



PO Box 7833  
Fort Wayne IN 46801-7833  
800 331-4949

## Licensing/Appointment Preliminary Information

Name	First	Middle	Last	SS number
Current resident address				Birthdate
City, State, ZIP, County				
Business address				Business phone number
City, State, ZIP				Fax number
P.O. Box number				Zip code

If you have lived at your current address for less than 5 years, give your previous address

Full address

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**Current Occupation**

Type of license     Life     Variable life

Corporation currently affiliated with First Asset Financial

Current corporation's tax ID number 86-1141733

**Personal Information**

*Questions must be answered for first time appointments and for subsequent appointments if it has been more than 12 months since the form was previously completed.*

**Please attach a written explanation including date of the event and date of discharge for any yes answers. Additionally, if you answer yes to any one of questions #1-6, please complete the Fair Credit Reporting Act Disclosure and Authorization Form. If anything occurs which results in a change to any of your answers, you must notify Licensing Department, in writing, within 30 days of the occurrence.**

Are you currently or have you ever:

	Yes	No
1. Been the subject of any customer complaint or complaint or proceeding by any securities, insurance or commodities regulatory body or organization?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been suspended, expelled, fined, barred, censured, or otherwise disciplined or found to have violated any securities or commodities law or rule by any securities or commodities regulatory body or organization or employer in the commodities or insurance industry?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been refused a license to sell insurance or been refused membership in any securities regulatory body or organization or had a license suspended or revoked by any Securities and/or State Insurance Department?	<input type="checkbox"/>	<input type="checkbox"/>
4. Been convicted of or pleaded nolo contendere to any felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had your employment arrangement terminated or have you been permitted to resign from any insurance company or other financial services employer?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been involved in a bankruptcy (personal or otherwise), had a salary garnished or had liens or judgements against you?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been associated with Lincoln Life in any capacity?	<input type="checkbox"/>	<input type="checkbox"/>

**Authorization and Signature**

*Acceptance of business depends on fulfillment of state-specific license/appointment requirements.*

By signing below, you certify that the information given is an accurate statement of facts, the attached licenses and registrations are currently in force and good standing, and you have met all educational requirements for the specific state(s) in which you are licensed and seeking appointment, and you have fulfilled the appropriate examinations, education and training requirements.

By signing below, you give Lincoln Life and its affiliates permission to investigate as necessary to verify this information. This authorization, in original or copy form, is valid now or any time in the future.

Representative \_\_\_\_\_ Date \_\_\_\_\_

Please send licensing forms and information to: Licensing Department 3H39, Lincoln Life, P.O. Box 7833, Fort Wayne IN 46801-7833. If you have any questions, call 800 331-4949.



The Lincoln National Life Insurance Company  
PO Box 7833  
Fort Wayne IN 46801-7833

# Fair Credit Reporting Act Disclosure & Authorization

As required by the 1997 FCRA Sections  
604(b)(2)(A) and 606(a)

**Disclosure of Intent  
to Obtain  
Consumer Report  
and/or Investigative  
Consumer Report**

The Lincoln National Life Insurance Company and its affiliates ("Lincoln") may obtain and use a "consumer report" or "investigative consumer report" from a "consumer reporting agency" about you when considering whether to contract with you or appoint you as a Lincoln distributor or, if you become a Lincoln distributor, when deciding whether to continue your association with Lincoln and when making other decisions regarding your association with Lincoln that directly affect you. These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. As a prospective distributor for Lincoln, you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business which, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to others, such as The Lincoln National Life Insurance Company.

A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for credit, employment, insurance or other purposes authorized by the FCRA. If any such information is obtained through personal interviews with the consumer's friends, neighbors, associates or with others who have knowledge about such information, such a report is an "investigative consumer report."

If Lincoln obtains an "investigative consumer report," you may request, in writing, that Lincoln provide you with information about the nature and scope of the investigation to be conducted. You may also request that Lincoln provide you with a copy of the Federal Trade Commission's document entitled: "Summary of Your Rights Under the Fair Credit Reporting Act." This document and more information about the FCRA is available on the Federal Trade Commission's web site at [www.ftc.gov](http://www.ftc.gov).

You are also free to contact the Federal Trade Commission about your rights under FCRA as a "consumer" and to obtain more information about "consumer reports," "investigative consumer reports," and "consumer reporting agencies."

**Authorization of  
Applicant to Obtain  
Consumer Report  
and Investigative  
Consumer Report**

By signing below, I hereby voluntarily authorize The Lincoln National Life Insurance Company and its affiliates ("Lincoln") to obtain "consumer reports" and/or "investigative consumer reports" about me from a "consumer reporting agency" and to consider the "consumer reports" and/or "investigative consumer reports" when considering whether to contract with or appoint me as a Lincoln distributor, and, if I become a Lincoln distributor, throughout the time of my affiliation with Lincoln. I further authorize all persons and entities (including, but not limited to businesses, corporations, former employers and supervisors, credit agencies, consumer reporting agencies, government agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information about me to a "consumer reporting agency" for use by Lincoln and agree to hold each harmless from all liability and responsibility for doing so. I understand that if an investigative consumer report is to be procured, upon written request, I will be given a list of the areas which will be researched and included in the report. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. My signature below confirms that I have read the information contained in this form.

Name <i>(print or type)</i>	Date
Signature	Date

Please send to: Sales Authorization 3H39, Lincoln Life, PO Box 7833,  
Fort Wayne IN 46801-7833. If you have any questions, call 800 331-4949.

Minnesota and Oklahoma Residents:  Check box to request a copy of the investigative consumer report.