

Impaired Risk SPIA Underwriting Decision Request Form

Primary Owner Information:

Proposed Annuitant's First Name _____

Proposed Annuitant's Middle Initial _____

Proposed Annuitant's Last Name _____

Proposed Annuitant's Age _____

Proposed Annuitant's Date of Birth _____

Proposed Annuitant's Sex _____

Proposed Annuitant's Social Security Number _____

Secondary Owner Information (If Applicable):

Is there a secondary or joint annuitant for whom underwriting is requested? _____

Proposed Secondary Annuitant's First Name _____

Proposed Secondary Annuitant's Middle Initial _____

Proposed Secondary Annuitant's Last Name _____

Proposed Secondary Annuitant's Age _____

Proposed Secondary Annuitant's Date of Birth _____

Proposed Secondary Annuitant's Sex _____

Proposed Secondary Annuitant's Social Security Number _____

Premium Information:

Total Premium Amount _____
(must be at least \$100,000)

Writing Representative Information:

Agent Name _____

Agent Number _____

Contact Name _____

Contact E-mail address _____

Plan Type:

- Qualified Non-Qualified

Income to receive: \$ _____ or

Premium to be paid: \$ _____

Source of Premium:

- Cash with Application (CWA)
 1035 Exchange or Qualified Trustee-to-Trustee Transfer

Payment Mode:

- Monthly Quarterly
 Semi-Annually Annually

Defer First Payment: (1-12) months: _____ months

Payment Option:

- Single Life Only
 Single Life with Period Certain (5-20 years) _____ years
 Single Life with Installment Refund
 Joint Life _____% to Survivor
 Joint Life 100% with Period Certain (5-20 years) _____ years

Quote requests may be sent to:

Attn: Annuity New Business Department
Lincoln Financial Group
1 Granite Place
Concord, New Hampshire 03301
Facsimile Number: (603)-229-6149

If you have any additional questions please contact our Annuity New Business call center for assistance at 1-800-258-3648, ext. 5394, option 3.