

SERFF Tracking Number: JEPL-126082882 State: Arkansas
 Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 42029
 Company Tracking Number: SUL 5030
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
 Adjustable Life
 Product Name: SUL 5030 with data pages F5130-A
 Project Name/Number: SUL 5030 et al/SUL 5030

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: SUL 5030 with data pages F5130-A SERFF Tr Num: JEPL-126082882 State: Arkansas
 TOI: L09I Individual Life - Flexible Premium Adjustable Life SERFF Status: Closed-Approved-Closed State Tr Num: 42029
 Sub-TOI: L09I.002 Joint (Last Survivor) Co Tr Num: SUL 5030 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Authors: Jane Neidermyer, William Otten, Lori Saltmarsh Disposition Date: 04/15/2009
 Date Submitted: 04/01/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: SUL 5030 et al Status of Filing in Domicile: Pending
 Project Number: SUL 5030 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 04/15/2009 Explanation for Other Group Market Type:
 State Status Changed: 04/03/2009
 Deemer Date: Created By: Lori Saltmarsh
 Submitted By: William Otten Corresponding Filing Tracking Number:
 Filing Description:
 Re: Individual Life Insurance Policy Forms

SUL 5030 Flexible Premium Adjustable Survivorship Life Insurance Policy
 F5130-A Policy Data Pages for use with SUL 5030
 J-5890 Coverage Protection Guarantee Rider
 J-405 Guaranteed Split Option Rider

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We are submitting the required number of copies of the above referenced forms for your review and approval. These are new forms and will not replace any forms previously approved by your Department. This filing includes a Flexible Premium Adjustable Survivorship Life Insurance Policy, data pages for that policy, and two riders that can be used with the policy or any other survivorship policy we may offer at a later date.

The policy will be marketed through properly licensed agents for the general market with issues ages of 20 to 85 for all rate classifications. The minimum issue amount for the policy is \$100,000. Previously approved application form LFF06321 approved on 6/16/08 under filing # 39195 will be used to apply for this policy.

The Coverage Protection Guarantee Rider is an additional benefit that will be issued with the base policy as a means of providing a secondary guarantee against policy lapse. All conditions for maintaining the policy via the Coverage Protection Guarantee Rider are disclosed within the text of the endorsement. The policy data pages associated with the Rider will print as "page 4 Continued" and a sample is provided with the supporting documentation associated with this rider. As noted in the rider, the policy owner(s) will be notified of the status of the secondary guarantee via the Annual Report.

The Guaranteed Split Option rider provides the option of allowing each of the Insureds to continue coverage on an individual basis in the event of (1) Divorce or dissolution of a civil union, (2) reduction in the Estate Tax, (3) repeal of the unlimited marital deduction for Federal Estate Tax purposes or (4) dissolution of a business partnership. In order for the rider to be available on the policy, the older of the two insureds must be at least 25 years old on the date of policy issue. This rider will not be made available after the issue date of the policy. The rider is offered at no additional charge and as a result there is no additional actuarial material specific to the rider provided.

We have bracketed certain items in the forms as variable information because they may change for new issues in the future (but not in-force policies). These items include: Officer names/signatures and the service office address; the mortality table; all factors, rates and charges; and the guaranteed minimum interest rates (subject to state minimum requirements). It is our understanding that changes to the bracketed items for new issues will not necessitate a new filing of these forms. We confirm that the brackets will not actually appear on the form at issue and any of the changes made will be completed within the allowable limits of the laws in the state in which the policy was issued.

The policy, when scored with the data pages, achieves a Flesch Score of 61.62. J-5890 achieves a score of 60.05 and J-405 achieves a score of 54.52.

Company and Contact

Filing Contact Information

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William Otten, Director, Product Compliance william.otten@lfg.com
 One Granite Place 800-258-3648 [Phone] 5620 [Ext]
 PO Box 515 603-226-5128 [FAX]
 Concord, NH 03302-0515

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
 350 Church Street Group Code: 20 Company Type: Life Insurance
 Hartford, CT 06103 Group Name: State ID Number:
 (800) 258-3648 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
 Fee Amount: \$140.00
 Retaliatory? Yes
 Fee Explanation: IN fee of \$35 per form is higher than AR fee of \$50 for the policy filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$140.00	04/01/2009	26879410

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/15/2009	04/15/2009
Approved-Closed	Linda Bird	04/03/2009	04/03/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Policy Rider	Jane Neidermyer	04/14/2009	04/14/2009
Supporting Document	Revised CPG Rider highlighted	Jane Neidermyer	04/14/2009	04/14/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re-open filing	Note To Filer	Linda Bird	04/14/2009	04/14/2009
Re-open filing	Note To Reviewer	Jane Neidermyer	04/13/2009	04/13/2009

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Disposition

Disposition Date: 04/15/2009

Implementation Date:

Status: Approved-Closed

Comment: Revised rider filed to replace originally submitted CPG Rider (form J-5890).

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Actuarial Memo & Current Cost of Insurance Rates		No
Supporting Document	Revised CPG Rider highlighted		Yes
Form	Survivorship UL		Yes
Form	Data Pages for SUL 5030		Yes
Form (revised)	Policy Rider		Yes
Form	Policy Rider	Replaced	Yes
Form	Policy Rider		Yes

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Disposition Date: 04/03/2009

Implementation Date:

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Comment:

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Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Actuarial Memo & Current Cost of Insurance Rates		No
Supporting Document	Revised CPG Rider highlighted		Yes
Form	Survivorship UL		Yes
Form	Data Pages for SUL 5030		Yes
Form (revised)	Policy Rider		Yes
Form	Policy Rider	Replaced	Yes
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Amendment Letter

Submitted Date: 04/14/2009

Comments:

Dear Ms. Bird:

Thank you for reopening this file for us. It has come to our attention that there is a paragraph on the recently submitted CPG Rider (form J-5890) which may be considered confusing. In order to ensure that there is no ambiguity, we have revised the paragraph and are resubmitting the rider. We would appreciate your swapping the new version for the one originally submitted. The revised rider is attached to the Form Schedule for your review. In addition, under Supporting Documentation we have attached a copy of the rider with the revised paragraph highlighted.

We certify that the rider has not been attached to any policies since it was approved. We appreciate your assistance in this endeavor. If you have any questions, please don't hesitate to contact me.

Sincerely,
 William Otten

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
J- 5890	Policy/Contr act/Fraternal Certificate: Amendment, Insert Page, Endorsemen t or Rider	Policy Rider	Initial				60.050	J-5890 - (NW rev).pdf

Supporting Document Schedule Item Changes:

User Added -Name: Revised CPG Rider highlighted

Comment:

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J-5890 - rev highlighted.pdf

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Note To Filer

Created By:

Linda Bird on 04/14/2009 10:04 AM

Last Edited By:

Linda Bird

Submitted On:

04/14/2009 10:04 AM

Subject:

Re-open filing

Comments:

Filing has been re-opened in order for corrections to be made to originally submitted rider.

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Note To Reviewer

Created By:

Jane Neidermyer on 04/13/2009 01:55 PM

Last Edited By:

Jane Neidermyer

Submitted On:

04/13/2009 01:55 PM

Subject:

Re-open filing

Comments:

Dear Ms. Bird:

We respectfully request that you re-open this filing for us. It has come to our attention that there is a paragraph on the recently submitted CPG Rider (form J-5890) which may be considered confusing. In order to ensure that there is no ambiguity, we have revised the paragraph and wish to resubmit the rider. We would appreciate your swapping the new version for the one originally submitted.

We appreciate your assistance in this endeavor. If you have any questions, please don't hesitate to contact me.

Sincerely,

William Otten

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Form Schedule

Lead Form Number: SUL 5030

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SUL 5030	Policy/Cont ract/Fraternal Certificate	Initial		61.620	LG SUL 5030 AR.pdf
	F5130-A	Data/DeclarData ation Pages5030	Initial		61.620	F5130-A Generic .pdf
	J- 5890	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		60.050	J-5890 - (NW rev).pdf
	J-405	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		54.520	J-405 (nationwide).pdf



The Lincoln National Life Insurance Company
(the "Company")

Service Office: [100 North Greene Street]
[P.O. Box 21008]
[Greensboro NC 27420-1008]
[800-487-1485]

A Stock Company

This policy is a legal contract between You and Us. It is important that You read Your contract carefully.

We will pay the proceeds of this policy to the beneficiary upon receipt of due proof that the death of both Insureds occurred while this policy was in force. This payment and all other rights, options and benefits will be subject to the terms of this policy.

Right to Cancel Policy Within 20 days after You receive this policy, You may have it cancelled by returning it to Us, to the agent from whom You bought it, or to any of Our agents. The return of this policy will void it from the beginning and We will refund any premiums paid.

Handwritten signature of Dennis R. Glass in cursive.

President

Handwritten signature of C. Suzanne Elmark in cursive.

Secretary

Insureds: [John Doe]
[Jane Doe]

Policy Number: [LGSUL00AR]

**FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE INSURANCE POLICY**

Proceeds payable at Second Death. Adjustable Death Benefit. No increase in Policy Value and no death benefit payable at first death. Flexible premiums payable to the younger Insured's Attained Age 121. Policy values may increase or decrease as determined by declared interest and risk rates. Non-participating – No Dividends.

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Riders or Endorsements providing supplemental benefits or policy changes, if any, and a copy of the application follow Page 12.

Summary of Policy Features

This Summary is an overview of the important features and operations of Your policy. It is meant to give You a basic understanding of Your policy. Specific details regarding these features are only provided in the policy provisions and cannot be fully described in a summary.

This summary is not a substitute for reading the entire policy carefully.

Flexible Premium Adjustable Life Insurance – This title is Our generic name for universal life insurance. “Flexible premium” means that You may pay premiums by any method agreeable with Us, at any time prior to the younger Insured's Attained Age 121 and in any amount subject to certain limitations. “Adjustable life insurance” means that You, with Our agreement, can change the death benefit to meet Your changing needs.

Coverage Duration – Your policy will remain in effect to the Second Death if You have a positive Cash Surrender Value. The addition of any secondary guarantee by Rider can also affect the coverage duration. Please refer to the Summary of Rider Benefits section of any secondary guarantee option Rider for details.

Policy Value – The Policy Value is a key component of Your policy. It's where Your premiums go and where We assess Our charges for providing coverage. We apply a charge to each premium You pay, then add the balance to the Policy Value. We deduct the cost of providing the coverage (the cost of insurance) plus the cost of any additional benefits and/or riders and administrative charges from this value each month as a “monthly deduction”. We then credit interest to the difference.

Simply put - premium and interest additions increase the Policy Value, Our charges decrease the Policy Value. If additions exceed deductions, Your Policy Value increases; if deductions exceed additions, Your Policy Value decreases. If the Policy Value, less surrender charge, less Debt (Cash Surrender Value) becomes so small that We cannot take an entire monthly deduction, Your policy may terminate; see, however the policy provisions describing the Grace Period.

Variables - Many variables affect Your policy's performance. The better You understand these variables, the better You will be able to monitor Your policy's performance and take advantage of its flexibility:

- **Credited Interest Rates.** Credited interest is a significant component of Your policy. Do not assume that interest rates will remain constant for any extended period of time or that interest rates credited to this policy will correlate with changes in interest rates on other policies owned by You. We can change interest rates at any time based on certain contractually identified factors subject to a minimum rate.
- **Monthly Cost of Insurance and Administrative Charges.** These charges are assessed against Your Policy Value or in the case of a net premium factor assessed against the premium before it is applied to the Policy Value. These charges are applied to cover the company's cost of insurance and other expenses. These charges will be detailed in Your annual Statement of Account. We can change these charges based on certain contractually identified factors subject to the maximum guaranteed factors shown in Your policy.
- **Premium Payments.** Payment of premiums, even planned premiums, may not result in Policy Value performance as originally expected. Premium payments are only one variable affecting the performance of Your Policy Value. Your policy could perform better or worse than expected due to the effect of changes in interest rates, monthly cost of insurance and administrative charges, as well as the timing, amount and frequency of Your premium payments. Obviously, if You choose to pay lower premiums or skip premium payments, such actions will have the impact of slowing Your Policy Value growth and increasing the potential that Your policy will lapse.

Summary of Policy Features (Cont'd)

Monitoring Your Policy's Performance - We will send You an annual Statement of Account to help You monitor Your policy's performance and compare it to Your objectives when You purchased Your policy. Begin by verifying that Your planned premiums will accomplish Your insurance objective. Ask Your life insurance agent to explain anything You do not understand. You may need to adjust Your premiums to achieve Your insurance objectives. You may request a projection of future death benefits and Policy Values from Us at any time. We are also available to answer Your questions and assist You in making changes to Your policy.

Definitions

Where the terms below appear in this policy, We define them as follows:

Age An Insured's age, nearest birthday, on the Policy Date.

Attained Age An Insured's age as measured from the Policy Date plus the number of completed policy years. For the purposes of determining dates and values under this policy, the Attained Age of the first Insured to die will continue to increase each year. "Attained Age 121 of the younger Insured" occurs on the policy anniversary day when the number of completed policy years plus the age of the younger Insured on the Policy Date equals 121.

Cash Surrender Value The Policy Value as of the date of surrender less the charge, if any, for full surrender, and less any Debt.

Cash Value Policy Value less any surrender charge.

Debt The principal of a policy loan together with interest due.

Insured Each person whose life is insured under this policy.

Irrevocable Beneficiary A beneficiary named by You as irrevocable.

Issue Date The date the policy is issued at Our Service Office as stated on Page 3.

Monthly Anniversary Day The same day in each month as the Policy Date.

Nonparticipating No dividends will be paid on this policy.

Notice, Election, Request Writings satisfactory to Us that have been received at Our Service Office. We will not be held responsible for any payment or other action We have taken before Your writings are recorded at Our Service Office.

Policy Date The date We use to determine policy anniversaries and monetary values. If a requested Policy Date should fall on the 29th, 30th or 31st of a month, the Policy Date will be the 28th of such month.

Policy Value As defined in the Nonforfeiture Provisions on Page 9.

Proceeds The money We will pay as a death benefit or if the policy is surrendered for its Cash Surrender Value.

1. As a Death Claim The proceeds will be the amount of insurance as described on page 8.
2. Upon Surrender The proceeds will be the Cash Surrender Value.

Second Death The death of the second of the two Insureds to die.

Service Office Our principal place of business as shown on Page 1.

"We", "Our", "Us" The Company.

"You", "Your" The Owner of this policy.

Owner and Beneficiary

Owner The Owner, at issue, is shown on the policy specifications page or in an amendment attached to this policy. While either Insured is alive, the Owner may exercise every right and option and receive every benefit provided by this policy. These rights, however, are subject to the written consent of any Irrevocable Beneficiary. Any rights and privileges that may be exercised by the Owner may be exercised only with the consent of all joint owners.

Beneficiary The beneficiary is as stated in the application unless later changed.

Change of Owner or Beneficiary While either Insured is alive, the Owner or beneficiary may be changed. Any change will take effect as of the date the request is signed. Neither Insured needs to be alive when the requested change is recorded at Our Service Office, however the requested change must be delivered to Us prior to the Second Death.

