

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 any of the questions below are answered "Yes" or left blank with respect to a Proposed Insured(s), 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(s).**

Questions apply to all Proposed Insured(s) shown on application.

1. Does Amount applied for exceed \$3,000,000? Yes No
2. Within the past 90 days, has any Proposed Insured been admitted to a hospital or other medical facility, or by a licensed medical professional been advised to be admitted or had surgery performed or recommended? Yes No
3. Within the past 2 years has any Proposed Insured been treated by a licensed medical professional for heart trouble, stroke, or cancer, or had such treatment recommended by a licensed medical professional? Yes No
4. Is Age of any Proposed Insured under 15 days old or over age 70? 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 Application or Company approved solicitation forms packet (Ticket) dated ____/____/____ (MM/DD/YYYY) made on the life of:

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

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

Method of Payment: (Check one only.)

- Check Electronic Funds Transfer (Attach completed EFT Authorization Form.)
- Credit/Debit Card (Check product, state and premium mode availability. See also Important Information Regarding Credit/Debit Card Payments.)

Terms and Conditions

AMOUNT OF COVERAGE - \$500,000 MAXIMUM FOR ALL APPLICATIONS OR AGREEMENTS

If money has been accepted by the Company as advance payment for an application for Life Insurance and death of a Proposed Insured(s) (and death of the surviving Proposed Insured under Survivorship Life Insurance) occurs while this Agreement is in effect, the Company will pay to the beneficiary designated in the Application the lesser of a) the amount of all death benefits applied for in the Application(s) with respect to said Proposed Insured(s), including any accidental or supplemental death benefits, if applicable, or b) \$500,000. This total benefit limit applies to all insurance applied for under this and any current Company Tickets or Applications to the Company and any other Temporary Life Insurance Agreements. Temporary 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 but only if a Company Ticket(s) or Part I of the Application(s) has been completed on the same date or not more than 7 days prior to the date of this Agreement.

DATE COVERAGE TERMINATES - 90 DAY MAXIMUM

- Coverage under this Agreement will terminate automatically on the earliest of: a) 45 days from date of this Agreement if a required Exam or Medical Supplement (Part II) is not received by the Company, or b) 90 days from the date of this Agreement, or c) the date the insurance takes effect under the policy applied for, or d) the Proposed Insured(s)/Applicant(s)' receipt of termination of coverage also defined herein as 5 days immediately following the date the Company mails notice of termination of coverage to the premium notice address designated in the Company Ticket(s) or Part I of the Application(s). The Company may terminate coverage at any time.

SPECIAL LIMITATIONS

- This Agreement does not guarantee the Company will issue a life insurance policy or any special riders or endorsements thereto.
- Fraud or material misrepresentations in the Company Ticket(s) or Application(s) or in the answers to the Health Questions of this Agreement invalidates this Agreement and the Company's only liability is for refund of any payment made.
- If a Proposed Insured(s) (or the surviving Proposed Insured under Survivorship Life Insurance) dies by suicide, the Company's liability under this Agreement is limited to a refund of the payment made.
- There is no coverage under this Agreement if the premium check, EFT Authorization Form or Credit/Debit Card information is not submitted to the Company and/or the bank/financial institution does not honor the check, EFT request or Credit/Debit Card charge within 7 days of signing this Agreement.
- No one is authorized to waive or modify any of the provisions of this Agreement.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I (WE) HAVE RECEIVED A COPY OF AND HAVE READ THIS AGREEMENT AND DECLARE THAT THE ANSWERS ARE TRUE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) UNDERSTAND AND AGREE TO ALL ITS TERMS.

Agent is to leave a copy with the applicant.

Signature of Proposed Insured A
(Parent or Guardian if under 18 years of age)

Witness (Licensed Representative/Agent)

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

Signature of Proposed Insured B
(Parent or Guardian if under 18 years of age)

Witness (Licensed Representative/Agent)

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

Signature of Applicant/Owner/Trustee with Title
(Provide Officer's Title if policy is owned by a Corporation)

Witness (Licensed Representative/Agent)

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

Important Information Regarding Credit and Debit Card Payments

The Lincoln National Life Insurance Company (Lincoln) is pleased to offer credit and debit cards as a convenient method of payment in connection with an application for a term life insurance policy. This method of payment is allowed for the Temporary Insurance Agreement (TIA) and the initial premium only, and is available for all premium modes.

- **Credit/Debit card payments can only be accepted with our term products.**
- **This payment method can only be used for the initial premium and/or payment made under a signed TIA. Refer to TIA for additional details and conditions. TIA is not accepted in the state of KS.**
- **If the premium mode has been requested as monthly or quarterly, you will need to submit a signed Electronic Funds Transfer (EFT) authorization for future payments.**
- **Credit/Debit card payments are not available in NY, NJ, MD and AK.**
- **Only Visa, Discover and MasterCard credit/debit cards are accepted. NO other types of credit/debit cards will be accepted (American Express, etc.)**

How to Make a Payment Under a Temporary Insurance Agreement (TIA)

In order to remit the payment, please visit: <https://ww2.e-billexpress.com/ebpp/LFGTIA>.

- You will need to provide your agent's name and the Proposed Insured's name in order to make a payment.
- Payment must be submitted within the guidelines on the TIA.
- If the payment is not successful, please contact your agent.

How to Pay the Initial Premium Online Using a Credit/Debit Card

Once Lincoln has issued your term policy, you have the ability to pay your initial premium online. To make a payment after the policy is issued, please visit: <https://ww2.e-billexpress.com/ebpp/LFG>.

- **In order to avoid duplication of payments**, you must submit the credit/debit card initial premium prior to the completed delivery requirements being returned to Lincoln.
- You will need to provide your policy number and the insured's Date of Birth in order to make a payment for the full balance due.
- If the payment is not successful and/or you need additional assistance please contact your agent.