

Instructions: Please type or print. ANY ALTERATIONS TO THIS APPLICATION MUST BE INITIALED AND DATED BY THE APPLICANT.

ALL "REQUIRED" SECTIONS MUST BE COMPLETED.

1 Product Name - Required

Complete name of product being applied for: _____

2 Type of Contract* Being Applied For - Required

- NonQualified:** (Do **NOT** select Plan Type)
- Tax-Qualified:** (**MUST** select Plan Type, below)

- Plan Type (Check One):**
- Roth IRA
 - Traditional IRA

3a Contract Owner (Owner) - Required (Minimum and Maximum Ages apply.)

_____ Male
Full Legal Name of Individual or Trust** SSN/TIN _____ Date of Birth _____ Female

_____ Telephone Number _____
Physical Street Address

_____ City _____ State _____ Zip Code _____ Citizen of (Country) _____

_____ Mailing Address (if different than above, including City, State and Zip Code.)

_____ Is Trust revocable** Yes No
Trustee Name(s)** _____ Date of Trust _____

3b Joint Contract Owner (Joint Owner), if any - Non-Qualified Contract Only (Minimum and Maximum Ages apply.)

_____ Male
Full Legal Name of Individual SSN/TIN _____ Date of Birth _____ Female

_____ Telephone Number _____
Physical Street Address

_____ City _____ State _____ Zip Code _____ Citizen of (Country) _____

Relationship To Owner: Spouse
 Non-Spouse
Please specify relationship if other than Spouse: _____

* "Contract" may be referred to as "Policy."

** Additional documentation required. Please complete and return the Certification of Trustee Powers Form (AN07086)

4a Annuitant - If no Annuitant is specified, the Owner, or Joint Owner if younger, will be the Annuitant or if a lifetime withdrawal benefit is selected, the default will be according to the lifetime withdrawal benefit rider specifications. (Minimum and Maximum Ages apply.)

Same as: Owner
 Joint Owner
 Other - complete information below and specify relationship to Owner: _____

_____ Male
Full Legal Name of Individual SSN/TIN Date of Birth Female

Physical Street Address Telephone Number

City State Zip Code

4b Joint Annuitant, if any - (Minimum and Maximum Ages apply.)

Same as: Owner
 Joint Owner
 Other - complete information below and specify relationship to Owner: _____

_____ Male
Full Legal Name of Individual SSN/TIN Date of Birth Female

Physical Street Address Telephone Number

City State Zip Code

5 Beneficiary(ies) of Owner - If additional space is needed, please list additional beneficiaries in Section 7.

Beneficiaries share equally unless otherwise indicated. If a percentage is indicated, use whole number percentages and the allocation total must equal 100%.

_____ %
Full Legal Name **Primary** Beneficiary Relationship to Owner Date of Birth SSN/TIN

Primary Beneficiary Address Telephone Number

_____ %
Full Legal Name **Primary** **Contingent** Relationship to Owner Date of Birth SSN/TIN

Beneficiary Address Telephone Number

_____ %
Full Legal Name **Primary** **Contingent** Relationship to Owner Date of Birth SSN/TIN

Beneficiary Address Telephone Number

_____ %
Full Legal Name **Primary** **Contingent** Relationship to Owner Date of Birth SSN/TIN

Beneficiary Address Telephone Number

6 Replacement Information - Required

Yes No Do you own any existing annuities or life insurance?

(Representative/Agent: If Yes, the appropriate state version of Form 33503 is required for applications signed in NAIC states.)

Yes No Will the proposed contract replace or change any existing annuity or life insurance?

(Representative/Agent: If Yes, complete the information below with the contract information being replaced AND provide the applicable state replacement form(s) for the state where the application is signed. If additional space is needed, please list additional contracts in Section 7.)

Company	Approximate Transfer Amount	Policy/Contract Number	Replacement of Annuity/Life
	\$		<input type="checkbox"/> Annuity <input type="checkbox"/> Life
	\$		<input type="checkbox"/> Annuity <input type="checkbox"/> Life
	\$		<input type="checkbox"/> Annuity <input type="checkbox"/> Life

7 Additional Remarks

8 Declarations and Signatures - Required

The Owner(s) understands and agrees that:

1. The information contained in this application is true, complete, and correct to the best of his or her knowledge and belief.
2. The statements made shall form the exclusive basis of any annuity issued.
3. Checks must be made payable to The Lincoln National Life Insurance Company, not to the Representative/Agent. The cancelled check is the receipt.
4. Only a Company officer can make, modify, discharge, or waive any of the Company's rights.
5. Under penalties of perjury, the Owner(s) certifies that: (1) the Social Security Number(s) or Tax Identification Number(s) reported above for the Owner(s) is the correct number (or the Owner(s) is waiting for a number to be issued); and (2) the Owner(s) is not subject to backup withholding either because (a) the Owner(s) has not been notified by the Internal Revenue Service (IRS) that the Owner(s) is subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified the Owner(s) he or she is no longer subject to backup withholding.
6. Placing an annuity in a tax qualified retirement plan (for example, an IRA) will result in no additional tax advantage from the annuity.
7. **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, incompetent, or misleading information is guilty of a felony in the third degree.**
8. **THIS ANNUITY IS NOT A DEPOSIT, NOT GUARANTEED BY THE BANK, NOT FDIC INSURED, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY AND MAY GO DOWN IN VALUE.**

Contract Owner Signature	Signed in (City and State)	Date
--------------------------	----------------------------	------

Joint Contract Owner, if any, Signature	Signed in (City and State)	Date
---	----------------------------	------

Annuitant Signature (if other than Owner)	Date
---	------

Joint Annuitant, if any, Signature	Date
------------------------------------	------

9 Representative/Agent Signature - Required

Does the applicant have any existing life insurance policies or annuity contracts? Yes No

Will the proposed contract replace or change any existing annuity or life insurance? Yes No

The Representative/Agent hereby certifies he/she witnessed the signature(s) in Section 8 and that all information contained in this application is true to the best of his/her knowledge and belief. The Representative/Agent also certifies that he/she has used only Company approved sales materials in conjunction with the sale and copies of all sales materials were left with the applicant(s). Any electronically presented sales material will be provided in printed form to the applicant no later than at the time of the contract delivery.

The undersigned confirms this contract was principally negotiated, issued and delivered in the state where the application was signed. Any communication pertaining to this contract also occurred in the state where the application was signed.

Servicing Representative/Agent Signature	Date
--	------

Agent's Florida License ID Number _____

ANNUITY SUITABILITY QUESTIONNAIRE

This form is required for all fixed annuity products with fixed and/or indexed rates.

Proposed Annuitant's Personal Information

Name: Last _____ First _____ Middle _____ Date of Birth _____ Age _____
 Sex _____ Tax Status _____ Number and Age of Dependents _____

Joint Annuitant Information

Name: Last _____ First _____ Middle _____ Date of Birth _____ Age _____
 Sex _____ Tax Status _____ Number and Age of Dependents _____

Applicant/Owner Other Than Annuitant/Joint Annuitant

Name: Last _____ First _____ Middle _____ Date of Birth _____ Age _____
 Sex _____ Entity _____
 Tax Status _____ Relationship to Annuitant(s) _____

Form of Ownership: _____

Supporting Documents (List): _____

	Applicant	Joint Annuitant
Annual Income		
Source of Income		
Annual Household Income		
Net Worth		
Liquid Assets		
Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please List		
Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please List		

Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain		
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain		
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain		

Applicant's Signature _____

Date _____

Joint Applicant's Signature _____

Date _____

(Complete and Return with the Fixed Annuity Application.)

ANNUITY SUITABILITY QUESTIONNAIRE

	Applicant	Joint Annuitant
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please explain		
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain		

Why are you purchasing this annuity? _____

What are your investment objectives? (Check all boxes that apply)

- Income Growth (Long Term) Safety of Principal and Income
 Safety of Principal and Growth Pass assets to a Beneficiary or Beneficiaries at death
 Other _____

Describe your risk tolerance? (Check all boxes that apply)

- Conservative Moderately Conservative Moderate Moderately Aggressive
 Aggressive Other _____

Comments _____

Describe your investment experience by type and length of time: _____

What is the source of the funds for the purchase of the proposed annuity? _____

How long do you plan to keep the proposed annuity? _____

Will the proposed annuity replace any product? Yes No

If Yes, will you pay a penalty or other charge to obtain these funds? Yes No

If Yes, the amount of the charge or penalty? \$ _____

Note: This section to be completed by the Agent, Insurer, or Managing General Agent proposing purchase.