Death of the Owner or Beneficiary If the Insureds are joint owners of the policy, after the death of the first Insured to die the surviving Insured will be the sole owner unless otherwise provided. If an Owner other than an Insured dies while an Insured is living, all rights and options of the Owner will belong to the Owner's executors or administrators or to the Owner's successor in interest (if the Owner is a non-natural person) unless otherwise provided. The interest of any beneficiary, including any Irrevocable Beneficiary, who dies before the Second Death, will belong to the Owner unless otherwise provided.

General Provisions

The Contract This policy is issued in consideration of the application and payment of the initial premium. This policy, the attached copy of the application and/or endorsements, and any attached supplemental applications and riders form the entire contract. All statements made by or for the Insureds are, in the absence of fraud, considered to be representations and not warranties. We will not use any statement by or for the Insureds to void this policy or to deny a claim unless it is contained in an application.

Policy Changes Only an authorized officer of the Company can change the terms of this policy or is authorized to waive provisions of this policy. A change must be in writing.

Incontestability We will not contest this policy after it has been in force during the lifetime of both Insureds for 2 years from the Issue Date. An increase in the Specified Amount will not be contested after it has been in force during the lifetime of both Insureds for 2 years from its effective date.

Suicide If either Insured, while sane or insane, commits suicide within 2 years from the Issue Date, the amount payable will be no more than the sum of the premiums paid less any Debt and any partial surrenders. If either Insured, while sane or insane, commits suicide within 2 years from the effective date of an increase in the Specified Amount, the amount payable under such increase will be the sum of the monthly deductions for such increase. The amount payable under this provision will be paid to the Beneficiary. Any amount payable will first be used to pay the interest of anyone to whom the policy has been assigned.

Assignment Only You have the right to assign this policy. We are not bound by an assignment unless it has been recorded at Our Service Office. We are not responsible for the validity or effect of any assignment.

Misstatement of Age or Sex If the age or sex of either Insured has been misstated, the amount of death benefit will be adjusted to the amount which would have been provided by the most recent cost of insurance deduction at the true age and sex. The Policy Value will not be affected.

Payment of Claims When this policy becomes a claim due to the Second Death, settlement will be made within 50 days after receipt of due proof of death. If the proceeds are not paid within 30 days, We shall pay interest on the proceeds from the date of the Second Death to the date when proceeds are paid. Interest shall be paid at the rate described in Arkansas Code Ann 23 81-116.

Compliance with the Internal Revenue Code This policy is intended to qualify as life insurance under the Internal Revenue Code. The death benefit provided by this policy is intended to qualify for the Federal income tax exclusion. If at any time the premium paid under this policy exceeds the amount allowable for such qualification, We will refund the premium to You with interest within sixty days after the end of the policy year in which the premium was received. If, for any reason, We do not refund the excess premium within sixty days after the end of such policy year, the excess premium will be held in a separate deposit fund and credited with interest until refunded to You. The interest rate used on any refund or credited to the separate deposit fund created by this provision will be the current rate of interest We are paying on this policy. We also reserve the right to refuse to make any change in the Specified Amount or the Death Benefit Option or any other change if such change would cause this policy to fail to qualify as life insurance under the Internal Revenue Code.

Modified Endowment This policy will be allowed to become a modified endowment contract under the Internal Revenue Code only with Your consent. Otherwise, if at any time the premiums paid under the policy exceed the limit for avoiding modified endowment contract status, the excess premium will be refunded to You with interest within sixty days after the end of the policy year in which the premium was received. If, for any reason, We do not refund the excess premium within sixty days after the end of such policy year, the excess premium will be held in a separate deposit fund and credited with interest until refunded to You. The interest rate used on any refund or credited to the separate deposit fund created by this provision will be the current rate of interest We are paying on this policy.

Annual Report We will provide an Annual Report to You. This report will show the activity of the policy for the past policy year. It will list premiums paid, expenses charged, monthly deductions, interest credited, and partial surrenders. It will show the then current death benefit, Policy Values and Debt, as well as any other information required by state law and regulation. By comparing the actual policy values to the projection of values received when this policy was purchased You can determine whether this policy is performing as planned.

Upon request, We will provide a projection of illustrative future death benefits and Policy Values. The first illustration in any policy year will be furnished free of charge. If You request more than one illustration in a policy year We reserve the right to apply a charge for this service.

General Provisions (continued)

Settlement Payment or settlement under this policy will be made at Our Service Office in a lump sum payment unless You elect to receive proceeds under a Settlement Option as stated in the Settlement Options provision. At the time of settlement, any Debt will be deducted. At the time of settlement, We reserve the right to require surrender of the policy.

Deferment We may defer making a partial surrender or policy loan up to 6 months after We receive Your request, however a partial surrender or loan for payment of premiums to this policy will not be deferred.

Simultaneous Death When the Insureds die within a period of 120 hours of each other, and the order of death is unknown, the amount determined to be payable as a result of their deaths will be divided equally between both Insured's beneficiaries. When the surviving Insured and a named beneficiary die within a period of 120 hours of each other, and the order of death is unknown, We shall assume that the beneficiary died before the surviving Insured.

Notice of First Death Due proof of the death of the first Insured to die should be given to Us as soon after the death occurs as is reasonably possible.

Premium Provisions

Premium Payment The initial premium is due on the Policy Date and is payable on or before delivery of this policy. Thereafter, premiums may be paid at any time prior to the younger Insured's Attained Age 121 and in any amount, subject to the following conditions, unless otherwise agreed to in writing by Us, however sufficient premium must be paid to keep this policy in force.

We reserve the right to limit the amount of premiums paid in accordance with the requirements of the Internal Revenue Code and Modified Endowment provisions. We also reserve the right to require evidence of insurability satisfactory to Us for any premium payment that would result in an immediate increase in the difference between the Death Benefit and the Policy Value. If satisfactory evidence of insurability is not received, the premium or any portion thereof may be returned. Your premiums are payable in United States currency.

Premium payments, after the first, can be made as follows:

1. Through prearranged withdrawals by contacting the Service Office;
2. Sent to any premium address designated by Us;
3. Made to Our authorized agent. We will provide a premium receipt signed by an officer of the Company upon request if required by the laws of the state in which this policy is delivered.

Grace Period If on a Monthly Anniversary Day the Cash Surrender Value is less than the monthly deduction due, Your policy will enter the grace period. A grace period of 60 days will be allowed for the payment of the minimum amount needed to continue the policy.

We will notify You and any assignee of the minimum amount due at least 30 days before the end of the grace period. If the amount specified is not paid within the grace period, this policy will terminate without value at the end of such period. If the Second Death occurs during the grace period, the amount needed to continue this policy to the end of the policy month of death will be deducted from the amount otherwise payable.

The addition of any secondary guarantee by rider or endorsement can also affect the grace period. Please review all attached riders or endorsements carefully.

Premium Refund at Death Any premium paid after the beginning of the policy month of Second Death will be refunded as part of the proceeds, unless You request otherwise prior to such payment.

Reinstatement Application to reinstate this policy may be made within 5 years after the date of termination and prior to the younger Insured's Attained Age 121 provided this policy has not been surrendered for its Cash Surrender Value. Limitations and the terms of reinstatement may be impacted by any riders and endorsements issued with this policy. Please review all attached riders or endorsements carefully.

In addition to the application, reinstatement will require all of the following:

1. You must furnish evidence of insurability satisfactory to Us with respect to (i) both Insureds if the lapse occurred while both Insureds were alive; or (ii) the surviving insured if lapse occurred after the death of one of the Insureds;
2. You must pay an amount that results in a Cash Surrender Value on the date of reinstatement that is sufficient to keep this policy in force for at least 2 months;
3. You must pay or reinstate any Debt.

Premium Provisions (continued)

The Cash Surrender Value on the date of reinstatement will equal:

1. the Policy Value at the time of policy termination; plus
2. Net Premiums credited at the time of reinstatement; less
3. the surrender charge at the time of reinstatement; less
4. any Debt at the time of reinstatement.

The surrender charge will be based on the duration from the original Policy Date as though the policy had never lapsed.

Reinstatement will be effective on the date We approve the application unless another date acceptable to Us is requested. In addition to the required payment to keep the policy in force as stated in 2. above, We recommend that You resume Your modal premium payments in order to provide coverage beyond the initial period following the date of reinstatement.

We will not contest this policy for misrepresentations made in the application for reinstatement after this policy has been in force during the lifetime of both Insureds for 2 years, except for fraud, from the date of the last reinstatement.

Insurance Coverage Provisions

Death Benefit The death benefit of this policy is the larger of:

- (a) the death benefit under the Death Benefit Option in effect; or
- (b) the Policy Value at the beginning of the policy month of Second Death times the Corridor Factor shown in the table on the policy specifications page.

The death benefit will be reduced by any Debt on the date of Second Death. The Policy Value at the beginning of the policy month of Second Death used in calculating the death benefit is after subtracting all parts of the monthly deduction for the policy month except for the cost of insurance.

Death Benefit Qualification Test This policy is intended to qualify as life insurance under the Internal Revenue Code. The death benefit provided by this policy is intended to qualify for the Federal income tax exclusion. Two methods of qualifying as life insurance are the Cash Value Accumulation Test and the Guideline Premium Test, as defined in Internal Revenue Code Section 7702. The Death Benefit Qualification Test for this policy is shown on the policy specifications page and cannot be changed. Unless You elected otherwise, the Death Benefit Qualification Test is the Guideline Premium Test.

Death Benefit Options There are two death benefit options as described in this provision. The death benefit option for this policy is shown on the policy specifications page.

- **Option I** The death benefit is the Specified Amount on the date of Second Death.
- **Option II** The death benefit is the Specified Amount on the date of Second Death plus the Policy Value at the beginning of the policy month of Second Death.

Continuation of Policy After Younger Insured's Age 121

If this policy is in force at the younger Insured's Attained Age 121 (but not in the grace period) the following will occur:

- (a) Your policy will continue in force until the Second Death unless You surrender this policy;
- (b) the Death Benefit Option in effect may not be changed;
- (c) no further premium payments may be made;
- (d) no further monthly deductions will be taken;
- (e) policy loans and partial surrenders can continue to be taken. Loan interest rates will apply as stated on the policy specifications page;
- (f) all supplemental riders and benefits will terminate. This excludes any Guaranteed Minimum Death Benefit endorsement that may be attached to this policy.

If this policy is in the grace period at the younger Insured's Attained Age 121 You will need to pay the minimum amount required to remove this policy from the grace period in order to guarantee continuation of this policy beyond the younger Insured's Attained Age 121.

Insurance Coverage Provisions (continued)

Changes in Insurance Coverage Upon request, the insurance coverage may be changed at any time after the first policy year and prior to the younger Insured's Attained Age 121 as described in this provision.

- **Increases In Specified Amount** At any time after the first policy year while both Insureds are living and prior to the younger Insured's Attained Age 121 the Specified Amount may be increased subject to satisfactory evidence of insurability. The maximum Attained Age for an increase and the minimum amount for an increase is as shown on policy specifications page. If a change would result in an increase in the amount payable at death, such change will be subject to satisfactory evidence of insurability.
- **Decreases In Specified Amount** A decrease in Specified Amount may be made any time after the first policy year while both Insureds are living and prior to the younger Insured's Attained Age 121. The Specified Amount may not be decreased below the minimum shown on the policy specification page. A decrease in the Specified Amount will apply first against insurance with the most recent effective date, with the Initial Specified Amount being last to be decreased. A surrender charge will be applied as specified in the Surrender Charges provision.
- **Changes in Death Benefit Option** At any time after the first policy year while both Insureds are living and prior to the younger Insured's Attained Age 121 You may request a change in death benefit option from Option I to Option II or from Option II to Option I. If a change would result in an increase in the amount payable at Second Death, such change will be subject to satisfactory evidence of insurability.

Rating class changes may occur upon Your request (such as a change in Tobacco User status) at any time after the first policy year subject to satisfactory evidence of insurability, and prior to the younger Insured's Attained Age 121. Changes in insurance coverage will be effective on the Monthly Anniversary Day on or next following the date of approval by Us of the request for the change, unless another date acceptable to Us is requested.

Nonforfeiture Provisions

Policy Value The Policy Value on the Policy Date will be equal to all net premiums paid for this policy as of the Policy Date, less the monthly deduction for the current policy month. The Policy Value of this policy is then determined on each Monthly Anniversary Day by accumulating with interest, the Policy Value for the prior month increased by net premiums credited and decreased by monthly deductions, by the reduction in Policy Value caused by any partial surrender and by any surrender charges due to any decrease in Specified Amount since the preceding Monthly Anniversary Day.

On any day other than a Monthly Anniversary Day, the Policy Value will be the Policy Value as of the preceding Monthly Anniversary Day minus both the monthly deduction for the current policy month and the reduction in Policy Value caused by any partial surrender since the preceding Monthly Anniversary Day. For the purposes of this paragraph, "Policy Date" will replace the reference to "preceding Monthly Anniversary Day" for determining values in the first policy month after issue.

In addition, if the surrender is processed as of the preceding Monthly Anniversary Day We will refund any premium received since the preceding Monthly Anniversary Day.

Net Premium Each net premium will be computed by multiplying each gross premium by the guaranteed net premium factor shown on the policy specification page. A higher net premium factor may be applied as determined by Us.

Interest Rate The interest rate used in the calculation of the Policy Value will never be less than the Interest Rate Used to Calculate Minimum Cash Surrender Values as shown on the policy specification page. Interest in excess of the guaranteed rate may be applied as determined by Us. Such interest is referred to in this policy as excess interest. Interest will be credited on any Policy Value held as security for a policy loan at the rate shown on the policy specification page.

Interest will begin to accumulate as of the date the net premium is credited.

Nonforfeiture Provisions (continued)

Monthly Deduction The monthly deduction for a policy month will be computed as (1) plus (2) where:

- (1) is the cost of insurance and the cost of any additional benefits provided by rider for the policy month.
- (2) is the sum of all administrative charges for the policy and any attached riders shown on the policy specification page as being due for the policy month.

If there is an increase in the Specified Amount, additional charges will be in effect for the increase as shown on the policy specification page. You will receive written notification from Us of any change.

Cost of Insurance The cost of insurance is determined on a monthly basis as the cost of insurance rate for the month multiplied by the net amount at risk for the month. The net amount at risk for the Policy Value calculation is computed as (1) minus (2) where:

- (1) is the death benefit for the month (including the death benefit of any Supplemental Term Insurance Rider on Specified Insured that may be attached to this policy) before reduction for any Debt, discounted to the beginning of the month at the guaranteed interest rate.
- (2) is the Policy Value at the beginning of the month after subtracting all parts of the monthly deduction other than the cost of insurance.

For months in which Death Benefit Option I is in effect, for the purpose of allocating the cost of insurance between different parts of the Specified Amount, the Policy Value will be considered as part of the Initial Specified Amount. If such value exceeds the Initial Specified Amount, any excess will be considered part of the earliest addition to the Specified Amount. This allocation will continue in order of all additions to the Specified Amount until all value is allocated.

Cost of Insurance Rates The monthly cost of insurance rates are determined by Us. The table of guaranteed maximum rates is shown on the policy specification page. We may use rates lower than these guaranteed maximum rates. We will never use higher rates. The guaranteed maximum rates are based on the mortality table shown on the policy specification page.

