

HOW TO DO BUSINESS WITH LINCOLN FINANCIAL

Agents now have two submission choices when working with Lincoln Financial. You can use OAKTREE's Brokerage Service Team or use Lincoln Financial's direct access option.

OAKTREE Brokerage Service:

Submission:

- All new business applications should be faxed to 703-995-0813, emailed to brokerageservices@otfc.com or mailed to the address below.
- Please use the New Business Transmittal attached.
- If you do not receive an acknowledgement phone call and email with a policy number within 1 business day, please call for receipt confirmation. A team member can be reached at 800-842-9124 ext. 444.

Checking Case Status:

- You will receive regular case status emails and phone calls from Brokerage Services.

Requirements and Premium:

- Fax requirements to 703-995-0813 with a cover sheet indicating the client name/policy number.
- Mailing address is:

OAKTREE Life & Annuity Brokerage
4227 Lafayette Center Drive, Suite A
Chantilly, VA 20151
Attn: Brokerage Services

Lincoln Financial's Direct Access:

Submission:

- New business applications should be submitted via fax directly to 877-233-8629 or mailed to the address below.
- Fax requirements to 877-233-8629.

Lincoln Financial Group
One Granite Place
PO BOX 515
Concord, NH 03301
Attention: New Business

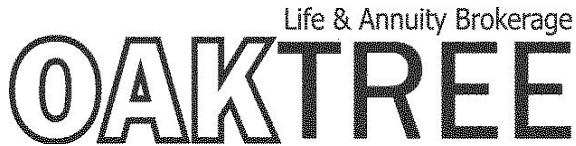
Checking Case Status:

- Agents can register to track cases on line at www.lincolnfinancialnetwork.com
- Agents can call Lincoln Financial at 800-258-3648.

Please mail premiums to the address above.

Illustrations and Marketing Support:

- Agents contracted directly with OAKTREE Life and Annuity can call a member of the agent services team at 800-842-9124 ext. 406 or email them at agentservices@otfc.com
- Agents can also call 866-457-3658 for marketing support or email agencyquickquotes@lfg.com for illustrations.



Brokerage Services
Fax Number: 703-995-0813

Oaktree Life and Annuity Brokerage
4227 Lafayette Center Drive, Suite A
Chantilly, VA 20151
Attn: Brokerage Services-800-842-9124 ext. 444

Please fill in fields below.

TRANSMITTAL

DATE:

AGENT:

AGENT CODE:

AGENT FAX NUMBER:

AGENTPHONE NUMBER:

PROPOSED INSURED:

CARRIER:

SSN OR POLICY # (IF AVAILABLE):

ORDER EXAM YES NO

TOTAL # OF PAGES (WITH COVER SHEET):

NEW APPLICATION REQUIREMENT LICENSING INFORMAL APPLICATION

Comments:

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