Advantages of purchasing the proposed annuity:

Disadvantages of purchasing the proposed annuity:

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):

 Producer/Representative's Signature

 Representative's Number (if applicable)

 Date Signed

 Applicant's Signature

 Date

 Joint Applicant's Signature

 Date

ANNUITY SUITABILITY QUESTIONNAIRE

EXPLANATION OF TERMS

“Age” - is the natural person’s attained age on the day the form is completed.

“Tax Status” - is the senior consumer’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Form of Ownership” - is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Supporting documents” - are the documents that provide a basis for the relationship between the Proposed Annuitant, Joint Annuitant if applicable, and the Applicant/Owner as it may exist.

“Annual income” - is income received during a calendar year, whether earned or unearned.

“Source of annual income” - is the income-generating source, such as pension income, dividends, or earned income etc.

“Annual household income” - is the combined annual income received by all household members each calendar year.

“Total New Worth” - is the senior consumer’s total assets minus total liabilities or encumbrances applicable to those assets.

“Liquid Assets” - are financial holdings that can readily be converted into their cash equivalent, without loss of principal.

“Investment Objectives” - are the senior consumer’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Risk Tolerance” - means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of the funds” - to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

“Intended use of the annuity” - means the purpose for which the senior consumer is considering the recommended purchase or exchange. This may include the following: (1) Immediate income (within 60 days or less), (2) Tax Shelter (protection from taxation of all types while in force), (3) Interest earnings, (4) Income stream at a stated age, (5) Creditor Protection (a desire to protect assets from attachment by any legal process), (6) Other, as stated by the Senior Consumer.

Applicant’s Signature

Date

Joint Applicant’s Signature

Date

INTRODUCTION

Thank you for applying for a *Lincoln MYGuaranteeSM Plus* Fixed Annuity. We want to make sure that you understand its features and benefits. Please read the following information carefully.

This document reviews important points to think about before you buy this Lincoln annuity. This annuity is single purchase payment (premium) which means you buy it with one premium (payment). It is a fixed annuity, which means the annuity earns a specified interest rate during the guaranteed period. This annuity is deferred, which means payouts, as described below, begin at a future date. You do not pay taxes on the interest the annuity earns until the money is paid to you. You can use an annuity to save money for retirement or other long-term needs and to receive retirement income for life. It is not meant to be used to meet short-term financial goals. It is intended for a person who has enough cash or other liquid assets to pay for living expenses and unexpected emergencies, such as medical bills. **If you have questions about this annuity, please contact your agent, broker, or advisor, or contact a Lincoln representative at (800) 950-2454, option 7.**

THE ANNUITY CONTRACT (Note: Contract may be referred to as “policy” or “certificate”.)

- *Lincoln MYGuaranteeSM Plus* is a Single Purchase Payment Deferred Annuity with Market Value Adjustment. Additional purchase payments (premiums) may not be added to the contract.
- The minimum premium payment for a *Lincoln MYGuaranteeSM Plus* Fixed Annuity is \$10,000.
- Elect an Initial Interest Rate Guaranteed Period:
 3 years 4 years 5 years 6 years 7 years 8 years 9 years 10 years
- **The current initial interest rate* is** _____%

How will the value of my annuity grow?

Your annuity earns tax-deferred interest at a guaranteed rate for a guaranteed period. When you buy your annuity, you choose an **interest rate guaranteed period** of 3-10 years. The guaranteed interest rate depends on the guaranteed period you choose and current interest rates published by Lincoln. Your contract’s interest rate will be the interest rate in effect on the day your contract is issued.

After the initial guaranteed period, Lincoln will declare annually, at its discretion, an interest rate for each subsequent contract year. The guaranteed minimum interest rate will be between 1.00% and 3.00%. Subsequent rates may differ for new contracts or for other contracts issued at different times.

Interest compounds daily and is credited to your contract each day. All interest rates are expressed as annual effective interest rates. If you take partial or systematic withdrawal(s) during the contract year, your actual earned interest amount will be reduced due to an interruption of interest compounding.

If you withdraw money from your annuity or surrender your annuity before the end of the surrender charge period, other charges may apply (see “FEES, EXPENSES & OTHER CHARGES” on page 2).

If you do not withdraw the premium payment or any interest from your annuity, the value of your annuity cannot go down.

BENEFITS

How do I get income (payouts) from my annuity?

After the 5th contract year**, you (as the annuitant) can start to get income from your annuity (“annuitization”). If your contract’s surrender charge period is less than five years, you can start to get income at the end of the surrender charge period. You can choose how to get the income—the payout option. Your payout option choices now are:

- **Income for a Fixed Period:** Pays income for a period of at least 5 years.
- **Life Only:** Guarantees income for as long as you live.
- **Life Income with Guaranteed Period:** Guarantees income for as long as you live. If you die within the guaranteed period (usually 10 or 20 years), pays income to your beneficiary for the rest of the period.
- **Life with Installment Refund:** Pays income as long as you live. If you die before the sum of the payments equals the amount of the annuity proceeds on the date you start receiving income, Lincoln will continue to make income payments until the sum of all annuity payments equals the annuity proceeds.

(Continued)

* The actual interest rate credited will be the rate in effect on the day the contract is issued subject to applicable rate lock provisions. **Interest is calculated from the date the contract is issued. No interest is credited between the date the premium payment is received and the date the contract is issued.**

** For contracts issued in Florida, “After the 1st contract year.”

- **Interest Only:** For an agreed-upon period of at least 5 years, Lincoln will hold your annuity proceeds, which will earn interest at a rate Lincoln declares annually. During this period, you have a choice:
 - a. Interest will be paid periodically; or
 - b. Interest will accumulate.
 At any time during this period, you may choose another payment option to receive your annuity proceeds, including any accumulated interest. At the end of the period, you may choose another payment option to receive your annuity proceeds, including any accumulated interest, or receive them as a single (lump sum) payment. Annuity payments are calculated at an interest rate of no less than 1.50%.
- **Income of a Fixed Amount:** Annuity payments are paid in an agreed amount until annuity proceeds and interest are exhausted. The payment period must be for at least 5 years.

If you do not choose a payout option, Life Income with a Guaranteed Period of 10 years will become effective.

Once you start to receive your payouts, you can not surrender your annuity.

What is the Maturity Date?

The maturity date is the date when your annuity ends its **accumulation (interest-earning) phase** and begins the **income (payout) phase**.

The maturity date will be shown on the schedule page of your contract. You may change the maturity date anytime before income payments begin. The maturity date will be no earlier than the 5th contract anniversary*** and no later than the 10th contract anniversary or the contract anniversary on or immediately following your 95th birthday. At the maturity date, no withdrawals can be made and the death benefit, if any, will be determined by the payout option you have chosen.

What happens after I die?

If you die before we start to pay you income from your annuity, the value of your annuity is payable to your beneficiary. If you die after the payouts start, depending on the type of payout you chose, we will pay the remaining value in the annuity, if any, to your beneficiary.

FEES, EXPENSES & OTHER CHARGES

Are there any front-end sales charges or annual administrative fees?

The *Lincoln MYGuarantee*SM Fixed Annuity has no front-end sales charges or annual administrative fees. Some states charge a premium tax. Lincoln deducts premium taxes if Lincoln is required to pay them.

What happens if I take out some or all of the money from my annuity?

Your *Lincoln MYGuarantee*SM Fixed Annuity is a long-term contract. You should plan to keep your annuity for at least the duration of the contract's surrender charge period. However, you can access the money in your annuity when you need it. Before payouts begin, you can withdraw all of your annuity's value (**full surrender**) or part of it (**partial surrender**). You can take a partial surrender as long as the amount you take is at least \$100 and you leave at least \$5,000 in the contract.