Continuation of Insurance This policy and any riders and any endorsements attached to the policy will continue in force according to the terms of the policy and any riders and any endorsements attached to the policy as long as the Cash Surrender Value is sufficient to cover the monthly deduction. The addition of any secondary guarantee by rider or endorsement can also affect the continuation of insurance. Please refer to any rider or endorsement for details. If the Cash Surrender Value is insufficient, the policy will terminate according to the grace period provision. If premiums are discontinued on any date, the Cash Surrender Value on that date will be used to provide insurance under this provision.

Changes in Rates At Our sole discretion, We may change the monthly cost of insurance rates or excess interest rate at any time. We will base any change on Our future expectations as to investment earnings, mortality, persistency, expenses and taxes. We will not make any change in order to distribute past gains or recoup prior losses. Any change in the monthly cost of insurance rates will apply to all Insureds with the same combination of the following: Attained Ages, sex, Initial Specified Amount, length of time the policy has been in force and rate classes. Changes in rates will affect the Policy Value. Changes in rates may also affect length of insurance coverage.

Surrender and Surrender Value Upon request, You may surrender this policy for its Cash Surrender Value. Surrender within 31 days after a policy anniversary date will be treated as a surrender on that date, otherwise the surrender request will be effective on the Monthly Anniversary Day nearest the date We receive Your request.

Partial Surrender Upon request, You may make a partial surrender of this policy. The partial surrender may be for any amount equal to or greater than the Partial Surrender Minimum Amount shown on the policy specification page, not to exceed the Cash Surrender Value less the partial surrender fee shown on the policy specification page.

Nonforfeiture Provisions (continued)

When a partial surrender is made:

1. The Policy Value will be reduced by the amount of the partial surrender, plus the partial surrender fee shown on the policy specification page plus any partial surrender charge if the partial surrender results in a decrease in Specified Amount;
2. The death benefit will be reduced by the amount at least equal to the reduction in Policy Value. Such a reduction may be produced without changing the Specified Amount. If not, We will reduce the Specified Amount so that the reduction in death benefit is equal to the reduction in value. A partial surrender cannot be allowed if it would reduce the Specified Amount below the minimum amount shown on the policy specification page. If a partial surrender would cause a reduction in Specified Amount, it will be treated the same as a decrease in Specified Amount as explained in the Decreases in Specified Amount provision on Page 9.

Basis of Values Minimum Policy Values are based on the mortality assumptions and interest rates shown on the policy specification page. The values for this policy are at least equal to the minimum required by law. If required, a detailed statement of the method used to determine policy values and reserves has been filed with the states in which this policy is delivered.

Surrender Charges The charge for full surrender will be the amount shown on the policy specification page for the number of completed policy years preceding surrender. There will be a partial charge if there is a decrease in the Specified Amount for any reason (other than a decrease due to a Death Benefit Option change) while there is a surrender charge in effect. If there is an increase in the Specified Amount, an additional surrender charge may be in effect for the increase. If there is an additional surrender charge in effect for an increase in Specified Amount, You will be notified of new surrender charges applicable.

Surrender charges are computed based on the number of thousands of Specified Amount. The partial charge for a decrease in Specified Amount will be based on the per thousand charge for the number of thousands of the decrease. A decrease in Specified Amount will apply first against insurance with the most recent effective date.

Policy Loans

When Available A loan may be obtained by request when this policy has a loan value. This policy will be the sole security for the loan.

Amount Available The loan value at any time is the then current Policy Value if this policy were surrendered on the date of determination.

The maximum additional loan at any time is the loan value at that time less:

1. any existing loan;
2. accrued interest on any existing loan; and
3. interest on the total outstanding loan to the end of the policy year.

Loan Interest Interest on a policy loan is due and payable on each policy anniversary. If You do not pay the interest when it is due, We will add the amount of interest to the loan. We will charge interest on this amount at the same interest being charged on the loan.

The effective annual policy loan interest rate charged is shown on the policy specification page.

You must assign this policy to Us to the extent of the outstanding loan. Upon the Second Death, We will deduct the outstanding loan from the death benefit before We pay the death benefit to the beneficiary.

Loan Repayments You may repay all or part of a loan at any time while this policy is in force. Each partial repayment must be at least \$25.

Every payment to Us on this policy will be considered a premium payment unless clearly marked for loan repayment or for payment of loan interest.

Maximum Loan Amount If the Debt at any time equals or exceeds the loan value, this policy will enter the grace period.

Settlement Options

Upon the Second Death while the policy is in force, policy proceeds may be paid in a lump sum or left with Us for payment under a settlement option that We make available. If Death Benefit proceeds are not applied under a settlement option, but are paid in one sum, We will pay interest according to the rules and rate declared by Us in effect on the date of payment. If state law requires payment of a greater amount, We will pay that amount.

The amount applied under an option for the benefit of any beneficiary must be at least \$2,500. The amount of each payment under an option must be at least \$50.

You may make, change or revoke an election at any time prior to the Second Death. Following the Second Death, the beneficiary may elect an option if You have not elected one or if proceeds are payable in one sum. A beneficiary may make a change in payment under a settlement option You elect only if You provided for it in Your election.

A change of beneficiary automatically cancels a previous election of a settlement option.

If this policy is assigned, the assignee's portion of proceeds will be paid in one sum. Any balance of proceeds may be applied under a settlement option.

To the extent allowed by law, all payments under the policy will be free from creditor claims or legal process.

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The Lincoln National Life Insurance Company
(the "Company")

Service Office: [100 North Greene Street]
[P.O. Box 21008]
[Greensboro NC 27420-1008]

A Stock Company

When writing the Service Office, please give the policy number, each Insured's full name and Your address.

Important Information

This policy is a valuable asset. Read it carefully and file it with Your other valuable papers.

If You need any of the following services, contact Your Lincoln National Life Insurance Company Agent or Our Service Office at 800-487-1485:

1. Information about this policy.
2. Preparation of claims papers, or other notices, elections or requests.
3. Examination of any proposal that You lapse or surrender this policy - this is for Your own protection.
4. Additional life insurance service.

**FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE INSURANCE POLICY**

Proceeds payable at Second Death. Adjustable Death Benefit. No increase in Policy Value and no death benefit payable at first death. Flexible premiums payable to the younger Insured's Attained Age 121. Policy values may increase or decrease as determined by declared interest and risk rates. Non-participating – No Dividends.

F5930

SCHEDULE OF BENEFITS AND PREMIUMS – POLICY NUMBER

[MC-1234567]

FORM NUMBER	BENEFIT	ISSUE DATE	MONTHLY DEDUCTION	YEARS PAYABLE
[SUL 5030]	INITIAL SPECIFIED AMOUNT [100,000]	[JAN 1, 2009]	[SEE PAGE 10]	[91]
[J-5890]	COVERAGE PROTECTION GUARANTEE RIDER	[JAN 1, 2009]	[SEE RIDER]	[SEE RIDER]
[J-405]	GUARANTEED SPLIT OPTION RIDER	[JAN 1, 2009]	[SEE PAGE 4]	[SEE PAGE 4]

POLICY SPECIFICATIONS

NOTE: THIS POLICY PROVIDES LIFE INSURANCE COVERAGE TO THE DEATH OF THE SECOND INSURED IF SUFFICIENT PREMIUMS ARE PAID. THE DURATION OF COVERAGE WILL DEPEND ON THE AMOUNT, TIMING AND FREQUENCY OF PREMIUM PAYMENTS, INTEREST CREDITED, COST OF INSURANCE, EXPENSE CHARGES, ANY LOANS OR WITHDRAWALS, ANY ENDORSEMENTS OR RIDERS, AND THE COST OF ADDITIONAL BENEFITS. THE PLANNED PREMIUM MAY NEED TO BE INCREASED TO KEEP THIS POLICY AND THE COVERAGE IN FORCE.

OWNER [JOHN DOE, THE INSURED]

BENEFICIARY [AS STATED IN THE APPLICATION UNLESS LATER CHANGED.]

INSUREDS	SEX	AGE	RATE CLASS
[JOHN DOE	MALE	35	STANDARD NON-TOBACCO]
[JANE DOE	FEMALE	30	STANDARD NON-TOBACCO]

POLICY NUMBER [1877700PA] POLICY DATE [JANUARY 1, 2009]
 SPECIFIED AMOUNT [\$100,000]
 DEATH BENEFIT OPTION [I]

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

POLICY NUMBER [MC 1234567]
FORM NUMBER [SUL 5030]
PLANNED PREMIUM \$[500.00] ANNUAL
MINIMUM SPECIFIED AMOUNT \$[100,000]

NO PREMIUM PAYMENT MAY BE LESS THAN \$[250.00] ANNUALLY OR \$[50.00] IF PAID BY ELECTRONIC FUNDS TRANSFER.

FACTORS USED IN THE CALCULATION OF POLICY VALUES

LOAD BASIS AMOUNT \$ [370.37]

MONTHLY ADMINISTRATIVE CHARGES:

1. \$[8.00] IN ALL POLICY YEARS.
2. [2.50]% OF LOAD BASIS AMOUNT FOR ALL POLICY MONTHS.

THE LOAD BASIS AMOUNT SHOWN ABOVE IS BASED ON THE INITIAL SPECIFIED AMOUNT. YOU WILL BE NOTIFIED OF ANY ADDITIONAL LOAD BASIS AMOUNT APPLICABLE TO AN INCREASE. A DECREASE IN SPECIFIED AMOUNT WILL HAVE NO EFFECT ON THIS ADMINISTRATIVE CHARGE.

3. CHARGE PER \$1,000 OF INITIAL SPECIFIED AMOUNT \$[0.05] IN ALL POLICY YEARS. THE CHARGE FOR AN INCREASE SHALL BE PER \$1,000 OF SPECIFIED AMOUNT OF THE INCREASE.

GUARANTEED NET PREMIUM FACTOR
[85]% OF GROSS PREMIUM PAID IN ALL POLICY YEARS

MORTALITY TABLE USED TO CALCULATE MINIMUM CASH SURRENDER VALUES
2001 CSO MALE OR FEMALE NONSMOKER OR SMOKER

INTEREST RATE USED TO CALCULATE MINIMUM CASH SURRENDER VALUES: 3.00% PER YEAR

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

POLICY NUMBER [MC 1234567]

FORM NUMBER [SUL 5030]

TABLE OF SURRENDER CHARGES

POLICY YEAR	SURRENDER CHARGE
[1	\$1823.00
2	\$1750.00
3	\$1676.00
4	\$1598.00
5	\$1519.00
6	\$1437.00
7	\$1353.00
8	\$1267.00
9	\$1177.00
10	\$1085.00
11	\$991.00
12	\$893.00
13	\$793.00
14	\$689.00
15	\$582.00
16	\$473.00
17	\$360.00
18	\$243.00
19	\$123.00
20 AND LATER	\$0.00]

THE SURRENDER CHARGES ABOVE ARE BASED ON THE INITIAL SPECIFIED AMOUNT. ADDITIONAL SURRENDER CHARGES RELATED TO ANY INCREASE IN SPECIFIED AMOUNT WILL BEGIN FROM THE EFFECTIVE DATE OF THE INCREASE IN COVERAGE. YOU WILL BE NOTIFIED OF THE ADDITIONAL CHARGES.

IN NO EVENT WILL THE CHARGE ASSESSED UPON A FULL SURRENDER EXCEED THE THEN CURRENT POLICY VALUE LESS ANY DEBT.

POLICY LOAN INTEREST RATE CHARGED IN ARREARS: [6.00]% PER YEAR UP TO THE YOUNGER INSURED'S ATTAINED AGE 121, [4.00]% THEREAFTER.

INTEREST RATE CREDITED TO POLICY VALUE HELD FOR POLICY LOAN COLLATERAL IS [4.00]% IN ALL POLICY YEARS.

PARTIAL SURRENDER MINIMUM AMOUNT: \$[500.00]

PARTIAL SURRENDER FEE: \$[5.00]

MAXIMUM ATTAINED AGE OF OLDER INSURED FOR AN INCREASE: [85]

MINIMUM AMOUNT FOR AN INCREASE: \$[25,000]

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

POLICY NUMBER [MC 1234567]

FORM NUMBER [SUL 5030]

DEATH BENEFIT QUALIFICATION TEST – [CASH VALUE ACCUMULATION TEST]

TABLE OF CORRIDOR FACTORS

YOUNGER INSURED'S ATTAINED AGE	CORRIDOR FACTOR	YOUNGER INSURED'S ATTAINED AGE	CORRIDOR FACTOR
[30	8.46]	[66	2.16]
[31	8.13]	[67	2.09]
[32	7.82]	[68	2.02]
[33	7.52]	[69	1.95]
[34	7.23]	[70	1.89]
[35	6.95]	[71	1.84]
[36	6.68]	[72	1.78]
[37	6.43]	[73	1.73]
[38	6.18]	[74	1.68]
[39	5.95]	[75	1.64]
[40	5.72]	[76	1.59]
[41	5.50]	[77	1.55]
[42	5.29]	[78	1.52]
[43	5.09]	[79	1.48]
[44	4.89]	[80	1.45]
[45	4.71]	[81	1.42]
[46	4.53]	[82	1.39]
[47	4.35]	[83	1.36]
[48	4.19]	[84	1.34]
[49	4.03]	[85	1.31]
[50	3.88]	[86	1.29]
[51	3.73]	[87	1.27]
[52	3.59]	[88	1.26]
[53	3.46]	[89	1.24]
[54	3.33]	[90	1.22]
[55	3.21]	[91	1.21]
[56	3.09]	[92	1.19]
[57	2.97]	[93	1.17]
[58	2.87]	[94	1.15]
[59	2.76]	[95	1.14]
[60	2.66]	[96	1.12]
[61	2.57]	[97	1.10]
[62	2.48]	[98	1.08]
[63	2.39]	[99	1.04]
[64	2.31]	[100	1.00]
[65	2.23]	AND AFTER]	

PLAN OF INSURANCE

FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

POLICY NUMBER [MC 1234567]

FORM NUMBER [SUL 5030]

TABLE OF GUARANTEED MAXIMUM COST OF INSURANCE RATES

POLICY YEAR	MONTHLY RATE PER \$1,000	POLICY YEAR	MONTHLY RATE PER \$1,000	POLICY YEAR	MONTHLY RATE PER \$1,000
[1]	[0.00006]	[36]	[0.37034]	[71]	[27.52610]
[2]	[0.00019]	[37]	[0.43486]	[72]	[30.11592]
[3]	[0.00034]	[38]	[0.51437]	[73]	[33.13053]
[4]	[0.00052]	[39]	[0.60614]	[74]	[36.57085]
[5]	[0.00073]	[40]	[0.71102]	[75]	[40.55625]
[6]	[0.00099]	[41]	[0.83215]	[76]	[45.11595]
[7]	[0.00131]	[42]	[0.97337]	[77]	[50.08589]
[8]	[0.00170]	[43]	[1.13993]	[78]	[55.52430]
[9]	[0.00214]	[44]	[1.33474]	[79]	[61.39589]
[10]	[0.00268]	[45]	[1.56204]	[80]	[68.00142]
[11]	[0.00335]	[46]	[1.82158]	[81]	[75.36017]
[12]	[0.00411]	[47]	[2.12030]	[82]	[83.11132]
[13]	[0.00501]	[48]	[2.45155]	[83]	[83.33333]
[14]	[0.00598]	[49]	[2.82192]	[84]	[83.33333]
[15]	[0.00712]	[50]	[3.23377]	[85]	[83.33333]
[16]	[0.00856]	[51]	[3.69659]	[86]	[83.33333]
[17]	[0.01031]	[52]	[4.26257]	[87]	[83.33333]
[18]	[0.01259]	[53]	[4.90008]	[88]	[83.33333]
[19]	[0.01535]	[54]	[5.56448]	[89]	[83.33333]
[20]	[0.01883]	[55]	[6.28321]	[90]	[83.33333]
[21]	[0.02329]	[56]	[7.06459]	[91]	[83.33333]
[22]	[0.02863]	[57]	[7.78034]		
[23]	[0.03514]	[58]	[8.73327]		
[24]	[0.04253]	[59]	[9.73417]		
[25]	[0.05137]	[60]	[10.79830]		
[26]	[0.06215]	[61]	[11.79361]		
[27]	[0.07567]	[62]	[12.32080]		
[28]	[0.09225]	[63]	[13.25351]		
[29]	[0.11227]	[64]	[14.63557]		
[30]	[0.13544]	[65]	[16.42736]		
[31]	[0.16229]	[66]	[18.72329]		
[32]	[0.19318]	[67]	[20.96720]		
[33]	[0.22860]	[68]	[23.37604]		
[34]	[0.26908]	[69]	[23.77724]		
[35]	[0.31522]	[70]	[25.19072]		

THE ABOVE RATES ARE FOR THE BASE POLICY AT ISSUE. THEY ARE BASED ON THE MORTALITY TABLE NOTED ON PAGE 4A AND THE RATE CLASS OF BOTH INSURED'S AT ISSUE.

