



The Lincoln National Life Insurance Company, Service Office: PO Box 21008, Greensboro, NC 27420-1008
 (hereinafter referred to as "the Company")

DISCLOSURE STATEMENT

THIS DISCLOSURE STATEMENT WITH ALL APPLICABLE BLANKS FILLED IN IS FOR YOUR PROTECTION. IT GIVES YOU BASIC INFORMATION ABOUT THE COST AND COVERAGE OF THE INSURANCE BEING SOLICITED. READ IT CAREFULLY BEFORE SIGNING ANY AGREEMENT TO BUY LIFE INSURANCE.

THIS DISCLOSURE STATEMENT SHALL NOT BE CONSIDERED AS AN OFFER TO CONTRACT OR AS ALTERING OR MODIFYING ANY POLICY OR RIDER THAT MAY BE ISSUED.

Name of Proposed Insured(s): _____ Age(s): _____ Sex(es): _____

* Name of Agent preparing disclosure: _____

* Agent home or agency address: _____

* Telephone number of Agent: _____

Name of Insurer:	<input type="checkbox"/> The Lincoln National Life Insurance Company	<input type="checkbox"/> The Lincoln National Life Insurance Company
Home Office Address (City and State):	Greensboro, NC	Omaha, NE
Direct all Correspondence to:	The Lincoln National Life Insurance Company PO Box 21008 Greensboro, NC 27420	The Lincoln National Life Insurance Company PO Box 515 Concord, NH 03301

	Descriptive Title of Coverage	Face Amount of Coverage (1) If not applicable, Description of Coverage	Annual Premium If not known, Premium for Mode Quoted
*Policy			
*Rider(s)			

*(1) The face amount of coverage of the _____ (indicate if policy or rider) changes as follows

Total _____ (indicate if initial, annual, monthly, etc.) premium for the policy and rider(s) will be \$_____.

*Retirement Income. Your policy is designed to pay a guaranteed retirement income of \$_____ starting at _____ (indicate age, year) for _____ (indicate duration or life), but no less than 10 years.

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

*Guaranteed Cash Value. If you continuously pay your premiums on this policy as they come due, you will have the following guaranteed value for each \$1,000 (or face amount). *You may borrow against this cash value at an annual _____% loan interest rate.

Number of Years Policy Has Been in Force	5	10	20	AGE 65
Total Accumulated Cash Value Per \$1,000 (or Total Face Amount)				

*Dividends. The following is a dividend illustration for your policy based on the current interest, mortality and expense experience of the company as reflected in the dividends currently paid. However, the illustrations are not a guarantee of what future dividends will be.

*Payment of the first year's policy dividend is contingent upon the payment of the premiums for the full second policy year.

Number of Years Policy Has Been in Force	10	20
Illustrated Dividend for that Individual Year per \$1000 (or Face Amount)		

*A Surrender Comparison Index will be provided upon delivery of the policy or earlier if requested. This Index provides one means of comparing the relative costs of two or more similar policies.

*The prospective insured has has not requested an earlier delivery of the Index.

Upon request either the Company or agent will furnish you with additional information about the insurance described.

*If inapplicable to insurance being offered, section may be clearly marked "Not Applicable."