Surrenders during the surrender charge period for a *Lincoln MYGuarantee*SM *Plus* Fixed Annuity are subject to a surrender charge. Surrender charges are expressed as a percentage of the contract's accumulation value after applying any Market Value Adjustment ("MVA"). The surrender charge schedules are shown below:

Guaranteed Interest Rate Period	Contract Year									
	1	2	3	4	5	6	7	8	9	10
3-year	7.00%	7.00%	6.00%							
4-year	7.00%	7.00%	6.00%	5.00%						
5-year	7.00%	7.00%	6.00%	5.00%	4.00%					
6-year	7.00%	7.00%	6.00%	5.00%	4.00%	3.00%				
7-year	7.00%	7.00%	6.00%	5.00%	4.00%	3.00%	2.00%			
8-year	7.00%	7.00%	6.00%	5.00%	4.00%	3.00%	2.00%	0.00%		
9-year	7.00%	7.00%	6.00%	5.00%	4.00%	3.00%	2.00%	0.00%	0.00%	
10-year	7.00%	7.00%	6.00%	5.00%	4.00%	3.00%	2.00%	0.00%	0.00%	0.00%

Example: Assume you have a *Lincoln MYGuarantee*SM *Plus* Fixed Annuity with an accumulation value of \$50,000 and wish to withdraw \$15,000 in the third contract year. If this is your first withdrawal during the current contract year:

The first 10% of your accumulation value, or \$5,000, will have no (\$0) surrender charge. For the balance of your withdrawal, or \$10,000, we will apply an MVA (see MVA below) and a surrender charge of 6%. Assuming the MVA is \$100 then, the surrender charge is $(\$10,000 - 100) \times 0.06 = \594 . As a result, you would receive \$14,306 ($\$15,000 - \text{MVA} - \text{surrender charge}$).

*** For contracts issued in Florida, "no earlier than the 1st contract anniversary".

Due to surrender charges you may receive less than your premium if you surrender your annuity during the early years.

When you make a withdrawal during the surrender charge period, we may increase or decrease the amount you receive based on a **Market Value Adjustment** (“MVA”). If interest rates went up after you bought your annuity, the MVA will likely decrease the amount you receive. If interest rates went down, the MVA will likely increase the amount you receive. In no case will an MVA reduce the cash surrender value below the guaranteed minimum cash surrender value provided by the contract. The MVA cannot increase the cash surrender value by more than the maximum amount that the MVA can decrease the cash surrender value.

You can not take any of the money out of your annuity after the payout phase begins.

Are there exceptions to surrender charges and an MVA?

Yes, there are several exceptions:

- **Free partial surrenders.** Each contract year you may take free partial surrenders of up to 10% of the contract’s accumulation value without an MVA or surrender charge. Any amount in excess of 10% may be subject to an MVA and surrender charge.
- **Annuitization:** You can choose to begin to receive income payouts after the 5th contract year**** and receive the full accumulation value, without an MVA or a surrender charge.
- **Death benefit:** Should you die before you begin to receive income payouts, a death benefit will be payable consisting of an amount equal to the greater of the accumulation value or the guaranteed minimum cash surrender value provided by the contract.

Do I pay any other fees or charges?

No. There are no other fees or charges on this annuity.

TAXES

How will payouts and withdrawals from my annuity be taxed?

This annuity is tax-deferred, which means you do not pay taxes on the interest it earns until the money is paid to you. When you take payouts or make a withdrawal, you pay ordinary income taxes on the earned interest. You also pay a 10% federal penalty tax on earnings you withdraw before age 59½. If your state imposes a premium tax, it will be deducted from the money you receive. You can exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you do, compare the benefits, features, and costs of the two annuities. You may pay a surrender charge if you make the exchange during the first 5 contract years for a *Lincoln MYGuaranteeSM Plus* Fixed Annuity. Also, you may pay a surrender charge if you make withdrawals from the new annuity during the early years you own it.

Does buying an annuity in a retirement plan provide extra tax benefits?

Buying an annuity within an IRA, 401(k), or other tax-deferred retirement plan does not give you any extra tax benefits. Choose your annuity based on its other features and benefits as well as its risks and costs, not its tax benefits. You should consider other annuity features, including the availability of lifetime payments and death benefit protection.

Tax information reflects Lincoln’s understanding of current federal tax laws as they apply to annuities. Tax laws are complex and subject to change and different interpretations. We do not give legal, accounting or tax advice. We suggest you seek the counsel of a qualified tax advisor regarding annuity taxation as it applies to you specifically.

OTHER INFORMATION

What else do I need to know?

Summary description

The *Lincoln MYGuaranteeSM Plus* Single Purchase Payment Deferred Annuity with Market Value Adjustment (Contract Form 09-612MY or state variation) is issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, and may not be available in all states.

This Disclosure Statement contains a summary description of the *Lincoln MYGuaranteeSM Plus* Fixed Annuity. The exact terms of your annuity are contained in the contract and any attached riders and endorsements, which will control Lincoln’s contractual obligations. **This Disclosure Statement is not a part of the contract.** Guarantees are backed by the claims paying ability of The Lincoln National Life Insurance Company. For complete information about the annuity, including costs and details of coverage, please read the product’s Client Guide and Facts-at-a-Glance, or contact your agent, broker or advisor, or contact a Lincoln representative.

Changes to your contract

We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we’ll tell you about the changes in writing.

**** For contracts issued in Florida, “after the 1st contract year”.

Compensation

We pay the agent, broker or firm for selling the annuity to you. They may receive additional compensation for selling this annuity contract.

Free Look

Many states have laws that give you a set number of days to look at an annuity contract after you buy it (called “Free Look”). If you decide during that time that you do not want the contract, you can send a written request to cancel and return the annuity and we will return your premium paid for the contract. Canceling your contract will void the contract from the beginning. Please note that if you cancel your contract, you may not purchase another Lincoln Fixed Annuity during the next 6 months. Read the face page of your contract to learn about your Free Look period.

Lincoln’s discretion

It is within Lincoln’s sole discretion to set and declare interest rates for this annuity, subject to any minimum guarantees contained in the contract.

What should I know about the insurance company?

The Lincoln National Life Insurance Company offers a wide variety of retirement income security products, including life insurance, annuities, long-term care insurance, and disability income insurance. We are also a leading provider of products and services to workplace-based pension plans—both defined contribution and defined benefit plans.

Owner/Applicant's and Joint Owner/Applicant's (if applicable) Statement

The undersigned Owner, and Joint Owner, if any, acknowledge that I/we:

- Have paid \$_____ to purchase the annuity contract from Lincoln.
- Have sufficient cash or other liquid assets for living expenses for unexpected emergencies, such as medical expenses, in excess of the premium I am paying for this annuity.
- Understand that the actual interest rate credited will be the rate in effect the day the contract is issued subject to applicable rate lock provisions.
- Understand that the interest is calculated from the date the contract is issued. No interest is credited between the date the premium payment is received and the date the contract is issued.
- Understand the annuity is a long-term contract with substantial penalties for early surrenders.
- Understand that if I place an annuity in an IRA or other tax-deferred retirement plan, I will receive no additional tax advantage from the annuity.
- Have received, read and understand:
 - this Disclosure Statement;
 - the *Lincoln MYGuaranteeSM Plus* Client Guide and Facts-at-a-Glance; and
 - the Examples of MVA and Surrender Charge Calculations.
- Believe that this annuity contract meets my/our financial needs.

Owner/Applicant's Signature

Date

Joint Owner/Applicant's Signature (if applicable)

Date

Representative/Agent's Statement

I certify that I have:

- Read, explained and given to the Owner/Applicant (and Joint Owner, if any) this Disclosure Statement, *Lincoln MYGuaranteeSM Plus* Client Guide, Facts-at-a-Glance and Examples of MVA and Surrender Charge Calculations.
- Made no statements that are inconsistent with this Disclosure Statement, nor have I made any promises about expected future interest rates of the annuity contract.