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

INSURED [JOHN DOE]
 POLICY NUMBER [MC 1234567]
 FORM NUMBER [J-5890]

COVERAGE PROTECTION GUARANTEE RIDER

COVERAGE PROTECTION GUARANTEE REINSTATEMENT PROVISION PERIOD: WITHIN [90 DAYS] AFTER THE DATE OF TERMINATION AND PRIOR TO THE YOUNGER INSURED'S ATTAINED AGE 121. LIMITATIONS MAY APPLY TO REINSTATEMENT OF THE RIDER AND ARE SPECIFIED WITHIN THE RIDER.

CREDITED INTEREST RATE USED IN THE CALCULATION OF COVERAGE PROTECTION GUARANTEE FOR THE STATED DURATION OR TO THE EARLIER OF THE YOUNGER INSURED'S ATTAINED AGE 121:

CPA I INTEREST RATES: [0.00]% FOR THE FIRST POLICY YEAR; [5.75]% FOR POLICY YEARS [2-15]; [5.55]% FOR POLICY YEARS [16-30] AND [4.85]% FOR POLICY YEARS [31 AND THEREAFTER].

CPA II INTEREST RATES: [0.00]% FOR THE FIRST POLICY YEAR; [5.75]% FOR POLICY YEARS [2-15]; [5.55]% FOR POLICY YEARS [16-30] AND [4.85]% FOR POLICY YEARS [31 AND THEREAFTER].

CPA III INTEREST RATES: [3.00]% FOR ALL POLICY YEARS.

FACTORS USED IN THE CALCULATION OF THE COVERAGE PROTECTION GUARANTEE MONTHLY DEDUCTION: COVERAGE PROTECTION GUARANTEE MONTHLY PROCESSING FEE FOR INITIAL SPECIFIED AMOUNT: \$[10.00] YOU WILL BE NOTIFIED OF ANY ADDITIONAL MONTHLY PROCESSING FEE APPLICABLE TO AN INCREASE.

COVERAGE PROTECTION GUARANTEE BONUS RATE USED FOR DETERMINING THE COVERAGE PROTECTION GUARANTEE MONTHLY DEDUCTION: [4.00]

GROSS PREMIUM PAID IN POLICY YEARS	COVERAGE PROTECTION GUARANTEE NET PREMIUM FACTOR
[1	88%
2	88%
3	88%
4	88%
5	88%
6	88%
7	88%
8	93%
9	93%
10	93%
11	93%
12	93%
13	93%
14	93%
15	93%
16 AND LATER	95%]

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

INSURED [JOHN DOE]
 POLICY NUMBER [MC 1234567]
 FORM NUMBER [J-5890]

COVERAGE PROTECTION GUARANTEE RIDER

COVERAGE PROTECTION GUARANTEE								
COST OF INSURANCE RATES PER \$1,000 OF INITIAL SPECIFIED AMOUNT								
POLICY YEAR	TABLE A MONTHLY RATE	TABLE B MONTHLY RATE	POLICY YEAR	TABLE A MONTHLY RATE	TABLE B MONTHLY RATE	POLICY YEAR	TABLE A MONTHLY RATE	TABLE B MONTHLY RATE
[1]	[0.00000	0.00000	[31]	[0.00520	0.18910	[61]	[1.31560	11.18210
[2]	0.00000	0.00000	[32]	0.00630	0.22560	[62]	1.48740	11.58730
[3]	0.00000	0.00010	[33]	0.00760	0.26740	[63]	1.67670	12.33660
[4]	0.00000	0.00020	[34]	0.00910	0.31500	[64]	1.87650	13.44660
[5]	0.00000	0.00030	[35]	0.01100	0.36920	[65]	2.09250	14.85830
[6]	0.00000	0.00050	[36]	0.01320	0.43370	[66]	2.32720	16.61770
[7]	0.00000	0.00080	[37]	0.01630	0.50930	[67]	2.57850	18.35570
[8]	0.00000	0.00110	[38]	0.02000	0.60220	[68]	2.80280	20.16780
[9]	0.00000	0.00140	[39]	0.02450	0.70850	[69]	3.03080	20.46320
[10]	0.00000	0.00190	[40]	0.03010	0.82990	[70]	3.26220	21.49650
[11]	0.00010	0.00250	[41]	0.03710	0.97000	[71]	0.00000	23.16380
[12]	0.00010	0.00330	[42]	0.04480	1.12900	[72]	0.00000	24.95590
[13]	0.00010	0.00420	[43]	0.05410	1.31540	[73]	0.00000	26.96900
[14]	0.00020	0.00550	[44]	0.06550	1.53160	[74]	0.00000	29.17460
[15]	0.00020	0.00690	[45]	0.07940	1.78100	[75]	0.00000	31.61310
[16]	0.00030	0.00870	[46]	0.09610	2.06330	[76]	0.00000	34.25760
[17]	0.00030	0.01080	[47]	0.11650	2.37840	[77]	0.00000	36.97400
[18]	0.00040	0.01340	[48]	0.14100	2.72260	[78]	0.00000	39.76090
[19]	0.00050	0.01670	[49]	0.17050	3.10020	[79]	0.00000	42.56730
[20]	0.00060	0.02060	[50]	0.20550	3.51430	[80]	0.00000	45.49230
[21]	0.00080	0.02560	[51]	0.24780	3.97050	[81]	0.00000	48.48550
[22]	0.00090	0.03170	[52]	0.29820	4.52500	[82]	0.00000	51.36400
[23]	0.00110	0.03900	[53]	0.35830	5.13760	[83]	0.00000	54.15580
[24]	0.00140	0.04760	[54]	0.42690	5.76080	[84]	0.00000	56.69740
[25]	0.00170	0.05800	[55]	0.50680	6.42280	[85]	0.00000	60.28190
[26]	0.00200	0.07140	[56]	0.59530	7.12980	[86]	0.00000	63.61670
[27]	0.00240	0.08730	[57]	0.70840	7.75720	[87]	0.00000	67.07660
[28]	0.00300	0.10680	[58]	0.83440	8.59760	[88]	0.00000	70.87000
[29]	0.00360	0.13040	[59]	0.97920	9.46160	[89]	0.00000	74.37000
[30]	0.00430	0.15740]	[60]	1.13660	10.36240]	[90]	0.00000	77.92580
						[91]	0.00000	83.33330]

THE ABOVE COST OF INSURANCE RATES ARE USED IN DETERMINING THE COVERAGE PROTECTION GUARANTEE ACCOUNT VALUE.

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

INSURED [JOHN DOE]
 POLICY NUMBER [MC 1234567]
 FORM NUMBER [J-5890]

COVERAGE PROTECTION GUARANTEE RIDER

COVERAGE PROTECTION GUARANTEE TABLE OF ADMINISTRATIVE CHARGES					
POLICY YEAR	MONTHLY RATE	POLICY YEAR	MONTHLY RATE	POLICY YEAR	MONTHLY RATE
[1	22.96	31	22.96	61	22.96
2	22.96	32	22.96	62	22.96
3	22.96	33	22.96	63	22.96
4	22.96	34	22.96	64	22.96
5	22.96	35	22.96	65	22.96
6	22.96	36	22.96	66	22.96
7	22.96	37	22.96	67	22.96
8	22.96	38	22.96	68	22.96
9	22.96	39	22.96	69	22.96
10	22.96	40	22.96	70	22.96
11	22.96	41	22.96	71 AND LATER	0.00]
12	22.96	42	22.96		
13	22.96	43	22.96		
14	22.96	44	22.96		
15	22.96	45	22.96		
16	22.96	46	22.96		
17	22.96	47	22.96		
18	22.96	48	22.96		
19	22.96	49	22.96		
20	22.96	50	22.96		
21	22.96	51	22.96		
22	22.96	52	22.96		
23	22.96	53	22.96		
24	22.96	54	22.96		
25	22.96	55	22.96		
26	22.96	56	22.96		
27	22.96	57	22.96		
28	22.96	58	22.96		
29	22.96	59	22.96		
30	22.96	60	22.96		

THE ABOVE ADMINISTRATIVE CHARGES, USED IN DETERMINING THE COVERAGE PROTECTION GUARANTEE ACCOUNT VALUE, ARE BASED ON THE INITIAL SPECIFIED AMOUNT.

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

INSURED JOHN DOE AND JANE DOE

POLICY NUMBER MC 1234567

FORM NUMBER J-405

GUARANTEED SPLIT OPTION RIDER CHARGES FOR
COVERAGE PROTECTION GUARANTEE RIDER

TABLE OF CHARGES FOR THE GUARANTEED SPLIT OPTION RIDER

OLDER INSURED'S ATTAINED AGE	MONTHLY RATE	OLDER INSURED'S ATTAINED AGE	MONTHLY RATE
[25 thru 39	0.001	66	0.016
40	0.002	67	0.013
41	0.002	68	0.017
42	0.002	69	0.020
43	0.002	70	0.025
44	0.003	71	0.026
45	0.003	72	0.031
46	0.004	73	0.033
47	0.003	74	0.034
48	0.005	75	0.037
49	0.004	76	0.037
50	0.006	77	0.037
51	0.006	78	0.037
52	0.007	79	0.037]
53	0.007		
54	0.008		
55	0.008		
56	0.009		
57	0.009		
58	0.011		
59	0.013		
60	0.016		
61	0.017		
62	0.021		
63	0.019		
64	0.019		
65	0.015		

THE ABOVE ADMINISTRATIVE CHARGES ARE SPECIFIC TO THE GUARANTEED SPLIT OPTION RIDER ONLY FOR THE PURPOSES OF DETERMINING IF THE COVERAGE PROTECTION GUARANTEE IS IN EFFECT. THERE IS NO IMPACT TO THE ACTUAL POLICY VALUE AS A RESULT OF THESE APPLIED RATES. THE MONTHLY ADMINISTRATIVE CHARGE IS DETERMINED BY MULTIPLYING THE APPLICABLE MONTHLY RATE NOTED ABOVE BY THE COVERAGE PROTECTION GUARANTEE NET AMOUNT AT RISK CALCULATION AS DESCRIBED IN THE COST OF INSURANCE PROVISION OF THE COVERAGE PROTECTION GUARANTEE RIDER.

GUARANTEED SPLIT OPTION RIDER REINSTATEMENT PERIOD: WITHIN [90 DAYS] AFTER THE DATE OF TERMINATION AND PRIOR TO THE YOUNGER INSURED'S ATTAINED AGE 121. LIMITATIONS MAY APPLY TO REINSTATEMENT OF THE RIDER AND ARE SPECIFIED IN THE RIDER.

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

The Lincoln National Life Insurance Company

Service Office: 100 North Greene Street, P.O. Box 21008, Greensboro, NC 27420-1008

Coverage Protection Guarantee Rider

This Rider is a part of the policy to which it is attached and takes effect on the Policy Date. This Rider is subject to the terms and conditions of the policy unless otherwise stated herein.

Summary of Rider Benefits The addition of this Rider to Your policy can ensure that Your coverage will continue even if the Cash Surrender Values are insufficient to cover the monthly deductions.

How does the Coverage Protection Guarantee work? The guarantee references an "alternate" policy value calculated in a similar manner as the actual Policy Value but utilizing different monthly deduction charges and credited interest rates. All charges and interest rates used in this alternate policy value calculation are fixed and are guaranteed not to increase or decrease for the initial Specified Amount. You will be notified of any increase in Coverage Protection Guarantee charges due to an increase in Specified Amount. The alternate policy value is not used in determining the actual Policy Value, it is simply a reference value used to determine whether the Coverage Protection Guarantee is in effect.

Note that the length of time the Coverage Protection Guarantee can keep Your policy in force may vary based on the following factors:

- Changes in premium frequency, timing or amount. As an example, if Your initial planned premium payments will satisfy the CPG Test to the younger Insured's Attained Age 85, but You later decide You would like the CPG Test, as defined in the Coverage Protection Guarantee provision below, to be satisfied to the younger Insured's Attained Age 100, You may request information on the amount of increase in the planned premium that would be required to achieve this modified objective.
- Policy changes such as loans, partial surrenders, changes in the death benefit and addition or removal of riders.

In addition, if You have allowed the policy to lapse longer than the period of time referenced on the policy specification pages, the guarantee is permanently lost.

We will provide You with an annual notification of the status of Your Policy and the Coverage Protection Guarantee, which You should review carefully.

Coverage Protection Guarantee When the Coverage Protection Guarantee is in effect, this guarantee will provide that the policy to which it is attached will not enter the grace period because the policy's Cash Surrender Value is insufficient to cover the current monthly deductions as defined in the policy.

The Coverage Protection Guarantee is in effect if the Coverage Protection Guarantee Test (the CPG Test) is satisfied. The CPG Test is satisfied if the total of the Coverage Protection Accounts (herein referred to as "CPA I", "CPA II" and "CPA III" or the "account(s)") equals or exceeds Debt. The Coverage Protection Accounts are used only for determining whether the Coverage Protection Guarantee is in effect, and are not used in calculating the actual Policy Value provided under this policy.

If at any time, while the CPG test is satisfied, the planned duration of the Coverage Protection Guarantee is shortened by a reduction You have made in the amount or a change you have made to the timing of Your planned premiums paid, You may pay additional premiums or a single lump sum premium (up to the limits described in this provision) in order to restore the original duration of the Coverage Protection Guarantee.

