco or products containing nicotine?		
of	the past 5 years, has any child been convicted of two or more moving violations, driving under the influence alcohol or other drugs, or had their driver's license suspended, restricted or revoked?  "Yes", please indicate what type and dates in space provided below.)		
in	any child currently receiving, or within the past 10 years has he/she received or applied for, any disability benefits, cluding Worker's Compensation, Social Security Disability Insurance or any other form of disability insurance?  "Yes", provide details below.)		
12. H	as any child ever been convicted of or is he/she awaiting trial for a felony?  "Yes", please indicate type, date and city/state of felony and if currently on probation or parole, in space provided below.)		
	etails: (List details from questions above; please include question number details pertain to.)		
MED	ICAL INFORMATION		
	ny child proposed for insurance:	Yes	No
	Had a weight change of more than 10 pounds during the past 12 months?		
	If "Yes", by how many pounds?		
	ver had or been advised to have a check-up, EKG, x-ray, blood or urine test or any other diagnostic test or		
	e they now planning to seek medical advice or treatment for any reason?		
	ver been a patient in a hospital, clinic, sanatorium or other medical facility, or been advised to have any		
	ospitalization or surgery which has not been completed?		
	ver had any indication of, or been treated for:		
a.	Chest pain, palpitations, high blood pressure, heart disease, heart murmur, heart failure or other disorders of the heart or blood vessels?		П
b.	Any tumor, cancer, cysts, melanoma, lymphoma or any disorder of the lymph nodes?		
c.	Anemia, leukemia, clotting disorder or any other blood disorder?		
d.			
e.	Diabetes, elevated blood sugar, thyroid, or other endocrine or glandular disorder?		
f.	Diabetes, elevated blood sugar, thyroid, or other endocrine or glandular disorder?  Asthma, emphysema, shortness of breath, allergies, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or shortness of breath or any other disorder of the respiratory system?		
g.	Asthma, emphysema, shortness of breath, allergies, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or shortness of breath or any other disorder of the respiratory system?		
h.	Asthma, emphysema, shortness of breath, allergies, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or shortness of breath or any other disorder of the respiratory system?  Seizures, fainting, dizziness, epilepsy, stroke, paralysis or other neurologic or brain disorder?  Any nervous, mental, or emotional disorder, or received counseling for anxiety, depression, stress or any other		
	Asthma, emphysema, shortness of breath, allergies, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or shortness of breath or any other disorder of the respiratory system?  Seizures, fainting, dizziness, epilepsy, stroke, paralysis or other neurologic or brain disorder?  Any nervous, mental, or emotional disorder, or received counseling for anxiety, depression, stress or any other emotional condition?  Ulcers, colitis, jaundice, hepatitis, cirrhosis, gastrointestinal bleeding, or other disorder of the stomach, esophagus,		
i.	Asthma, emphysema, shortness of breath, allergies, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or shortness of breath or any other disorder of the respiratory system?  Seizures, fainting, dizziness, epilepsy, stroke, paralysis or other neurologic or brain disorder?  Any nervous, mental, or emotional disorder, or received counseling for anxiety, depression, stress or any other emotional condition?  Ulcers, colitis, jaundice, hepatitis, cirrhosis, gastrointestinal bleeding, or other disorder of the stomach, esophagus, liver, intestines, gallbladder, or pancreas?  Any complication of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, kidney or		
	Asthma, emphysema, shortness of breath, allergies, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or shortness of breath or any other disorder of the respiratory system?  Seizures, fainting, dizziness, epilepsy, stroke, paralysis or other neurologic or brain disorder?  Any nervous, mental, or emotional disorder, or received counseling for anxiety, depression, stress or any other emotional condition?  Ulcers, colitis, jaundice, hepatitis, cirrhosis, gastrointestinal bleeding, or other disorder of the stomach, esophagus, liver, intestines, gallbladder, or pancreas?  Any complication of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, kidney or urinary bladder?		
j.	Asthma, emphysema, shortness of breath, allergies, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or shortness of breath or any other disorder of the respiratory system?  Seizures, fainting, dizziness, epilepsy, stroke, paralysis or other neurologic or brain disorder?  Any nervous, mental, or emotional disorder, or received counseling for anxiety, depression, stress or any other emotional condition?  Ulcers, colitis, jaundice, hepatitis, cirrhosis, gastrointestinal bleeding, or other disorder of the stomach, esophagus, liver, intestines, gallbladder, or pancreas?  Any complication of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, kidney or urinary bladder?  Arthritis, gout, or any disorder of the back, spine, muscles, nerves, bones, joints or skin?		
	Asthma, emphysema, shortness of breath, allergies, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or shortness of breath or any other disorder of the respiratory system?  Seizures, fainting, dizziness, epilepsy, stroke, paralysis or other neurologic or brain disorder?  Any nervous, mental, or emotional disorder, or received counseling for anxiety, depression, stress or any other emotional condition?  Ulcers, colitis, jaundice, hepatitis, cirrhosis, gastrointestinal bleeding, or other disorder of the stomach, esophagus, liver, intestines, gallbladder, or pancreas?  Any complication of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, kidney or urinary bladder?  Arthritis, gout, or any disorder of the back, spine, muscles, nerves, bones, joints or skin?		

Each o	ecial Instructions:  of the Undersigned declares that read or have had read to me th						
23. Sp							
23. Sp							
~~	ELLANEOUS						
MISC	ELLANEOUS						
No.	Name of Person Affected	Details					
	1		/addresses/phone nur	nbers of physicians and med	dical faci	lities	· —
	ch "Yes" answer to questions 16 e conditions, dates, durations, tro						
OV	er the counter drugs, aspirin and	d herbal supplements.					
	narcones? st all medication and dosages th	ey are currently taking or ha	ave taken in the last	30 days, to include prescrip	ptions,		
	er used or experimented with conarcotics?	ocaine, marijuana, or other n	non-prescription stim	nulants, depressants,			
an	y medication, prescribed or not	?					
20. Ev	er been treated for drug or alcol	hol abuse or been advised by	their doctor to limi	t their use of alcohol or	inio uni		
(If	"Yes", provide Type, Frequency & A	(mount)	Tyne	Frequency A	Amount	Ш	
	er used alcoholic beverages?						
. Ev	an AIDS related condition?						

(Please Print) Page 3 of 3
LFF06302-38 7/07