Representative/Agent's Signature

Representative/Agent's Printed Name

Date

<ul style="list-style-type: none"> ● Not a Deposit ● Not FDIC Insured ● Not Insured by any Federal Government Agency ● Not Guaranteed By any Bank or Savings Association ● May Go Down in Value

- The Lincoln National Life Insurance Company
 Lincoln Life & Annuity Company of New York
 First Penn-Pacific Life Insurance Company

Life Service Office: PO Box 21008, Greensboro, NC 27420-1008
Annuity Service Office: PO Box 2348, Fort Wayne, IN 46801-2348
www.LincolnFinancial.com

CERTIFICATION OF TRUSTEE POWERS

Use this form to certify the existence of the Trust, and the identity and powers of the Trustee(s). Please read this entire form and complete all fields before signing. If more space is needed for additional information, attach a separate sheet of paper.

CONTRACT OR POLICY¹ INFORMATION

Contract or Policy Number(s) (if known): _____

Owner Name: _____ Owner Social Security Number/TIN: _____

Annuitant/Insured Name: _____ Annuitant/Insured Social Security Number: _____

TRUST INFORMATION

Trust Name as it appears on the Trust ("Trust"): _____

Original Trust Date: _____ Latest Amendment Date (if any): _____

Taxpayer Identification Number (TIN): _____ State Governing Law of Trust: _____

Trust Address (for correspondence): _____

Trust Type (select one) Irrevocable Revocable Charitable Remainder Trust (CRT) Testamentary

Is this a grantor trust**? Yes No

If yes, Name of Grantor: _____

Grantor's Social Security Number: _____ Date of Birth: _____

** A grantor trust is one in which the grantor has reserved to him/her/itself certain powers that, under current tax law, may generate a tax liability on the grantor. Generally, these would be powers that could lead to a conclusion that the assets of the trust are treated as owned by the grantor and not really the trust (See, IRC Sections 671-679.) If not sure, please contact your tax/legal advisor to determine whether your trust reserves such powers.

Note: If the trust listed above is a Grantor Trust under Section 671-679 of the Internal Revenue Code (IRC), the following will apply:

- If this trust has a Tax ID Number (TIN), any taxable distributions from an annuity to the trust will be reported to the trust and the Internal Revenue Service. If this trust does not have a TIN, such annuity distributions will be reported to the Grantor and the Internal Revenue Service.
- The trust will be treated as a natural person under IRC Section 72 (u).
- If the trust should cease to be a Grantor Trust, the Trustee and/or Grantor will immediately give written notification, including new TIN, to the Lincoln Financial Group.

TRUSTEE INFORMATION

Trustee Name: _____

Trustee Address: _____

Additional Trustee Name (if any): _____

Additional Trustee Address: _____

Additional Trustee Name (if any): _____

Additional Trustee Address: _____

Transaction requests must be authorized by (select one):

All Trustees Majority of Trustees Any One Trustee Only Specified Named Trustee(s) (provide name): _____

¹Contract or Policy may be referred to as "certificate."

FOR LIFE POLICIES ONLY

Will Trust be paying the premium? Yes No

If yes, provide the following information:

Bank Name: _____

Name on Bank Account: _____

Individuals with Signature Authority: _____

CERTIFICATION AND SIGNATURES

The Trustee(s) is (are) referred to as "you" in this form. By signing below, the undersigned Trustee(s) acknowledge and certify the following:

- You are the named Trustee(s) under the Trust and the information provided on this form is true and accurate;
- You have the power under the Trust and applicable law to exercise all ownership rights, privileges, options, and benefits under the contract(s) and/or policy(ies) listed above, and you understand and agree that the Company is not obligated to verify that the Trust is in effect or that you are acting within the authority granted to you under the terms of the Trust;
- You agree to indemnify and hold harmless the Company from any and all liability, including attorney's fees the Company may incur by acting upon instructions reasonably believed by the Company to be valid instructions originating from you with respect to any life insurance policy or annuity contract, and from all other acts related to such policy(ies) or contract(s);
- The Trust is currently in effect and has not been revoked, modified or amended in any manner that would cause the representations in this certification to be incorrect;
- This certification is being signed by all currently acting trustees of the Trust; and
- You agree to inform the Company in writing of any change in the Trustee(s), or any event that could alter this certification. (Provide supporting written documentation such as a letter stating that the named Trustee is no longer a Trustee, or a copy of the Trustee's certified death certificate.)

Trustee Signature	Trustee Name (printed)	Date
-------------------	------------------------	------

Trustee Signature	Trustee Name (printed)	Date
-------------------	------------------------	------

Trustee Signature	Trustee Name (printed)	Date
-------------------	------------------------	------

If the Trust has more than three Trustees, please provide Trustee names, addresses, signatures and dates on an additional sheet of paper and attach that page to this form.



Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company, Life Service Office: PO Box 21008, Greensboro, NC 27420-1008
- The Lincoln National Life Insurance Company, Annuity Service Office: PO Box 2348, Fort Wayne, IN 46801-2348
- The Lincoln National Life Insurance Company, Group Protection Service Center, PO Box 2616, Omaha, NE 68103-2616

APPROPRIATENESS VERIFICATION STATEMENT

The Lincoln National Life Insurance Company (Lincoln) Replacement Position Statement: Lincoln does not encourage the replacement of a long-term care policy, life insurance policy or annuity contract. Replacements should only occur when it is in the client’s best interest. Therefore, Lincoln expects each producer selling its products to determine the appropriateness of each replacement according to Lincoln’s guidelines prior to submitting an application to Lincoln. Before issuing a replacement policy, Lincoln must be reasonably satisfied that the product meets the client’s needs and objectives; that the client was fully educated on the advantages and disadvantages of a policy or contract replacement to have the knowledge necessary to make an informed decision; and that the client received complete and accurate replacement forms as required by state regulations.

Guidelines: Lincoln expects that each producer will discuss at least the following replacement issues and concerns with the client prior to submitting a replacement application to Lincoln:

- Potential reduction of current cash value due to new acquisition costs - how long will it take to recover the costs associated with the proposed policy or annuity contract.
- Potential tax implications of replacing the existing policy or annuity contract.
- Potential impact on client’s immediate liquidity needs.
- Potential impact of surrender charges on existing and proposed policy or annuity contract
- Potential increase in cost of insurance due to insured’s increased age.
- Potential for new contestability/suicide periods.
- Potential impact of variable factors on planned premiums.
- Circumstances under which the existing and proposed policy could lapse.
- Duration of coverage under the existing and proposed policy.
- Differences in features and benefits between the existing and proposed coverage or annuity contract.
- Differences in loan features and benefits between the existing and proposed coverage or annuity contract.

Producer Verification:

- I have discussed the advantages and disadvantages of discontinuing or modifying the existing long-term care policy, life insurance policy or annuity contract with my client, including the replacement concerns and issues mentioned above.
- I have determined that the existing coverage or annuity contract no longer meets the client’s insurance needs and objectives and that the proposed replacement is appropriate in accordance with the Lincoln Replacement Position Statement.
- I have used only company approved sales material in conjunction with this sale; and,
- I have left copies of all sales material with the applicant(s) at the time the application was submitted.

Producer’s Name (please print)

Signature

Date

Insured/Annuitant Printed Name



DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

Existing Annuity Contract

Annuitant(s) _____

Insurer _____

Contract # _____

Proposed Annuity Contract

Annuitant(s) _____

Insurer _____

Application # _____

	Existing Annuity Contracts			Replacement Annuity			
	Mo	Day	Year	Mo	Day	Year	(est.)
Contract Issue Date							
Generic Contract Type							
Marketing Name							
Initial Premium							
Source of Initial Premium				N/A			
Qualified Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Annuity Maturity Date							
Death Benefit Amount							
Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Surrender Charge Period in Years							
First Year Surrender Charge Percentage Rate	%			%			
Surrender Charge Schedule for Remaining Years							
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Annual Free Withdrawal Percentage Rate	%			%			
Waiver of Surrender Charge Benefit or Similar Benefit? (List limitations, requirements, exclusions of the benefit)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Minimum Guaranteed Interest Rate	%			%			
Market Value Adjustment?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Asset Fees							
Initial Bonus Percentage or Amount							
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Limits and Exclusions for Bonuses that may be Payable							
Interest Rate Cap							
Participation Rate							
Index Type							
Administrative Fees or Margins							

Other: _____

Applicant's Signature _____

Date _____

Joint Applicant's Signature _____

Date _____

Disclosure of Surrender Charges if Existing Annuity is Replaced or Exchanged

Existing Annuity Contract Number _____

Annuity Total Value* \$ _____ Annuity Surrender Value**\$ _____

Surrender Charges*** Applicable at exchange \$ _____

This is the estimated amount that will be deducted from the existing annuity’s total value if surrendered, replaced, or exchanged, with an anticipated surrender date of _____ .