If at any time the CPG Test fails, You may pay additional premium within the allowable limits established by the Compliance With the Internal Revenue Code and Modified Endowment provisions of the policy in order to reactivate the Coverage Protection Guarantee, provided the policy has not lapsed for a period in excess of what is defined in the Coverage Protection Guarantee Reinstatement Period on the policy specifications page. The amount required to reinstate the Coverage Protection Guarantee will be the amount on the next Monthly Anniversary Day that is sufficient to satisfy the CPG Test and to keep the Coverage Protection Guarantee in effect for at least 2 policy months. You may also request to increase the planned premium noted on the policy specification page, within the allowable limits established by the Compliance With the Internal Revenue Code and Modified Endowment provisions of the policy, as a means of extending the period for which the CPG Test will be satisfied. The status of the Coverage Protection Guarantee will be communicated to you via the Annual Report.

Coverage Protection Value The value of CPA I, CPA II and CPA III on the Policy Date will be equal to any Coverage Protection Guarantee Net Premiums allocated to each account, minus the first monthly deduction. The value of each account is then determined on a Monthly Anniversary Day by accumulating with any interest, any value for the prior month increased by any Coverage Protection Guarantee Net Premium credited to that account and decreased by monthly deductions charged to that account, by the reduction in value caused by any partial surrender and by any surrender charge due to any decrease in Specified Amount allocated to that account since the preceding Monthly Anniversary Day.

The total of the Coverage Protection Accounts may become less than zero.

On any day other than a Monthly Anniversary Day, the value of each account will be the value as of the preceding Monthly Anniversary Day minus both the monthly deduction for the current policy month charged to that account and by the reduction in value caused by any partial surrender charged to that account since the preceding Monthly Anniversary Day. For the purposes of this paragraph, "Policy Date" will replace the reference to "the preceding Monthly Anniversary Day" for determining the values in the first policy month after issue.

Coverage Protection Guarantee Net Premium Each Coverage Protection Guarantee Net Premium will be determined by multiplying each gross premium received by the Coverage Protection Guarantee Net Premium Factor shown on the policy specification page.

Interest Rate The interest rates are shown for each account on the policy specification page.

Monthly Deduction The monthly deduction for all policy months through the Younger Insured's Attained Age 121 will be calculated as (1) plus (2) plus (3) plus (4) minus (5) minus (6) where:

- (1) Is the Coverage Protection Guarantee cost of insurance for the policy month as calculated according to the Coverage Protection Guarantee Cost of Insurance provision.
- (2) Is the administrative charge for the applicable policy year. The Coverage Protection Guarantee Table of Administrative Charges on the policy specification page will be used.

- (3) Is the maximum guaranteed cost and/or administrative charges for any attached riders or benefits shown on the policy specification page as being due for the policy month. If the Guaranteed Split Option Rider is attached to the policy, please refer to the Table of Charges for the Guaranteed Split Option Rider (applicable to the Coverage Protection Guarantee only) on the policy specification page.
- (4) Is the Coverage Protection Guarantee Monthly Processing Fee as shown on the policy specification page.
- (5) Is the Coverage Protection Guarantee Bonus (Bonus), which may or may not be applied to the monthly deduction calculation based on the CPA III account value. If the CPA III account value on the Monthly Anniversary Day after subtracting steps (2), (3), and (4) is greater than zero, the Bonus will not apply. If the CPA III account value is equal to or less than zero, the Bonus will apply and will be calculated as the total of (a) times (b) times (c), where:
 - (a) Is the Coverage Protection Guarantee Bonus rate as noted on the policy specification page; and
 - (b) Is the total of all Coverage Protection Accounts on the Monthly Anniversary Day after subtracting the monthly deduction steps (2), (3), and (4); and
 - (c) Is the applicable Coverage Protection Guarantee Cost of Insurance rate divided by 1000.
- (6) Is equal to zero for policy months 1 – 12 and for policy month 13 through the Younger Insured's Attained Age 121 is equal to the greater of (a) or (b) where:
 - (a) Is equal to the administrative charge for the applicable policy year noted in (2) minus the value of CPA II minus the value of CPA I, and;
 - (b) Is equal to zero.

The value of CPA I and CPA II, as referenced in (a), will be defined as the respective account values on the Monthly Anniversary Day prior to the monthly deduction being taken.

If there is an increase in Specified Amount, additional charges will be in effect for the increase as described in the Rider provision entitled "Policy Changes and the Coverage Protection Guarantee".

Cost of Insurance The cost of insurance is determined on a monthly basis as the cost of insurance rate for the month multiplied by the net amount at risk for the month.

The net amount at risk for an account is computed as (1) minus (2) where:

- (1) Is the death benefit for the month (including the death benefit of any Supplemental Term Insurance Rider on Specified Insured that may be attached to this policy) before reduction for any Debt, discounted to the beginning of the month at the CPA III guaranteed interest rate.
- (2) Is the total of all Coverage Protection Accounts on the Monthly Anniversary Day after subtracting monthly deduction steps (2), (3) and (4), but not less than zero.

Cost of Insurance Rates The monthly cost of insurance rates for use in the account calculations are shown in the Coverage Protection Guarantee Cost of Insurance Table A and B on the policy specification page. Table B will be applied if CPA III is not equal to zero otherwise Table A will be applied. The rate in the designated Table will apply to all accounts. The value of CPA III used will be the CPA III account value on the Monthly Anniversary Day after subtracting only the monthly deduction steps (2), (3), and (4).

Changes in Rates The cost of insurance rates and the interest rates described in the Coverage Protection Guarantee provisions are fixed and guaranteed for the Initial Specified Amount and are not subject to change.

Allocation Among Accounts Coverage Protection Guarantee Net Premiums, partial surrenders, surrender charges due to any decrease in Specified Amount and monthly deductions will be allocated among the accounts by the following rules:

- **Coverage Protection Guarantee Net Premiums**

- (1) Premiums in the First Policy Year:
 - a. If the total of all accounts equals or exceeds zero, allocate to CPA I.
 - b. If the total of all accounts is less than zero and the premiums paid are either the initial premium or premium due to an exchange that meets the requirements of Section 1035 of the Internal Revenue Code, allocate to CPA III until it reaches zero, then allocate the balance to CPA I.
 - c. If the total of all accounts is less than zero, for all other premiums paid (excluding those received in accordance with b. above) allocate to CPA III.

- (2) Premiums in the Second and Subsequent Policy Years:

- a. If the total of all accounts equals or is less than zero, allocate to CPA III.
- b. If the total of all accounts exceeds zero, allocate to CPA II.

- **Partial Surrenders and Surrender Charges due to a Decrease in Specified Amount**

Partial Surrenders and Surrender Charges due to any decrease in Specified Amount will result in a pro-rata reduction to the value of each of the accounts in the same proportion as the reduction in policy cash value.

- **Monthly Deductions**

- (1) Allocate to CPA III until it is reduced to zero.
- (2) Allocate balance to CPA II until it is reduced to zero.
- (3) Allocate any additional balance to CPA I until it is reduced to zero.

Allocate remaining balance to CPA III (in addition to any allocation to CPA III made in (1) above).

Disability Waiver of Specified Premium Benefit If a Disability Waiver of Specified Premium Benefit is attached to this policy, any premium paid to this policy as a benefit of the Disability Waiver of Specified Premium rider will be applied as premium for the purposes of determining if the Coverage Protection Guarantee is in effect.

Policy Changes and the Coverage Protection Guarantee Rating class changes that result in a more favorable mortality rating for either Insured will require a change to the Coverage Protection Guarantee Cost of Insurance. A new Coverage Protection Guarantee Cost of Insurance, Coverage Protection Guarantee Administrative Charge and Coverage Protection Guarantee Monthly Processing Fee will be applied to an increase in Specified Amount. You will be notified should any of these changes occur. Decreases in Specified Amount for the policy or any attached rider and death benefit option changes will not require a change to the Coverage Protection Guarantee Cost of Insurance or the Coverage Protection Guarantee Table of Administrative Charges or the Coverage Protection Guarantee Monthly Processing Fee noted on the policy specification pages.

There will be no impact on the Coverage Protection Guarantee Net Premium Factor noted on the policy specification pages due to any of the changes detailed above.

Termination This rider will terminate upon the earliest of the following events:

- (1) The policy terminates or is surrendered for its Cash Surrender Value;
- (2) The policy lapses and is not reinstated within the Coverage Protection Guarantee Reinstatement Period as noted on the policy specification page;
- (3) Upon Your written request that the rider be terminated.

Impact on Policy Provisions

The addition of this Rider to Your policy will impact the following policy provisions.

Grace Period and the Coverage Protection Guarantee Rider When the CPG Test is met, this Rider will provide that the policy will not enter the Grace Period if the policy Cash Surrender Value is insufficient to cover the current monthly deduction. The Grace Period will not begin and the policy to which this Rider is attached will not be subject to termination under the Grace Period provision of the policy. The Grace Period provision of the policy as stated will otherwise apply.

Policy Reinstatement and the Coverage Protection Guarantee Rider The Coverage Protection Guarantee Rider may be reinstated at the time of policy reinstatement if application for reinstatement is received during the Coverage Protection Guarantee Reinstatement Period as shown on the policy specification page. In order to reinstate the Coverage Protection Guarantee Rider We will require payment at the time of policy reinstatement of the lesser of:

- (1) the amount that results in a Cash Surrender Value on the date of reinstatement that is sufficient to keep this policy in force for at least 2 months; and
- (2) the amount required to reinstate the Coverage Protection Guarantee Rider on the date of reinstatement that is sufficient to satisfy the CPG Test and to keep the Coverage Protection Guarantee in effect for at least 2 policy months.

You will be advised at the time of reinstatement of the amount required. In order for the guarantee described in the Coverage Protection Guarantee Rider to become effective, additional payment may be required if the amount in (1) above is paid.

Continuation of Insurance The addition of the Coverage Protection Guarantee Rider to the policy provides that the policy and all riders will continue in force as long as either the Cash Surrender Value is sufficient to cover the monthly deduction or the total of the Coverage Protection Accounts equals or exceeds Debt. If neither amount is sufficient, and no additional premiums are paid, the policy will terminate according to the grace period provision.



Secretary

Guaranteed Split Option Rider

Rider forming a part of the policy to which it is attached.

Benefit You have the option to split this policy into two individual permanent life insurance policies then being issued by Us, one on the life of each Insured, without evidence of insurability, upon the occurrence of one of the following events:

1. Within 180 days after the final annulment or divorce decree dissolving the Insureds marriage; or
2. Within 180 days after a change in the Internal Revenue Code of 1986, as amended, that results in (a) the repeal of the unlimited marital deduction for Federal Estate tax purposes or (b) a reduction of at least 50% in the maximum Federal Estate Tax bracket in effect on the policy Issue Date; or
3. Within 180 days after (a) the termination of a business partnership between the Insureds under section 708(b) of the Internal Revenue Code or (b) an insured partner's transfer of one hundred percent of his or her partnership interest to an unrelated person.

Election of Option To elect this option, You must send written request to Us at Our Service Office. In the event of a divorce, You must provide a certified copy of the final divorce decree and any other documents we may require. In the event of a termination of a business partnership, You must provide an affidavit or other written documentation in a form acceptable to Us confirming the termination of the business partnership.

Effective Date of Split The effective date of the new policies will be the monthly anniversary day on or next following Our receipt of the request or any other date mutually agreed upon. When the new policies are effective, the original policy shall terminate.

Assignment Each new policy will be subject to any existing assignment of this policy.

Split Percentage The specified amount and the cash surrender value of this policy will be split equally and allocated to each individual policy. One half of any outstanding policy loan will apply to each new policy. Any riders attached to Your policy will terminate upon exercise of the split option rider.

General Provisions This rider is subject to all applicable provisions of the policy. This rider will control in the event of any conflict with this rider and the policy. This rider will control in the event of any conflict with this rider and any Coverage Protection Guarantee Rider attached to the policy.

Termination This rider will terminate upon the earliest of the following:

1. The death of the first insured to die; or
2. The older Insured's Attained Age 80; or
3. Upon Your written request; or
4. The date the original policy terminates or is surrendered for its Cash Surrender Value; or
5. If the policy lapses and is not reinstated within the Guaranteed Split Option Rider Reinstatement Period as defined on the policy specifications page.

Limitations on Reinstatement If the policy to which this rider is attached lapses and is subsequently reinstated, there may be limits on the ability to also reinstate this rider. Please refer to the policy specification page specific to this rider for conditions on which the rider may be reinstated.

Effective Date The effective date of this rider is the Policy Date.

C. Suzanne Elmark

[Secretary]

SERFF Tracking Number: JEPL-126082882 State: Arkansas
 Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 42029
 Company Tracking Number: SUL 5030
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
 Adjustable Life
 Product Name: SUL 5030 with data pages F5130-A
 Project Name/Number: SUL 5030 et al/SUL 5030

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
AR_Readability.pdf		
AR_Cert. of Compliance.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Attachment:		
LFF06321 Base Application Part I GENERIC.pdf		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: N/A This is a life insurance policy		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: N/A This is not a health product, it is a life insurance policy		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		

SERFF Tracking Number: JEPL-126082882 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 42029
Company Tracking Number: SUL 5030
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: SUL 5030 with data pages F5130-A
Project Name/Number: SUL 5030 et al/SUL 5030

Attachments:

Statement of Variability F5130-A and Base Policy SUL 5030.pdf
F5130-A Generic for SOV.pdf

Item Status:

Status

Date:

Satisfied - Item: Revised CPG Rider highlighted

Comments:

Attachment:

J-5890 - rev highlighted.pdf

Arkansas

READABILITY CERTIFICATION

The Lincoln National Life Insurance Company

Re: SUL 5030 – Flexible Premium Adjustable Survivorship Life Insurance Policy with
Policy Data Pages F5130-A
J- 5890 – Coverage Protection Guarantee Rider
J-405 – Guaranteed Split Option Rider

We hereby certify that the attached Form(s) is (are) in compliance with the Rules and Regulation requirements regarding Life, Annuities, and Accident and Sickness Insurance Language Simplification Standards and has (have) achieved a Flesch Reading Ease score of:

<u>Form Number:</u>	<u>Flesch:</u>
<i>SUL 5030 combined with F5130-A</i>	<i>61.62</i>
<i>J-5890</i>	<i>60.05</i>
<i>J-405</i>	<i>54.52</i>



Pamela M. Telfer, Assistant Vice President
Product Compliance

Date: March 25, 2009

ARKANSAS

CERTIFICATE OF COMPLIANCE

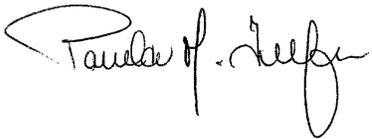
The Lincoln National Life Insurance Company

**Re: SUL 5030 – Flexible Premium Adjustable Survivorship Life Insurance Policy with Policy Data Pages F5130-A
J- 5890 – Coverage Protection Guarantee Rider
J-405 – Guaranteed Split Option rider**

To the best of my knowledge and belief, the policy form listed above complies with the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance department.

To the best of my knowledge and belief we are in compliance with the requirements of Arkansas Code Ann. 23-79-138. We provide a document entitled “Important Information to Policyholders” which contains the required information.

To the best of my knowledge and belief we are in compliance with the requirements of Regulation 49 and we provide the required Guaranty Association notice.



Pamela M. Telfer, AVP
Product Compliance

Date: March 25, 2009

IMPORTANT NOTICE

Since you are applying for insurance, we would like you to know more about our underwriting process and what occurs after you submit your application.

(Please give a copy of these notices to each Proposed Insured.)

