

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 by a licensed member of the medical profession consulted by the applicant 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) / (Last) / (Suffix)

Method of Payment (Check One)

Check Electronic Funds Transfer (Attach completed EFT Authorization Form)

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 occurs while this Agreement is in effect, the Company will pay to the beneficiary designated in the Application, or to the estate of the proposed insured if no beneficiary has been designated, the lesser of **a)** the amount of all death benefits applied for in the Application(s) with respect to said Proposed Insured, 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 the **MoneyGuard®** Application(s) has been completed on the same date or not more than 10 days prior to the date of this Agreement.

DATE COVERAGE TERMINATES – 60 DAY MAXIMUM

Coverage under this Agreement will terminate automatically on the earliest of: **a)** 30 days from date of this Agreement if a required Personal History Interview is not completed and received by the Company, or **b)** 60 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 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 endorsement thereto.
- Fraud or material misrepresentations in the Application(s) or in the answer to the Health Question of this Agreement invalidates this Agreement and the Company's only liability is for refund of any payment made.
- If a Proposed Insured 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 or EFT Authorization is not submitted to the Company and/ or the bank/financial institution does not honor the check or EFT request 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 and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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.

Signature of Proposed Insured

Date (MM/DD/YYYY)

Signature of Applicant/Owner/Trustee (If other than Proposed Insured)
(Provide Title if owned by a Trust or a Corporation)

Date (MM/DD/YYYY)

Signature of Licensed Agent, Financial Planner or Registered Representative

Date (MM/DD/YYYY)

Florida License Identification Number

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.
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