Acknowledgements and Signatures

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Producer/Representative’s (Please Print)

Florida License Number

Producer/Representative’s Signature

Representative’s Number (if applicable)

Date Signed

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

Applicant

Do Not Sign This Form If:

- Any item has been left blank;
- Without carefully reviewing the information recorded; or
- If any of the information recorded is not true and correct to the best of your knowledge.

Applicant’s Name (Please Print)

Date Signed

Applicant’s Signature

Joint Applicant’s Name (Please Print)

Date Signed

Joint Applicant’s Signature

* This amount represents the current value of the existing annuity, less any withdrawals or other deductions.

** This amount represents the surrender value of the existing annuity.

*** Surrender charges or fees that will be deducted from #1 if you exchange or otherwise terminate your existing annuity.

EXPLANATION OF TERMS

“Generic Contract Type” - is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

“Marketing Name” - is the name adopted by the insurer to identify the contract form.

“Qualified Contract” - means a product used to fund any type of pension plan approved by the Internal Revenue Service.

“Annuity Maturity Date” - is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

“Surrender Charge” - is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

“Surrender Charge Period” - is the number of annuity contract years a surrender charge may be applicable.

“Initial Surrender Charge Percentage Rate” - is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

“Surrender Charge Percentage Schedule for Remaining Years” - the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

“Minimum Guaranteed Interest Rate” - is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

“Initial Bonus Percentage or Amount” - is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

“Potential Loss of Bonus if Exchanged” - refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

“Interest Rate Cap” - is the maximum interest earnings that will be credited to the annuity contract.

“Participation Rate” - is the percentage of the increase or return of the underlying stock market index that will be used to calculate the return.

“Index Type” - is the financial measurement used by the insurer to make certain calculations within an annuity contract. Examples of such indices include Standard and Poor’s 500 and the Russell 2000.

“Market Value Adjustment” - is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

“Administrative Fees or Margins” - are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

“Asset Fees” - are the fees the insurer charges that are a percentage of the value of the annuity contract.

“Death Benefit Amount” - is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

“Free Withdrawals” - are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

“Annual Free Withdrawal Percentage Rate” - is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

“Change of Annuitant upon Death” - is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

“Waiver of Surrender Charge Benefit or Similar Benefit or Provision” - is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

Applicant’s Signature

Date

Joint Applicant’s Signature

Date



Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company, Life Service Office: PO Box 21008, Greensboro, NC 27420-1008
- The Lincoln National Life Insurance Company, Annuity Service Office: PO Box 2348, Fort Wayne, IN 46801-2348
- The Lincoln National Life Insurance Company, Group Protection Service Center, PO Box 2616, Omaha, NE 68103-2616

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below. Yes No

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

Applicant's Signature

Date

Joint Applicant's Signature

Date

Insured/Annuitant Printed Name

Agent's Signature

Date

Agent's Name (Printed or Typed)

Agent's Address (Printed or Typed)

Agent's Company (Printed or Typed)

INFORMATION ON POLICIES WHICH MAY BE REPLACED.

Company Name

Policy Number

Name of Insured



Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company, Life Service Office: PO Box 21008, Greensboro, NC 27420-1008
- The Lincoln National Life Insurance Company, Annuity Service Office: PO Box 2348, Fort Wayne, IN 46801-2348
- The Lincoln National Life Insurance Company, Group Protection Service Center, PO Box 2616, Omaha, NE 68103-2616

COMPARATIVE INFORMATION FORM FOR PROPOSED INSURANCE

Proposed Insurer _____

Insurer's Address _____

Replacing Agent's Name _____

APPLICANT INFORMATION

POLICY INFORMATION

Name _____

Policy Generic Name _____

Address _____

Policy Number _____

Date of Issue _____ Issue Age _____

Telephone _____

Contestable Period Expires _____

Date of Birth _____ Age _____

Suicide Period Expires _____

Policy Loan Rate _____

POLICY/RIDER DESCRIPTION

<u>POLICY/ RIDER NAME</u>	<u>INITIAL/ CONTINUING BENEFIT</u>	<u>(AGE) BENEFIT</u>		<u>INITIAL/ RENEWAL ANNUAL PREMIUM</u>	<u>(AGE) PAYABLE</u>	
		<u>FROM</u>	<u>TO</u>		<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

TOTAL INITIAL ANNUAL PREMIUM \$ _____

MODE OF PAYMENT _____

AMOUNT _____

TOTAL RENEWAL ANNUAL PREMIUM \$ _____

MODE OF PAYMENT _____

AMOUNT _____

COMPOSITE DISCLOSURE OF PROPOSED
INSURANCE FOR PRIMARY INSURED

Year	Age	<u>Guarantees</u>				<u>Projections*</u>			
		Annual Prem.	Cumul. Prem.	Cash Value	Death Benefit	Annual Prem.	Cumul. Prem.	Cash Value	Death Benefit
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
	55								
	60								
	65								
	75								
	85								
	95								

* Projections include dividend and current interest rates which are not guaranteed.

IMPORTANT NOTICE

The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implications.

REMARKS: ** _____

** This space may be used for information regarding newly developed or unusual type products or other comments as agent might want to convey to his or her prospects.



Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company, Life Service Office: PO Box 21008, Greensboro, NC 27420-1008
- The Lincoln National Life Insurance Company, Annuity Service Office: PO Box 2348, Fort Wayne, IN 46801-2348
- The Lincoln National Life Insurance Company, Group Protection Service Center, PO Box 2616, Omaha, NE 68103-2616

COMPARATIVE INFORMATION FORM FOR EXISTING INSURANCE

Existing Insurer _____

Insurer's Address _____

APPLICANT INFORMATION

Name _____

Address _____

Telephone _____

Date of Birth _____ Age _____

POLICY INFORMATION

Policy Generic Name _____

Policy Number _____

Date of Issue _____ Issue Age _____

Contestable Period Expires _____

Suicide Period Expires _____

Policy Loan Rate _____

POLICY/RIDER DESCRIPTION

<u>POLICY/ RIDER NAME</u>	<u>INITIAL/ CONTINUING BENEFIT</u>	<u>(AGE) BENEFIT</u>		<u>INITIAL/ RENEWAL ANNUAL PREMIUM</u>	<u>(AGE) PAYABLE</u>	
		<u>FROM</u>	<u>TO</u>		<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

TOTAL INITIAL ANNUAL PREMIUM \$ _____

MODE OF PAYMENT _____

AMOUNT _____

TOTAL RENEWAL ANNUAL PREMIUM \$ _____

MODE OF PAYMENT _____

AMOUNT _____

COMPOSITE DISCLOSURE OF EXISTING
INSURANCE FOR PRIMARY INSURED

Year	Age	<u>Guarantees</u>				<u>Projections*</u>			
		Annual Prem.	Cumul. Prem.	Cash Value	Death Benefit	Annual Prem.	Cumul. Prem.	Cash Value	Death Benefit
Current									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
	55								
	60								
	65								
	75								
	85								
	95								

* Projections include dividend and current interest rates which are not guaranteed.

IMPORTANT NOTICE

The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implications.

REMARKS: ** _____

** This space may be used for information regarding newly developed or unusual type products or other comments as agent might want to convey to his or her prospects.



Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company, Life Service Office: PO Box 21008, Greensboro, NC 27420-1008
- The Lincoln National Life Insurance Company, Annuity Service Office: PO Box 2348, Fort Wayne, IN 46801-2348
- The Lincoln National Life Insurance Company, Group Protection Service Center, PO Box 2616, Omaha, NE 68103-2616

INSTRUCTIONAL NOTES FOR COMPLETION OF COMPARATIVE INFORMATION FORM

1. Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, alternative identification information such as an application or receipt number must be shown.
2. If more than one existing life insurance policy is to be replaced, a separate Comparative Information Form is to be provided for each such policy.
3. In the disclosure of values, premiums shall be shown only if they increase the cash value or death benefits for the primary insured.
4. Any benefits for secondary insureds shall be shown on a supplementary exhibit.
5. Values will be shown for each year in which either an initial change in face value or premium payment occurs.
6. Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election of an alternative option which is binding on the insurer and the applicant elects to make an alternative election, then the extension of benefits will employ the option actually elected by the applicant. Any option utilized for extension of benefits must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form.
7. The dividend option elected by an insured or applicant must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the disclosure of values.



Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company, Life Service Office: PO Box 21008, Greensboro, NC 27420-1008
- The Lincoln National Life Insurance Company, Annuity Service Office: PO Box 2348, Fort Wayne, IN 46801-2348
- The Lincoln National Life Insurance Company, Group Protection Service Center, PO Box 2616, Omaha, NE 68103-2616

POLICY DISCLOSURE FORM & INSTRUCTIONS

PLEASE READ CAREFULLY. This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see the reverse side of this form for explanatory notes and instructions as to how this form has been completed.

PART A - CURRENT POLICY INFORMATION

Life Annuity

Policyowner's Name: _____ Policy Number: _____

Joint Policyowner's Name: _____

Current Death Benefit: \$ _____ Current Premium Amount: \$ _____ Mode of Payment: _____

Cash Surrender Value: \$ _____ Paid-up Addition Value: \$ _____ Dividend Value: \$ _____

(The BENEFIT and VALUES stated above will be reduced as funds are used to purchase the policy proposed in Part B. below.)

PART B - PROPOSED POLICY INFORMATION

Life Annuity

Initial Death Benefit: \$ _____ Proposed Premium Amount: \$ _____ Mode of Payment: _____

Proposed Effective Date: _____ Premium Payable to Age _____ or for _____ Years

NOTE: If you are replacing your current policy, or using 25% or more of your policy values, you may request a WRITTEN comparison between your current policy and the proposed policy. The comparison is to illustrate the policy values for both policies.

PART C - SOURCE OF FUNDING FOR THE PROPOSED POLICY

A loan in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode), bearing a current loan interest rate of _____%.

A partial surrender in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode).

A dividend withdrawal in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode).

PART D - YOUR CURRENT POLICY COULD TERMINATE

If the policy values of your CURRENT POLICY are used as a source of funding for the purchase of an additional policy, it is estimated that your CURRENT POLICY will terminate on _____ (date).

It is estimated that you will begin making premium payments for the PROPOSED POLICY from your own funds on _____ (date) in the amount of \$ _____ to be paid each _____ (mode).

NOTE: Since the values and premiums stated on this form may change over time, the estimated date upon which you will need to begin making premium payments from your own funds for the PROPOSED POLICY may also change. Estimates as to dates when policies will terminate or payments must begin assume the continuation of current (or guaranteed) factors, and such calculations are based upon the assumption that any premiums or interest due on loans are paid when due.

Policyowner Signature: _____ Date: _____

Joint Policyowner Signature: _____ Date: _____

Insured/Annuitant Printed Name: _____

Agency or Company Officer Signature: _____ Date: _____

Florida Licensed Agent ID No. or Corporate Title: _____

(For FLORIDA Internal Replacements only)

(See page 2 for instructions)

POLICY DISCLOSURE FORM AND INSTRUCTIONS

COMPLETE ONE FORM FOR EACH PREVIOUSLY ISSUED POLICY. ANY REQUIRED REPLACEMENT AND SALES FORMS MUST ALSO BE COMPLETED. ONE COPY IS DELIVERED TO THE POLICYOWNER AND ONE COPY MAINTAINED BY THE INSURER.

Any and all information applicable to the transaction shall be fully and completely disclosed on Form 33503FL(b). If the information requested does not apply to the transaction, the words "not applicable" or "N/A" shall be entered.

PART A

The information to be disclosed in Part A of Form 33503FL(b) shall apply to the current, in-force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, "current death benefit" is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends minus outstanding indebtedness. The term "cash surrender value" is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term "paid-up addition value" is defined as the cash value of additional insurance purchased with policy dividends. The term "dividend value" is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

PART B

The information to be disclosed in Part B of Form 33503FL(b) shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in-force policy. For purposes of this form, "proposed premium amount" is defined as any recurring payment which is planned to be paid or which is required to be paid under the proposed policy.

PART C

The information to be disclosed in Part C of Form 33503FL(b) shall apply to the current, in-force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Part C is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender of the current policy, Parts A, B, D, and the signature block of this form must still be completed.

When completing Part C of this form, each and every source of funding for the proposed policy must be identified, i.e., whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Part C shall be completed.

For purposes of this form, a "partial surrender" is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term "mode" is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words "one time only" shall be entered in the space provided. The term "loan interest rate" is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

PART D

The information to be disclosed in Part D of Form 33503FL(b) shall apply to the current, in-force policy and the proposed additional policy, respectively.

SIGNATURES

In order to evidence that the required disclosure has been made, Form 33503FL(b) shall be signed and dated by the soliciting agent or by a Corporate Officer, as well as by the policyowner. For identification purposes, the agent or Corporate Officer shall enter his or her Florida License Number or Corporate title, respectively, in the space provided.



**Fixed/Indexed Deferred Annuity Supplement
(Required with Application)**

**The Lincoln National Life
Insurance Company (Company, Lincoln)
Fort Wayne, Indiana**

Instructions: Please type or print. ANY ALTERATIONS TO THIS SUPPLEMENT MUST BE INITIALED AND DATED BY THE CONTRACT* OWNER. If the Company finds any part of the application, supplement or other supporting documents is not in good order, it will delay the issue of the contract, may affect issued rates and it may cause delays in transfer and exchange processing.

ALL "REQUIRED" SECTIONS MUST BE COMPLETED.

10 Source of Funds (Required) (ACORD Form 951, Sections 4-6, required for Transfers/Exchanges/Rollovers.)

- Non-Qualified: 1035 Exchange Transfer of Non-Insurance Accounts New Contribution
- Tax-Qualified: Transfer Rollover 60 Day Rollover IRA Contribution/Tax Year _____
- Transfer/Rollover Plan Type at Previous Carrier: Traditional IRA Roth SEP 403(b) 401(k)
- Other (specify) _____

- Multiple Transfers: Issue the contract when the first money is received.**
- Issue the contract when all of the money has been received.

Source of Funds: (Please check either or both boxes if applicable)

- Internal Exchange (Within Lincoln, including business issued by Lincoln companies and business obtained through previous acquisitions and administrative agreements.)
- Deceased Contract (Beneficiary IRA, Deceased IRA, Extended Payout, etc. Please complete form AN07361. No Living Benefit Riders are allowed.)

Must provide a dollar amount(s):

- New Contribution: \$ _____
- Estimated Transfer Amount: \$ _____
- Total Expected Amount: \$ _____

11 Lincoln In-Force or Pending Annuities (Required)

Is the TOTAL of all existing and/or pending Lincoln annuities (including the annuity being applied for) owned by the Owner, Joint Owner and/or Annuitant more than \$1,000,000?

- Yes (Form BJ-05540 is required with the submission of this application.)
- No

12 Telephone/Internet Authorization

I/We hereby authorize and direct the Company to accept instructions via telephone, internet, or other electronic means from any person including my/our Representative/Agent who can furnish proper identification to clarify any unclear or missing administrative information on requests and/or to make eligible changes to existing service features, including the Automatic Withdrawal Service. I/We agree to hold harmless and indemnify the Company and its affiliates and its directors, trustees, officers, employees and representatives/agents for any losses arising from such instructions.

If you **DO NOT** want Telephone/Internet Authorization, check this box.

* "Contract" may be referred to as "Policy" or "Certificate."

** After six months Lincoln will issue the contract with any funds already received. Any additional funds received thereafter will be deposited into the existing contract.***

*** For Single Premium contracts, a new contract will need to be issued when additional funds are received.

13 Joint Owner Other Than A Spouse

Non-spousal joint owners do not receive the same tax favored treatment as spousal joint owners in certain situations.

- Current Internal Revenue Service rules require the gain of any annuity to be reported as taxable income following the death of the first non-spousal joint owner.
- At the death of the first non-spousal joint owner before annuity payments begin, a death benefit is payable to the surviving joint owner and the surviving joint owner can not continue to keep the contract in force.
- At the death of the first non-spousal joint owner after annuity payments begin, annuity payments will continue as provided under the payment option in effect.