THE UNDERWRITING PROCESS

All forms of insurance are based on the concept of risk-sharing. Underwriters seek to determine the level of risk represented by each applicant, and then assign that person to a group with similar risk characteristics. In this way, the risk potential can be spread among all policyholders within a given risk group, assuring that each assumes his fair share of the insurance cost.

Underwriters collect and review risk factors such as age, occupation, physical condition, medical history and any hazardous avocations. The level of risk and premium for the amount of coverage requested is based on this information.

INVESTIGATIVE CONSUMER REPORT

As a part of our routine procedure for processing your initial application, we may request an investigative consumer report. The agency making the report may keep a copy of the report and disclose its contents to others for whom it performs similar services. The report typically includes information such as identity and residence verification, character, reputation, marital status, estimate of net worth and income, occupation, avocations, medical history, habits, mode of living and other personal characteristics. Additional information is usually obtained from several different sources. Confidential interviews are conducted with neighbors, friends, business associates, and acquaintances. Public records are carefully reviewed.

Past experience shows that information from investigative reports usually does not have an adverse effect on our underwriting decision. If it should, we will notify you in writing and identify the reporting agency. At that point, if you wish to do so, you may discuss the matter with the reporting agency.

You have the right to be interviewed as part of any investigative consumer report that is completed. If you desire such an interview, please indicate this at the time your application is submitted. If you request it, we will supply the name, address and telephone number of the consumer reporting agency so you may obtain a copy of the report.

CONTESTABILITY

We strongly urge you to review the completed application closely for accuracy. During the 2 year contestability period described in the policy, a claim may be denied if the application contains false statements or misrepresentations or fails to disclose material facts. In such a case, the policy could be void and coverage could be lost.

MIB, INC.

Information you provide regarding your insurability or claims will be treated as confidential except that The Company or its reinsurers, may make a brief report of it to MIB, Inc. This is a nonprofit membership organization of life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage or submitted a claim, MIB, Inc. will provide the information it may have in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB at: Box 105 Essex Station, Boston, MA 02112. You can reach MIB by phone toll free at (866) 692-6901. (TTY {866} 346-3642)

IMPORTANT NOTICE

Since you are applying for insurance, we would like you to know more about our underwriting process and what occurs after you submit your application.

(Please give a copy of these notices to each Proposed Insured.)

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Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB at: Box 105 Essex Station, Boston, MA 02112. You can reach MIB by phone toll free at (866) 692-6901. (TTY {866} 346-3642)

APPLICATION FOR LIFE INSURANCE - PART I

APPLICANT INFORMATION - PROPOSED INSURED A (Required Section)			
1. Proposed Insured A <i>(First, Middle, Last)</i>	2. <input type="checkbox"/> Male <input type="checkbox"/> Female		
3. Date of Birth (If over age 70, please complete Section D.) <i>(mm/dd/yy)</i>	4. Soc. Sec. No.	5. Are you a citizen of the United States? <input type="checkbox"/> Y <input type="checkbox"/> N If "No," what country?	
6. Place of Birth <i>(State, Country)</i>	7. Driver's License # & State		
8. Home Address <i>(Street, City, State, ZIP)</i>			
9. Occupation/Duties	10. Employer		
11. Business Address <i>(Street, City, State, ZIP)</i>			
12. Annual Earned Income \$	13. Annual Unearned Income \$	14. Net Worth \$	
15. In the last 5 years have you filed for bankruptcy? <input type="checkbox"/> Y <input type="checkbox"/> N <i>(If "Yes," please complete the Financial Supplement.)</i>	16. Primary Phone # <input type="checkbox"/> AM <input type="checkbox"/> PM	17. Work Phone # <input type="checkbox"/> AM <input type="checkbox"/> PM	

COVERAGE INFORMATION (As available per product)

18. Plan of Insurance _____ 19. Amount of Insurance \$ _____
(Specified Amount, if UL or VUL)

20. (i) Death Benefit Option *(Complete for Universal Life and Variable Universal Life Product only - not required for Term or Whole Life.)*
 Level Increase by Cash Value Increase by Premium Increase by Premium Less Policy Factor

(ii) Death Benefit Qualification Test (DBQT) - For IRS purposes, premiums will be tested using the Guideline Premium Test unless
 Cash Value Accumulation Test is checked (not available on all products or with all riders).
The DBQT cannot be changed after issue unless the terms of the policy require a change.

21. Save Age? Y N *(If not saving age, policy will be current dated.)*

22. Additional Benefits and Riders: <i>(If applicable)</i>	<input type="checkbox"/> Waiver of Premium
<input type="checkbox"/> Supplemental Coverage \$ _____	<input type="checkbox"/> Waiver of Monthly Deductions
<input type="checkbox"/> Term on Spouse/Other Insured Rider \$ _____ <i>(Please complete Section B - Applicant Information - Proposed Insured B)</i>	<input type="checkbox"/> Waiver of Specified Premium \$ _____
<input type="checkbox"/> Accelerated Benefit Rider	<input type="checkbox"/> Children's Term Insurance Rider <i>(Complete Child's Supplement)</i>
<input type="checkbox"/> Other Benefits and Riders <i>(not listed above)</i> . (Please provide full details: e.g. coverage amounts/percentages/etc.):	

BILLING INSTRUCTIONS (As available per product)

23. Premium Mode: Annual Semi-Annual Quarterly Monthly (EFT) Other _____

24. Modal Planned Premium: \$ _____ 25. Lump Sum: \$ _____ 1035 Exchange

26. Special Billing: *(check one, if applicable)* New List Bill Existing List Bill Number: _____

27. Source of Premium: _____ 28. Automatic Premium Loan: Y N
(inheritance, loan, business activity) (Complete for Whole Life only.)

29. Premium Notices To: *(check one only.) (Please note we cannot bill to your agent.)*
 Owner in Question 31 Owner in Question 37 Insured at Business Insured at Residence Other *(indicate below)*

30. Special Instructions:

OWNER INFORMATION (If left blank, Proposed Insured(s) will be owner)

31. Owner Name	
32. Owner Address	
33. Relationship to Proposed Insured(s)	34. Owner Soc. Sec. No. / TIN
35. Date of Birth/Trust Date	36. Citizen of (Country)
37. Owner Name	
38. Owner Address	
39. Relationship to Proposed Insured(s)	40. Owner Soc. Sec. No. / TIN
41. Date of Birth/Trust Date	42. Citizen of (Country)
43. Is this policy being purchased as part of an employer owned life insurance program where the employer is the direct or indirect beneficiary of the policy? <input type="checkbox"/> Y <input type="checkbox"/> N	

BENEFICIARY DESIGNATION (Unless otherwise stated below, if multiple beneficiaries are named in a class (Primary, Contingent), the proceeds are to be paid equally to the survivor or survivors, if any, in the class.)

Select Primary (P) or Contingent (C) Beneficiary for each line completed. If Trust, check here .

44. <input type="checkbox"/> P <input type="checkbox"/> C	a. Name/Trust name & Trustees	b. Soc. Sec. No./TIN
		c. Relationship to Proposed Insured
45. <input type="checkbox"/> P <input type="checkbox"/> C	a. Name/Trust name & Trustees	b. Soc. Sec. No./TIN
		c. Relationship to Proposed Insured
46. <input type="checkbox"/> P <input type="checkbox"/> C	a. Name/Trust name & Trustees	b. Soc. Sec. No./TIN
		c. Relationship to Proposed Insured
47. <input type="checkbox"/> P <input type="checkbox"/> C	a. Name/Trust name & Trustees	b. Soc. Sec. No./TIN
		c. Relationship to Proposed Insured
48.	Special Instructions	

APPLICANT INFORMATION - PROPOSED INSURED A

49. Are you considering stopping premium payments, surrendering, replacing, forfeiting, assigning to the insurer or reducing your benefits under an existing policy or annuity, or are you considering using or borrowing funds from your existing policies or annuities to pay premiums due on the new or applied for policy? Y N
(If "Yes", please complete and sign all required replacement forms.)

50. Please list amounts of all inforce life insurance on your life, including any policies that have been sold. *(Please list in the box below.)*

If none, check this box:

Please indicate the Type of coverage: Business (**B**); Key Person (**K**); or Personal (**P**).

Company	Face Amount	Policy Number	Issue Date (mm/dd/yy)	Replacement or Change of Policy?	1035 Exchange	Type
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

51. Do you have any applications currently pending or do you plan to apply for new life or disability insurance coverage with any other company? (If "Yes," please provide details in the space provided.) Y N

Company	Amount	Type (Life or Disability)	Reason Policy Applied For
	\$		
	\$		

52. What is the total amount of new life insurance coverage that will be placed in force with all companies including this application? \$ _____

53. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? (If "Yes", please complete the Premium Financing Supplement.) Y N

54. Have you ever applied for life, health or disability insurance and been declined, postponed or charged an increased premium? (If "Yes", provide further information in the "Details" space provided.) Y N

GENERAL RISK INFORMATION - PROPOSED INSURED A

55. Do you now, or do you plan to fly, or have you flown during the past 2 years, as a pilot, student pilot or crew member? (If "Yes", an Aviation Supplement is required; this includes balloon pilots.) Y N

56. Do you plan to participate, or have you participated within the past 2 years; in motor vehicle or boat racing, in hang gliding, sky or scuba diving, or mountain, rock or technical climbing; or in similar sports? (If "Yes", an Avocation Supplement is required.) Y N

57. Do you now, or do you plan to reside or travel outside of the United States or Canada within the next year? (If "Yes", a Foreign Travel or Residence Supplement is required.) Y N

58. In the past 5 years, have you been convicted of two or more moving violations, driving under the influence of alcohol or other drugs, or had your driver's license suspended, restricted or revoked? (If "Yes," please indicate what type and dates in the "Details" space provided.) Y N

59. Have you ever been convicted of or are you awaiting trial for a felony? (If "Yes", please indicate type, date and city/state of felony and if currently on probation or parole, in the "Details" space provided.) Y N

60. Are you a member of, or applied to be a member of, or received a notice of required service in, the armed forces, reserves or National Guard? (If "Yes", please indicate if Retired or active; list branch of service, rank, duties, mobilization category and current duty station; if a notice of deployment has been received, to where and when; in the "Details" space provided.) Y N

61. Have you ever used tobacco or products containing nicotine (including, but not limited to, chew tobacco, snuff, nicotine gum and/or patches)? (If "Yes", list below.) Y N

Type:	Date First Used: (month/year)	Date Last Used: (month/year)	Amount and Frequency:

MEDICAL INFORMATION - PROPOSED INSURED A (Answer this section only when required.)

62. Provide full name/address/phone number of personal physician(s) and any other physicians seen within the past 5 years.

a. Date and reason of last visit:

b. Tests performed & treatment received:

63. Height _____ ft. / _____ in. a. Has your weight changed by more than 10 pounds during the past 12 months? Y N
 Weight _____ lbs. b. If "Yes," by how many pounds? _____ Gain Loss

64.	Age if Living & Health Status	Diabetes, Cancer, Heart Disease? (include age of onset)	Age at Death & Cause
a. Father			
b. Mother			
c. Sibling(s)			

65. **Details:** (List details from questions answered "Yes" and please specify to which question numbers details pertain.)

SECTION A - HEALTH SUMMARY

APPLICANT INFORMATION - PROPOSED INSURED A

(Complete if not submitting a Medical Supplement - Part II of Application or to initiate underwriting process. See Underwriting Guidelines for further details.)

1. Proposed Insured A <i>(First, Middle, Last)</i>	2. Date of Birth <i>(mm/dd/yy)</i>
► If you answer "Yes" to any of the following questions, please provide further information in the "Details" space provided.	
	Yes No
3. Have you had or been advised by a licensed medical professional to have a check-up, EKG, x-ray, blood or urine test or any other diagnostic test or are you now planning to seek medical advice or treatment for any reason?	<input type="checkbox"/> <input type="checkbox"/>
4. Have you been a patient in a hospital, clinic, sanatorium or other medical facility, or been advised by a licensed medical professional to have any hospitalization or surgery which has not been completed?	<input type="checkbox"/> <input type="checkbox"/>
5. Have you ever had any indication of, or been treated by a licensed medical professional for:	
a. Chest pain, palpitations, high blood pressure, heart disease, heart murmur, heart failure or other disorders of the heart or blood vessels?	<input type="checkbox"/> <input type="checkbox"/>
b. Any tumor, cancer, cysts, melanoma, lymphoma or any disorder of the lymph nodes?	<input type="checkbox"/> <input type="checkbox"/>
c. Anemia, leukemia, clotting disorder or any other blood disorder?	<input type="checkbox"/> <input type="checkbox"/>
d. Diabetes, elevated blood sugar, thyroid, or other endocrine or glandular disorder?	<input type="checkbox"/> <input type="checkbox"/>
e. Asthma, emphysema, shortness of breath, allergies, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or shortness of breath or any other disorder of the respiratory system?	<input type="checkbox"/> <input type="checkbox"/>
f. Seizures, fainting, dizziness, epilepsy, stroke, paralysis or other neurologic or brain disorder?	<input type="checkbox"/> <input type="checkbox"/>
g. Any nervous, mental, or emotional disorder, or received counseling for anxiety, depression, stress or any other emotional condition?	<input type="checkbox"/> <input type="checkbox"/>
h. Ulcers, colitis, jaundice, hepatitis, cirrhosis, gastrointestinal bleeding, or other disorder of the stomach, esophagus, liver, intestines, gallbladder, or pancreas?	<input type="checkbox"/> <input type="checkbox"/>
i. Any complication of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, kidney or urinary bladder?	<input type="checkbox"/> <input type="checkbox"/>
j. Arthritis, gout, or any disorder of the back, spine, muscles, nerves, bones, joints or skin?	<input type="checkbox"/> <input type="checkbox"/>
k. Any disorder of the eyes, ears, nose or throat?	<input type="checkbox"/> <input type="checkbox"/>
l. Any mental or physical disorder medically or surgically treated condition not listed above?	<input type="checkbox"/> <input type="checkbox"/>
6. Have you ever been diagnosed as having or been treated by a licensed medical professional for Acquired Immune Deficiency Syndrome or an AIDS related condition?	<input type="checkbox"/> <input type="checkbox"/>
7. Do you use alcoholic beverages? <i>(If "Yes", provide Type, Frequency & Amount.)</i>	<input type="checkbox"/> <input type="checkbox"/>
Type _____ Frequency _____ Amount _____	
8. Have you ever been treated for drug or alcohol abuse or been advised by a licensed medical professional to limit your use of alcohol or any medication, prescribed or not?	<input type="checkbox"/> <input type="checkbox"/>
9. In the past 5 years have you used or experimented with cocaine, marijuana, or other non-prescription stimulants, depressants, or narcotics?	<input type="checkbox"/> <input type="checkbox"/>
10. List all medication and dosages you are currently taking or have taken in the last 30 days, including prescriptions, over the counter drugs, aspirin and herbal supplements.	
11. Details: <i>(List details from questions answered "Yes" and please specify to which question numbers details pertain.)</i>	

SECTION B - ADDITIONAL INSURED

APPLICANT INFORMATION - PROPOSED INSURED B

1. Proposed Insured B <i>(First, Middle, Last)</i>		2. <input type="checkbox"/> Male <input type="checkbox"/> Female	
3. Date of Birth (If over age 70 please complete Section D.) <i>(mm/dd/yy)</i>	4. Soc. Sec. No.	5. Are you a citizen of the United States? <input type="checkbox"/> Y <input type="checkbox"/> N If "No," what country?	
6. Place of Birth <i>(State, Country)</i>	7. Driver's License # & State		
8. Home Address <i>(Street, City, State, ZIP)</i>			
9. Occupation/Duties		10. Employer	
11. Business Address <i>(Street, City, State, ZIP)</i>			
12. Annual Earned Income \$		13. Annual Unearned Income \$	
14. Net Worth \$			
15. In the last 5 years have you filed for bankruptcy? <input type="checkbox"/> Y <input type="checkbox"/> N <i>(If "Yes," please complete the Financial Supplement.)</i>	16. Primary Phone # <input type="checkbox"/> AM <input type="checkbox"/> PM	17. Work Phone # <input type="checkbox"/> AM <input type="checkbox"/> PM	

18. Beneficiary for applicable Rider: a. Name		
b. Soc Sec. No./TIN	c. Relationship to Proposed Insured B	

19. Are you considering stopping premium payments, surrendering, replacing, forfeiting, assigning to the insurer or reducing your benefits under an existing policy or annuity, or are you considering using or borrowing funds from your existing policies or annuities to pay premiums due on the new or applied for policy? Y N
(If "Yes", please complete and sign all required replacement forms.)