14 Partnership And Limited Liability Company (LLC)

Section 72(u) of the Internal Revenue Code provides that a contract that is held by someone other than a natural person will not be treated as an annuity contract, and that the income accrued each year on the contract will not be tax deferred, but will be treated as ordinary income received by the owner each year. This differs from the tax treatment of an annuity contract owned by a natural person (that is, an individual), under which the income that accrues each year is generally not subject to taxation until a distribution is made from the contract.

Section 72(u) also provides certain exceptions to this rule, and allows the same favorable tax treatment to annuity contracts owned by certain types of trusts or other entities. The Internal Revenue Service (IRS) has issued non-binding guidance indicating that a deferred annuity contract owned by a partnership or LLC would not be eligible for tax deferral, regardless of whether the partnership or LLC holds the annuity contract as an agent for a natural person. Based upon the most recent information, it is possible that the IRS would view an annuity contract owned by a partnership or LLC as not being eligible for tax deferral. As such, the partnership or LLC could incur unintended and adverse tax consequences.

This information represents the Company's understanding of current federal tax laws, regulations and information issued by the IRS and is not intended to serve as tax or legal advice. You should consult your own attorney or tax advisor as to any tax, accounting or legal statements made in this section.

15 Authorization and Signature (Required)

I/We have read and understand the disclosures made in this supplement. The information contained in this supplement is true, complete, and correct to the best of my/our knowledge and belief. The statements made shall form the exclusive basis of any annuity issued hereon. Only a Company officer can make, modify, discharge, or waive any of the Company's rights.

Contract Owner Signature

Date

Print Name of Contract Owner

Joint Contract Owner Signature, if any

Date

Print Name of Joint Contract Owner

Annuitant Signature (if other than Owner)

Date

Print Name of Annuitant

16 Representative/Agent Information (Required) (Licensing appointment with the Company is required for processing. If more than three representatives/agents, please indicate in Section 7.)

The Representative/Agent hereby certifies he/she witnessed the signature(s) in Section 15 and that all information contained in this supplement is true to the best of his/her knowledge and belief. Please complete all applicable fields.

Complete this section accurately and completely; contact your back office or upline with questions.

Are you selling **this product** through your broker dealer?

If so, list Broker Dealer Name _____

Are you selling **this product** through an independent agency relationship or other Marketing Firm? (ex. MGA/AMO, GA, ABGA)

If so, list Firm/Agency Name(s): _____

To avoid processing delays, provide each Lincoln Representative/Agent Number/Flex Code below.

Client Account Number at Dealer (if applicable)

Servicing Representative/Agent Name (Print as it appears on License) Split % _____
Representative/Agent SSN

Servicing Representative/Agent Signature Date _____
Lincoln Representative/Agent Number/Flex Code

Servicing Representative/Agent Email Address _____
Servicing Representative/Agent Telephone Number

Branch Address _____
Branch Number (if applicable)

City State _____
Zip

Additional Representative/Agent Name (if applicable) Split % _____
Representative/Agent SSN

Lincoln Representative/Agent Number/Flex Code

Additional Representative/Agent Name (if applicable) Split % _____
Representative/Agent SSN

Lincoln Representative/Agent Number/Flex Code

Send the completed application, supplement and other supporting documents and if applicable, a check made payable to The Lincoln National Life Insurance Company, to one of the addresses listed below.

Servicing Address: Lincoln Financial Group
PO Box 2348
Fort Wayne, IN 46801-2348

Overnight Address: Lincoln Financial Group
Individual Annuity Operations
1300 South Clinton Street
Fort Wayne, IN 46802

REPRESENTATIVE/AGENT CHECKLIST

Please contact your applicable Lincoln Sales Desk or Customer Service Center if you need assistance with questions or forms. Please make sure all requested information in the "Required" sections has been completed.

- Signed/Dated Application, Supplement and Product Disclosure Statement
- Any required state forms, replacement forms and transfer/exchange/rollover paperwork (ACORD 951)
- Lincoln Suitability form - required with all applications unless the selling firm is responsible for conducting their own suitability reviews (as reflected in their Selling Agreement with Lincoln)
- Any Living Benefit Rider Election form, if applicable
- Other supporting documentation (such as Trust information, Power of Attorney, etc.)

**3. NON-QUALIFIED ANNUITY, ENDOWMENT OR LIFE INSURANCE CONTRACT:
AUTHORIZATION FOR 1035 TAX-FREE EXCHANGE**

Please confirm the availability of these options with both the surrendering and receiving company.

Full Exchange

If purchasing a Life Insurance policy, select any of the following that apply:

Loan Carry Forward (Not available for annuities) Specify Loan Amount: \$ _____
See Note E. below.

Modified Endowment Contract (MEC)

Partial Exchange (Applicable to Annuity Contracts Only)

I wish to request a partial 1035 Exchange from the aforementioned annuity contract in the amount of:

\$ _____ or _____ % , or

Penalty Free Amount (This amount is subject to change based on the product provisions. Please check with the surrendering company to verify the amount)

A. I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in the Contract Information section on page 1 to the receiving company. The sole purpose of this assignment is to effect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All of the powers, elections, appointments, options and rights I have as owner of the contract, including the right to surrender, are now exercisable by the receiving company. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the Assigned Policy. Other than the above mentioned owner, no person, firm, or corporation other than myself and the insurer that issued the above numbered policy, has an interest in said policy. No proceedings in insolvency or bankruptcy have been instituted by or against me. I understand that the receiving company intends to surrender the contract for the cash value; or if this is a partial exchange, the portion assigned, subject to its terms and conditions, and to use the proceeds as the purchase payment for the new contract to be issued by the receiving company. I authorize the surrendering company to send the proceeds directly to the receiving company and understand that fees and surrender charges may apply. This exchange is subject to acceptance by the receiving company. The receiving company is not liable for changes in market value that may occur before the proceeds are received by the receiving company in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by the receiving company, no value will accrue or be earned on the receiving company contract.

B. If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which dictates how much of the original contract's cost basis must be allocated to the new contract. The cost basis should be allocated ratably between the two contracts based on the percentage of the value retained in the original contract and the percentage of the value transferred to the new contract. For example, if the contract value is \$100,000 and basis is \$50,000, and I assign 30% for a partial exchange, then \$15,000 (30% of \$50,000) of the basis would be applied to the new contract. I understand that the IRS has raised concerns about annuity contract owners using partial exchanges to avoid income tax, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding income tax or the 10% penalty tax for early withdrawals.

I expressly represent that the sole purpose is to affect a partial 1035 exchange of an annuity contract. However, I acknowledge that Revenue Procedure 2011-38 states that withdrawals from annuitization, taxable owner or annuitant changes, or surrenders, other than an amount received as an annuity for a period of 10 years or more or during one or more lives, of either the original contract or the new contract during the 180 day period following the partial exchange, may affect the tax free status of the partial exchange.

Note: Other exceptions may apply and a subsequent direct transfer of all or a portion of either contract involved in the exchange could have tax and tax reporting consequences. Please consult your tax advisor. Please confirm with the carrier if they will support partial 1035 exchanges.

I acknowledge that the receiving company has made no representations concerning any tax treatment of this transaction. I understand that the receiving company has neither responsibility nor liability for the validity of this transaction or for my treatment under Section 1035(a) of the Internal Revenue Code or otherwise. Therefore, I agree to release and hold harmless the receiving company and its agents from any and all liability arising from, relating to, or in connection with, the taxation of a partial exchange of the above listed contract. I authorize the receiving company and the surrendering institution to share information necessary to maintain accurate records of the annuity cost basis and to ensure proper withholding and tax reporting. I have been directed to consult my tax or legal advisor before proceeding.

C. I authorize the receiving company to rely upon the cost basis information provided by the surrendering company, but agree that the receiving company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred. I acknowledge that the receiving company provides this form and participates in this transaction as an accommodation to me. The receiving company does not give tax or legal advice on the tax consequences for replacing one contract for another, and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this exchange under IRC Section 1035(a) or other laws or regulations.

**3. NON-QUALIFIED ANNUITY, ENDOWMENT OR LIFE INSURANCE CONTRACT:
AUTHORIZATION FOR 1035 TAX-FREE EXCHANGE (continued)**

- D. I agree that if the receiving company, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, the receiving company may reassign ownership of the policy/contract back to me.
- E. LOAN CARRY FORWARD - IF THE BOX ABOVE IS NOT CHECKED, THE RECEIVING COMPANY WILL ASSUME THAT THE LOAN(S) IS/ARE NOT TO BE CARRIED FORWARD. If this box is checked, I request that the policy to be issued by the receiving company be subject to indebtedness equal to the loan on the existing policy. I acknowledge that when issued, the provisions of the receiving company policy will apply to the indebtedness and that the benefits and values of that policy will be reduced accordingly for the amount loaned and interest. I understand that the receiving company may not process this request prior to issuing a policy under the following conditions: Surrender value is insufficient as determined by the receiving company policy's specifications or the existing insurer does not provide confirmation of cost basis with acknowledgement of loan carried forward.

4. TRANSFER OF FUNDS FROM NON-INSURANCE ACCOUNTS TO NON-QUALIFIED ANNUITIES

- Mutual Fund Shares Certificate of Deposit (CD) Brokerage Account

Investment Description: _____

I wish to liquidate and transfer:

- Entire Value or Partial Value, in the amount of: \$ _____ or _____ % of the above referenced account directly to the receiving company.

Please indicate a specific maturity date in the SPECIAL INSTRUCTIONS FOR LIQUIDATING EXISTING CONTRACT OR ACCOUNT section.

The receiving company will apply all such funds received to an annuity contract issued to me. I understand that the receiving company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when the receiving company receives these proceeds and all other necessary paperwork in good order. For index annuities, fixed account interest under the annuity contract will begin to accrue on the next Issue Day.

**5. TAX-QUALIFIED RETIREMENT ACCOUNTS / CONTRACTS REQUEST FOR DIRECT ROLLOVER / TRANSFER:
Please confirm the availability of these options with the receiving company.**

A. Transferred from:

- | | | | | |
|--|--------------------------------------|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> SEP- IRA | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> Roth IRA* * | <input type="checkbox"/> Pension Plan |
| <input type="checkbox"/> 401(a) | <input type="checkbox"/> 401(k) | <input type="checkbox"/> 401(k) Designated Roth Account | | <input type="checkbox"/> 457(b) Plan |
| <input type="checkbox"/> TSA/403(b) * | <input type="checkbox"/> Other _____ | | | |

* * Roth IRA funds can be transferred only to another Roth IRA.

* All existing TSA loans must be reconciled with your current carrier prior to the transfer.

Authorization for a TSA/403(b) transfer / exchange to a TSA/403(b):

This request is for the direct transfer / exchange of non-ERISA funds from the TSA/403(b) (annuity contract) or 403(b)(7) (custodial account) identified in Section 1 of this form to a TSA/403(b) (annuity contract) established on my behalf by the receiving company. I hereby agree to surrender my interest as indicated above and authorize the receiving company to take whatever action necessary to effect this transfer / exchange. I acknowledge that the transferred / exchanged funds shall be subject to the more stringent restrictions on distributions found in either the predecessor annuity contract or the receiving annuity contract. I intend this transaction to be a 403(b) transfer / exchange of funds pursuant to IRS code section 403(b) and the final regulations. The transfer / exchange is to be executed from financial institution to financial institution in such a manner that it will not place me in actual or constructive receipt of all or any part of the transferred / exchanged funds. Because this transaction constitutes a direct rollover / transfer / exchange of funds and not a distribution, withholding does not apply. (Provide the receiving company with any records or documents they may request with respect to this transfer / exchange.)

B. Complete for all Transfers:

Note: Employer / Third Party Administrator must acknowledge by signing in Section 10.

I wish to liquidate and transfer from my present qualified account to the contract / policy I have established through the receiving company:

- Entire Value or Partial Value, in the amount of: \$ _____ or _____ % , or
 Penalty Free Amount (This amount is subject to change based on the product provisions.
Please check with the surrendering company to verify the amount)

6. SPECIAL INSTRUCTIONS FOR LIQUIDATING EXISTING CONTRACT OR ACCOUNT

By executing this form, I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I hereby instruct the parties to process that liquidation:

- As soon as possible after receipt of all necessary forms On a specific date: _____
 At Maturity Date: _____ (Date must be prior to the maturity date of the existing contract)

If no box is checked, I understand that the liquidation will be done as soon as possible. Proceeds should be transferred to the receiving company immediately following liquidation. I understand that fees and charges may apply if the transfer is processed before the maturity date.

7. RETURN OF LIFE INSURANCE POLICY OR ANNUITY CONTRACT

Does not apply to partial 1035 exchanges on annuity contracts. Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it. To the best of my knowledge no one else has any right, title or interest in the contract, nor has it been assigned, pledged or encumbered, unless this is a life insurance policy with a loan to carry forward.

8. MAXIMUM ISSUE AGE DISCLOSURE

An annuity contract may not be issued should the funding requirements be received after reaching maximum issue age for the annuity contract applied for. If the funds are received after the maximum issue age, the contract may be rejected and the funds returned to their original source. The surrendering company may or may not take the funds back, which could result in a taxable event.

9. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

10. SIGNATURES

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signature of Owner / Plan Administrator / Trustee	Date (mm/dd/yyyy)
Signature of Joint Owner / Co-Trustee (if applicable)	Date (mm/dd/yyyy)
Signature of Proposed Insured (Life Only)	Date (mm/dd/yyyy)
Signature of Spouse (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only)	Date (mm/dd/yyyy)
Signature of Irrevocable Beneficiary (if applicable)	Date (mm/dd/yyyy)
Signature Guarantee (if applicable) (A separate guarantee is needed for each signature)	

FOR TSA/403(b) TO TSA/403(b) TRANSFERS/EXCHANGES ONLY - EMPLOYER/THIRD PARTY ADMINISTRATOR SIGNATURE

By signing below, I am acknowledging that I have reviewed this direct transfer / rollover / exchange request and that it is authorized and approved under the employers 403(b) plan under IRC section code 403(b) and the final regulations.

- a) I am authorizing this transfer / rollover request.
- b) I am confirming that there is an information sharing agreement in place with the receiving company under 403(b) regulations.
- c) All information provided on this form is accurate.

Print Name of Employer or Third Party Administrator	Title of Employer or Third Party Administrator
Signature of Employer or Third Party Administrator	Date (mm/dd/yyyy)

11. REMARKS

12. ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER
For the receiving company's use only

a) For Full 1035 Exchanges:

By signature of an authorized officer below, the receiving company accepts assignment of the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under IRC Section 1035. Please issue a check payable to the receiving company, the owner of the contract, for the full cash surrender value of the contract. Because the receiving company must know the cost basis, we request that you forward this information with the surrender check to the address provided.

Note: Any income on the exchange of this contract should be reported to the previous policy owner, not to the receiving company.

b) For Partial 1035 Exchanges:

By signature of an authorized officer below, the receiving company accepts the assignment of a portion of the value of the above annuity contract for purposes of complying with the contract owner's intent to effect a non-taxable partial exchange under IRC Section 1035. Because the receiving company has to obtain the contract owner's cost basis, we request that you forward this information to the receiving company with a surrender check to the address provided. The receiving Company and the surrendering institution agree to share cost basis information that may be necessary to ensure compliant partial 1035 transactions and reporting.

c) For Trustee Transfers / Direct Rollovers from Tax-Qualified Accounts / Contracts:

The receiving company will deposit funds received into a:

- | | | | | |
|--|--------------------------------------|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> SEP- IRA | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> Roth IRA | <input type="checkbox"/> Pension Plan |
| <input type="checkbox"/> 401(a) | <input type="checkbox"/> 401(k) | <input type="checkbox"/> 401(k) Designated Roth Account | | <input type="checkbox"/> 457(b) Plan |
| <input type="checkbox"/> TSA/403(b) | <input type="checkbox"/> Other _____ | Account #: _____ | | |

Print Name of Authorized Officer

Title of Authorized Officer

Signature of Authorized Officer

Date (mm/dd/yyyy)