20. Please list amounts of all inforce life insurance on your life, including any policies that have been sold. *(Please list in the box below.)*
If none, check this box:
 Please indicate the Type of coverage: Business **(B)**; Key Person **(K)**; or Personal **(P)**.

Company	Face Amount	Policy Number	Issue Date (mm/dd/yy)	Replacement or Change of Policy?	1035 Exchange	Type
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

21. Do you have any applications currently pending or do you plan to apply for new life or disability insurance coverage with any other company? *(If "Yes," please provide details in the space provided.)* Y N

Company	Amount	Type (Life or Disability)	Reason Policy Applied For
	\$		
	\$		

22. What is the total amount of new life insurance coverage that will be placed inforce with all companies including this application? \$ _____

23. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? *(If "Yes", please complete the Premium Financing Supplement.)* Y N

24. Have you ever applied for life, health or disability insurance and been declined, postponed or charged an increased premium? *(If "Yes", provide further information in the "Details" space provided.)* Y N

GENERAL RISK INFORMATION - PROPOSED INSURED B

25. Do you now, or do you plan to fly, or have you flown during the past 2 years, as a pilot, student pilot or crew member? *(If "Yes", an Aviation Supplement is required; this includes balloon pilots.)* Y N

26. Do you plan to participate, or have you participated within the past 2 years; in motor vehicle or boat racing, in hang gliding, sky or scuba diving, or mountain, rock or technical climbing; or in similar sports? *(If "Yes", an Avocation Supplement is required.)* Y N

27. Do you now, or do you plan to reside or travel outside of the United States or Canada within the next year? *(If "Yes", a Foreign Travel or Residence Supplement is required.)* Y N

28. In the past 5 years, have you been convicted of two or more moving violations, driving under the influence of alcohol or other drugs, or had your driver's license suspended, restricted or revoked? *(If "Yes," please indicate what type and dates in space provided below.)* Y N

29. Have you ever been convicted of or are you awaiting trial for a felony? *(If "Yes", please indicate type, date and city/state of felony and if currently on probation or parole, in space provided below.)* Y N

30. Are you a member of, or applied to be a member of, or received a notice of required service in, the armed forces, reserves or National Guard? *(If "Yes", please indicate if Retired or active; list branch of service, rank, duties, mobilization category and current duty station; if a notice of deployment has been received, to where and when; on the space provided below.)* Y N

31. Have you ever used tobacco or products containing nicotine (including, but not limited to, chew tobacco, snuff, nicotine gum and/or patches)? *(If "Yes", list below.)* Y N

Type	Date First Used: <i>(month/year)</i>	Date Last Used: <i>(month/year)</i>	Amount and Frequency:

MEDICAL INFORMATION - PROPOSED INSURED B *(Answer this section only when required.)*

32. Provide full name/address/phone number of personal physician(s) and any other physicians seen within the past 5 years.

a. Date and reason of last visit:

b. Tests performed & treatment received:

33. Height _____ ft. / _____ in. a. Has your weight changed by more than 10 pounds during the past 12 months? Y N
 Weight _____ lbs. b. If "Yes," by how many pounds? _____ Gain Loss

34.	Age if Living & Health Status	Diabetes, Cancer, Heart Disease? <i>(include age of onset)</i>	Age at Death & Cause
a. Father			
b. Mother			
c. Sibling(s)			

35. **Details:** *(List details from questions answered "Yes" and please specify to which question numbers details pertain.)*

SECTION C - HEALTH SUMMARY

APPLICANT INFORMATION PROPOSED INSURED B

(Complete if not submitting a Medical Supplement - Part II of Application or to initiate underwriting process. See Underwriting Guidelines for further details.)

Proposed Insured B 1. (First, Middle, Last):	Date of Birth 2. (mm/dd/yy):																																																																					
<p>► If you answer "Yes" to any of the following questions, please provide further information in the "Details" space provided.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">3. Have you had or been advised by a licensed medical professional to have a check-up, EKG, x-ray, blood or urine test or any other diagnostic test or are you now planning to seek medical advice or treatment for any reason?</td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">4. Have you been a patient in a hospital, clinic, sanatorium or other medical facility, or been advised by a licensed medical professional to have any hospitalization or surgery which has not been completed?</td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="padding: 5px;">5. Have you ever had any indication of, or been treated by a licensed medical professional for:</td> </tr> <tr> <td style="padding: 5px;">a. Chest pain, palpitations, high blood pressure, heart disease, heart murmur, heart failure or other disorders of the heart or blood vessels?</td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">b. Any tumor, cancer, cysts, melanoma, lymphoma or any disorder of the lymph nodes?</td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">c. Anemia, leukemia, clotting disorder or any other blood disorder?</td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">d. Diabetes, elevated blood sugar, thyroid, or other endocrine or glandular disorder?</td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">e. 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Have you had or been advised by a licensed medical professional to have a check-up, EKG, x-ray, blood or urine test or any other diagnostic test or are you now planning to seek medical advice or treatment for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	4. Have you been a patient in a hospital, clinic, sanatorium or other medical facility, or been advised by a licensed medical professional to have any hospitalization or surgery which has not been completed?	<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever had any indication of, or been treated by a licensed medical professional for:			a. Chest pain, palpitations, high blood pressure, heart disease, heart murmur, heart failure or other disorders of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>	b. Any tumor, cancer, cysts, melanoma, lymphoma or any disorder of the lymph nodes?	<input type="checkbox"/>	<input type="checkbox"/>	c. 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SECTION D - DEFINED AGE QUESTIONNAIRE
(Complete if either Proposed Insured is age 70 or over.)

1. Proposed Insured A *(First, Middle, Last)* _____

2. Proposed Insured B *(First, Middle, Last)* _____

	Proposed Insured A	Proposed Insured B
3. Will you, the proposed insured and/or beneficiary, and/or any entity on your behalf, receive any compensation as an inducement to purchase the policy, whether via the form of cash, property, an agreement to receive money in the future, or otherwise, if this policy is issued?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Have you, the proposed insured, been involved in any discussion about the possible sale or assignment of this policy to an unrelated third party, as an inducement to purchase the life insurance policy? Have you been involved in any discussion about the possible sale or assignment of a beneficial interest in a trust, limited liability company or other entity created or to be created on your behalf which will have an ownership or beneficial interest in this policy?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Have you, the proposed insured, been involved in any discussion about the projected value of this policy in a future sale to an unrelated third party? Do you, the proposed insured, understand that estimated values of policies in the life settlement or other secondary marketplace are not guaranteed and that you may not be able to sell your policy for any amount in excess of the cash surrender value?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Have you, the proposed insured, ever sold a policy to a life settlement, viatical or other secondary market provider, or are you in the process of selling a policy?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Details: <i>(List details from questions answered "Yes" and please specify to which question numbers details pertain.)</i>		

OWNER INFORMATION

	Owner
8. Owner Name _____	
9. Will you, the proposed owner and/or beneficiary, and/or any entity on your behalf, receive any compensation as an inducement to purchase the policy, whether via the form of cash, property, an agreement to receive money in the future, or otherwise, if this policy is issued?	<input type="checkbox"/> Y <input type="checkbox"/> N
10. Have you, the proposed owner, been involved in any discussion about the possible sale or assignment of this policy to an unrelated third party, as an inducement to purchase the life insurance policy? Have you been involved in any discussion about the possible sale or assignment of a beneficial interest in a trust, limited liability company or other entity created or to be created on your behalf?	<input type="checkbox"/> Y <input type="checkbox"/> N
11. Have you, the owner, been involved in any discussion about the projected value of this policy in a future sale to an unrelated third party? Do you, the owner, understand that estimated values of policies in the life settlement or other secondary marketplace are not guaranteed and that you may not be able to sell your policy for any amount in excess of the cash surrender value?	<input type="checkbox"/> Y <input type="checkbox"/> N
12. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? <i>(If "Yes", please complete the Premium Financing Application Supplement.)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
13. Details: <i>(List details from questions answered "Yes" and please specify to which question numbers details pertain.)</i>	

SERVICE OFFICE ENDORSEMENTS (For Company Use Only. We will attach additional documentation as needed.)

SUITABILITY

Complete only if applying for Variable Life Insurance and submit allocation form(s) with this Application:

1. Have you, the Proposed Insured(s) and the Owner, if other than the Proposed Insured(s), received a current Prospectus for the policy applied for and have you had sufficient time to review it?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Do you understand that the amount and duration of the death benefit may increase or decrease depending on the investment performance of funds in the Separate Account?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Do you understand that the cash values may increase or decrease depending on the investment performance of the funds held in the Separate Account?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. With this in mind, do you believe that the policy applied for is in accord with your insurance objective and your anticipated financial needs?	<input type="checkbox"/> Y <input type="checkbox"/> N

CASH VALUES MAY INCREASE OR DECREASE IN ACCORDANCE WITH THE EXPERIENCE OF THE SEPARATE ACCOUNT. THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIED CONDITIONS.

AGREEMENT AND ACKNOWLEDGEMENT

I, the Owner, certify that the tax identification or social security number as provided by me is correct. I also certify that I am not subject to backup withholding.

Each of the Undersigned declares that:

1. This Application consists of: a) Part I (including Sections A-D if needed); b) Part II Medical Application, if required; c) any amendments to the application(s) attached thereto; and d) any supplements, all of which are required by the Company for the plan, amount and benefits applied for. This Application for Life Insurance - Part I shall be complete when it includes Application Information - Proposed Insured A, and any or none of the following (please check, as applicable, included Sections A-D):

- Section A- Health Summary -Proposed Insured A, Section B- Applicant Information -Proposed Insured B,
 Section C -Health Summary -Proposed Insured B, and Section D - Defined Age Questionnaire.

2. I/We further agree that (except as provided in the Temporary Life Insurance Agreement if advance payment has been made and acknowledged below and such Agreement issued), insurance will take effect under the Policy only when: 1) the Policy has been delivered to and accepted by me/us; 2) the initial premium has been paid in full during the lifetime of the Proposed Insured(s); and 3) the Proposed Insured(s) remain in the same state of health and insurability as described in each part of the application at the time conditions 1) and 2) are met.

I/We have paid \$ _____ to the Agent/Representative in exchange for the Temporary Life Insurance Agreement, and I/we acknowledge that I/we fully understand and accept its terms. (Please complete Temporary Life Insurance Agreement and submit with application.)

3. No agent, broker or medical examiner has the authority to make or modify any Company contract or to waive any of the Company's requirements.
4. I HAVE READ, or have had read to me, the completed Application for Life Insurance before signing below. All statements and answers in this application are correctly recorded, and are full, complete and true. I confirm that upon receipt of the contract I will review the answers recorded on the application. I will notify the Company immediately if any information in the application is incorrect. Caution: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind coverage under the policy and any riders attached to it.
5. For employer owned life insurance policies, the owner hereby acknowledges its sole responsibility for ensuring that it complies with all legal and regulatory requirements related to life insurance it purchases on its employees, including appropriate disclosure to each employee whose life is insured under such a life insurance policy.
6. Corrections, additions or changes to this application may be made by the Company. Any such changes will be shown under "Service Office Endorsements". Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan, amount, or benefits unless agreed to in writing by the Applicant.

STATE DISCLOSURES

All jurisdictions except AR, AZ, CT, DC, FL, KS, KY, LA, ME, MN, NJ, NM, OH, OK, PA, TX, VA and WA. Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

AR, DC, KY, ME, NM, OH and PA Only. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

TRUST VERIFICATION

I/WE hereby certify that the Trustee(s) named in this application are the Trustee(s) for the named Trust, which is in full force and effect. The Company assumes no obligation to inquire into the terms of any trust agreement affecting this policy and shall not be held liable for any party's compliance with the terms thereof. The Company may rely solely upon the signature(s) of the Trustee(s) named in this application to any receipt, release or waiver, or to any transfer or other instrument affecting this policy or any options, privileges or benefits thereunder. Unless otherwise indicated, the signature(s) of all Trustee(s) named, or their successors, will be required to exercise any contractual right under the policy. The Company shall have no obligation to see to the use or application of any funds paid to the Trustee(s) in accordance with the terms of the policy. Any such payment made by the Company to the Trustee(s) shall fully discharge the Company with respect to any amounts so paid.

AUTHORIZATION

Each of the undersigned declares that:

I/We authorize any medical professional, hospital or other medical institution, insurer, MIB, Inc., or any other person or organization that has any records or knowledge of me/us or my/our physical or mental health or insurability to disclose that information to the Company, its reinsurers, or any other party acting on the Company's behalf. I/We authorize the Company to disclose information related to my insurability to MIB, Inc., and to other insurers to whom I/we may apply for coverage.

I/We acknowledge receipt of the Privacy Notice and the Important Notice containing the Investigative Consumer Report and MIB, Inc. information.

This authorization shall be valid for 24 months after it is signed. A photographic copy of this authorization shall be as valid as the original. I/We understand that I/we may revoke this authorization at any time by written notification to the Company; however, any action taken prior to notification will not be affected.

The purpose of this authorization is to allow the Company to determine eligibility for life coverage or a claim for benefits under a life policy.

I elect to be interviewed if an Investigative Consumer Report is prepared.

SIGNATORY SECTION

Signed in _____, this _____ day of _____ (state) (month) (year)

Signature of Proposed Insured A
(Parent or Guardian if under 14 years of age)

Signature of Proposed Insured B (If coverage applied for)
(Parent or Guardian if under 14 years of age)

Signature of Applicant/Owner/Trustee (If other than Proposed Insured)
(Provide Officer's Title if policy is owned by a Corporation)

Signature of Applicant/Owner/Trustee (If other than Proposed Insured)
(Provide Officer's Title if policy is owned by a Corporation)

TO BE COMPLETED BY AGENT ONLY

(i) Does the applicant have any existing life insurance policies or annuities? Y N

(ii) Do you know or have you any reason to believe that replacement of insurance is involved? Y N

If a replacement is involved, I certify that only company approved sales materials were used in this sale and that copies of all sales materials were left with the applicant.

I declare that I have accurately answered all questions contained in this section.

I declare that I have provided each Proposed Insured and Owner(s) with the Important Notice as well as a copy of the Privacy Practices Notice.

Signature of Licensed Agent, Broker or Registered Representative

Name of Licensed Agent, Broker or Registered Representative
(Please Print)

APPLICABLE TO VARIABLE LIFE ONLY

I have reviewed the Application, Supplements, New Account Form and allocation forms and find the transaction suitable.

Signature of Registered Principal of Broker/Dealer

Name of Registered Principal of Broker/Dealer (Please Print)

STATEMENT OF VARIABILITY

Form Number(s)

F5130-A

This statement of variability shows the sections and provisions in each of the above noted form(s) that contain bracketed items to indicate variability. The range of variability and an explanation is provided for each bracketed item.

Items within each of the separate form(s) that are interrelated and subject to any concurrent changes have been identified.

No change in variability will be made which in any way expands the scope of the item being changed

Variable items listed herein that may be changed by the Company, may occur upon a change in any of the following conditions:

- Updates in pricing assumptions
- Changes in regulatory requirements
- Changes in the competitive marketplace
- Changes in product goals
- Commission changes
- Changes in Expectation of Future Policyholder behavior
- Internal Profitability Targets
- Internal Capital Requirements
- Change in Underlying Base Contract

No item identified as variable with a zero entry will be omitted from these forms.

No variability will result in offering more than one plan of insurance in the market at any one time.

Policy Form F5150-A

Policy Specifications Page 3

Item A.

Variable Range= Initial Specified Amount may vary from \$100,000.00 to Unlimited

Item B.

Variable Range= Age at issue may vary from age 20 to 90

Item C.

Variable Range= Death Benefit Option I or II

Policy Specifications Page 4A

Item F.

Variable Range= Planned Premium modes may vary from Annually, Semi-Annually, Quarterly or Monthly

Item G.

Variable Range= Minimum Specified Amount After Policy Issue may vary from \$1,000.00 to \$100,000

Item H.

Variable Range= Load Basis Amount may vary from \$1.00 to \$300.00 per unit of specified amount.

Item I.

Variable Range= Monthly Administrative Charge may vary from \$4.00 to \$24.00

Item J.

Variable Range= Monthly Administrative Charge may vary from 0% to 48% of Load Basis Amount shown above

Item L.

Variable Range= Charge per \$1,000 of Initial Specified Amount may vary from \$0.01 to \$1.00

Item M.

Variable Range= Guaranteed Net Premium Factor may vary from 0.00% to 15.00% of premiums paid

Item P.

Variable Range= Interest Rate used to Calculate Cash Surrender Values may vary from 3.00% to maximum allowable under Standard Non-Forfeiture Law

Policy Specifications Page 4B

Item R.

Variable Range= Surrender Charges Per \$1,000 of Initial Specified Amount may vary from 0.00 to maximum allowable under the NAIC Standard Nonforfeiture Law

A reference to 0 (zero) is not intended to omit this item from the form.

Item S.

Variable Range= Policy Loan Interest Rates Charged in Arrears up to the Younger Insured's Attained Age 121 may vary from 0.00% to 6.00%

A reference to 0 (zero) is not intended to omit this item from the form.

Item T.

Variable Range= Policy Loan Interest Rates Charged in Arrears after the Younger Insured's Attained Age 121 may vary from 0.00% to 4.00%

A reference to 0 (zero) is not intended to omit this item from the form.

Item U.

Variable Range= Interest Rate Credited to Policy Value Held for Policy Loan Collateral may vary from 0.00% to 4.00%

A reference to 0 (zero) is not intended to omit this item from the form.

Item V.

Variable Range= Partial Surrender Minimum Amount may vary from \$0.00 to \$1000.00

A reference to 0 (zero) is not intended to omit this item from the form.

Item W.

Variable Range= Partial Surrender Fee may vary from \$0 to \$25.00

A reference to 0 (zero) is not intended to omit this item from the form.

Item X.

Variable Range= Maximum Attained Age for An Increase may vary from age 65 to 85

Item Y.

Variable Range= Minimum Specified Amount for An Increase may vary from \$1,000 to \$100,000

Policy Specifications Page 4C

Item Z.

Variable Range= Death Benefit Qualification Test may be either Guideline Premium Test or Cash Value Accumulation Test

Policy Specification Pages Specific to the Coverage Protection Guarantee Rider form J-5890

Item A

Variable Range = Interest Rates credited to the CPA account may vary from 0.00% to 6.00%, for each of the accounts in all policy years.

A reference to 0 (zero) is not intended to omit this item from the form.

Item B

Variable Range = Coverage Protection Guarantee Monthly Processing fee may vary from \$0.00 to \$50.00

A reference to 0 (zero) is not intended to omit this item from the form.

Item C

Variable Range = Coverage Protection Guarantee Bonus Rate may vary from a factor of 0.00 to 6.00

A reference to 0 (zero) is not intended to omit this item from the form.

Item D

Variable Range = Coverage Protection Guarantee Net Premium Factor may vary from 80% to 100%

SCHEDULE OF BENEFITS AND PREMIUMS – POLICY NUMBER

[MC-1234567]

FORM NUMBER	BENEFIT	ISSUE DATE	MONTHLY DEDUCTION	YEARS PAYABLE
[SUL 5030]	INITIAL SPECIFIED AMOUNT [100,000]A	[JAN 1, 2009]	[SEE PAGE 10]	[91]
[J-5890]	COVERAGE PROTECTION GUARANTEE RIDER	[JAN 1, 2009]	[SEE RIDER]	[SEE RIDER]
[J-405]	GUARANTEED SPLIT OPTION RIDER	[JAN 1, 2009]	[SEE PAGE 4]	[SEE PAGE 4]

POLICY SPECIFICATIONS

NOTE: THIS POLICY PROVIDES LIFE INSURANCE COVERAGE TO THE DEATH OF THE SECOND INSURED IF SUFFICIENT PREMIUMS ARE PAID. THE DURATION OF COVERAGE WILL DEPEND ON THE AMOUNT, TIMING AND FREQUENCY OF PREMIUM PAYMENTS, INTEREST CREDITED, COST OF INSURANCE, EXPENSE CHARGES, ANY LOANS OR WITHDRAWALS, ANY ENDORSEMENTS OR RIDERS, AND THE COST OF ADDITIONAL BENEFITS. THE PLANNED PREMIUM MAY NEED TO BE INCREASED TO KEEP THIS POLICY AND THE COVERAGE IN FORCE.

OWNER [JOHN DOE, THE INSURED]

BENEFICIARY [AS STATED IN THE APPLICATION UNLESS LATER CHANGED.]

INSUREDS	SEX	AGE	RATE CLASS
[JOHN DOE	MALE	35B	STANDARD NON-TOBACCO]
[JANE DOE	FEMALE	30B	STANDARD NON-TOBACCO]

POLICY NUMBER [1877700PA] POLICY DATE [JANUARY 1, 2009]
 SPECIFIED AMOUNT [\$100,000]
 DEATH BENEFIT OPTION [I]C

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

POLICY NUMBER [MC 1234567]
FORM NUMBER [SUL 5030]
PLANNED PREMIUM \$[500.00] ANNUAL F
MINIMUM SPECIFIED AMOUNT \$[100,000] G

NO PREMIUM PAYMENT MAY BE LESS THAN \$[250.00] ANNUALLY OR \$[50.00] IF PAID BY ELECTRONIC FUNDS TRANSFER.

FACTORS USED IN THE CALCULATION OF POLICY VALUES

LOAD BASIS AMOUNT \$ [370.37] H

MONTHLY ADMINISTRATIVE CHARGES:

1. \$[8.00] I IN ALL POLICY YEARS.
2. [2.50] J % OF LOAD BASIS AMOUNT FOR ALL POLICY MONTHS.

THE LOAD BASIS AMOUNT SHOWN ABOVE IS BASED ON THE INITIAL SPECIFIED AMOUNT. YOU WILL BE NOTIFIED OF ANY ADDITIONAL LOAD BASIS AMOUNT APPLICABLE TO AN INCREASE. A DECREASE IN SPECIFIED AMOUNT WILL HAVE NO EFFECT ON THIS ADMINISTRATIVE CHARGE.

3. CHARGE PER \$1,000 OF INITIAL SPECIFIED AMOUNT \$[0.05] L IN ALL POLICY YEARS. THE CHARGE FOR AN INCREASE SHALL BE PER \$1,000 OF SPECIFIED AMOUNT OF THE INCREASE.

GUARANTEED NET PREMIUM FACTOR
[85] M % OF GROSS PREMIUM PAID IN ALL POLICY YEARS

MORTALITY TABLE USED TO CALCULATE MINIMUM CASH SURRENDER VALUES
2001 CSO MALE OR FEMALE NONSMOKER OR SMOKER

INTEREST RATE USED TO CALCULATE MINIMUM CASH SURRENDER VALUES: 3.00 P % PER YEAR

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

POLICY NUMBER [MC 1234567]

FORM NUMBER [SUL 5030]

TABLE OF SURRENDER CHARGES R

POLICY YEAR	SURRENDER CHARGE
[1	\$1823.00
2	\$1750.00
3	\$1676.00
4	\$1598.00
5	\$1519.00
6	\$1437.00
7	\$1353.00
8	\$1267.00
9	\$1177.00
10	\$1085.00
11	\$991.00
12	\$893.00
13	\$793.00
14	\$689.00
15	\$582.00
16	\$473.00
17	\$360.00
18	\$243.00
19	\$123.00
20 AND LATER	\$0.00]

THE SURRENDER CHARGES ABOVE ARE BASED ON THE INITIAL SPECIFIED AMOUNT. ADDITIONAL SURRENDER CHARGES RELATED TO ANY INCREASE IN SPECIFIED AMOUNT WILL BEGIN FROM THE EFFECTIVE DATE OF THE INCREASE IN COVERAGE. YOU WILL BE NOTIFIED OF THE ADDITIONAL CHARGES.

IN NO EVENT WILL THE CHARGE ASSESSED UPON A FULL SURRENDER EXCEED THE THEN CURRENT POLICY VALUE LESS ANY DEBT.

POLICY LOAN INTEREST RATE CHARGED IN ARREARS: [6.00] S% PER YEAR UP TO THE YOUNGER INSURED'S ATTAINED AGE 121, [4.00] T% THEREAFTER.

INTEREST RATE CREDITED TO POLICY VALUE HELD FOR POLICY LOAN COLLATERAL IS [4.00] U % IN ALL POLICY YEARS.

PARTIAL SURRENDER MINIMUM AMOUNT: \$[500.00] V

PARTIAL SURRENDER FEE: \$[5.00] W

MAXIMUM ATTAINED AGE OF OLDER INSURED FOR AN INCREASE: [85] X

MINIMUM AMOUNT FOR AN INCREASE: \$[25,000] Y

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

POLICY NUMBER [MC 1234567]

FORM NUMBER [SUL 5030]

DEATH BENEFIT QUALIFICATION TEST – [CASH VALUE ACCUMULATION TEST] Z

TABLE OF CORRIDOR FACTORS

YOUNGER INSURED'S ATTAINED AGE	CORRIDOR FACTOR	YOUNGER INSURED'S ATTAINED AGE	CORRIDOR FACTOR
[30	8.46]	[66	2.16]
[31	8.13]	[67	2.09]
[32	7.82]	[68	2.02]
[33	7.52]	[69	1.95]
[34	7.23]	[70	1.89]
[35	6.95]	[71	1.84]
[36	6.68]	[72	1.78]
[37	6.43]	[73	1.73]
[38	6.18]	[74	1.68]
[39	5.95]	[75	1.64]
[40	5.72]	[76	1.59]
[41	5.50]	[77	1.55]
[42	5.29]	[78	1.52]
[43	5.09]	[79	1.48]
[44	4.89]	[80	1.45]
[45	4.71]	[81	1.42]
[46	4.53]	[82	1.39]
[47	4.35]	[83	1.36]
[48	4.19]	[84	1.34]
[49	4.03]	[85	1.31]
[50	3.88]	[86	1.29]
[51	3.73]	[87	1.27]
[52	3.59]	[88	1.26]
[53	3.46]	[89	1.24]
[54	3.33]	[90	1.22]
[55	3.21]	[91	1.21]
[56	3.09]	[92	1.19]
[57	2.97]	[93	1.17]
[58	2.87]	[94	1.15]
[59	2.76]	[95	1.14]
[60	2.66]	[96	1.12]
[61	2.57]	[97	1.10]
[62	2.48]	[98	1.08]
[63	2.39]	[99	1.04]
[64	2.31]	[100	1.00]
[65	2.23]	AND AFTER]	

PLAN OF INSURANCE

FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

POLICY NUMBER [MC 1234567]

FORM NUMBER [SUL 5030]

TABLE OF GUARANTEED MAXIMUM COST OF INSURANCE RATES

POLICY YEAR	MONTHLY RATE PER \$1,000	POLICY YEAR	MONTHLY RATE PER \$1,000	POLICY YEAR	MONTHLY RATE PER \$1,000
[1]	[0.00006]	[36]	[0.37034]	[71]	[27.52610]
[2]	[0.00019]	[37]	[0.43486]	[72]	[30.11592]
[3]	[0.00034]	[38]	[0.51437]	[73]	[33.13053]
[4]	[0.00052]	[39]	[0.60614]	[74]	[36.57085]
[5]	[0.00073]	[40]	[0.71102]	[75]	[40.55625]
[6]	[0.00099]	[41]	[0.83215]	[76]	[45.11595]
[7]	[0.00131]	[42]	[0.97337]	[77]	[50.08589]
[8]	[0.00170]	[43]	[1.13993]	[78]	[55.52430]
[9]	[0.00214]	[44]	[1.33474]	[79]	[61.39589]
[10]	[0.00268]	[45]	[1.56204]	[80]	[68.00142]
[11]	[0.00335]	[46]	[1.82158]	[81]	[75.36017]
[12]	[0.00411]	[47]	[2.12030]	[82]	[83.11132]
[13]	[0.00501]	[48]	[2.45155]	[83]	[83.33333]
[14]	[0.00598]	[49]	[2.82192]	[84]	[83.33333]
[15]	[0.00712]	[50]	[3.23377]	[85]	[83.33333]
[16]	[0.00856]	[51]	[3.69659]	[86]	[83.33333]
[17]	[0.01031]	[52]	[4.26257]	[87]	[83.33333]
[18]	[0.01259]	[53]	[4.90008]	[88]	[83.33333]
[19]	[0.01535]	[54]	[5.56448]	[89]	[83.33333]
[20]	[0.01883]	[55]	[6.28321]	[90]	[83.33333]
[21]	[0.02329]	[56]	[7.06459]	[91]	[83.33333]
[22]	[0.02863]	[57]	[7.78034]		
[23]	[0.03514]	[58]	[8.73327]		
[24]	[0.04253]	[59]	[9.73417]		
[25]	[0.05137]	[60]	[10.79830]		
[26]	[0.06215]	[61]	[11.79361]		
[27]	[0.07567]	[62]	[12.32080]		
[28]	[0.09225]	[63]	[13.25351]		
[29]	[0.11227]	[64]	[14.63557]		
[30]	[0.13544]	[65]	[16.42736]		
[31]	[0.16229]	[66]	[18.72329]		
[32]	[0.19318]	[67]	[20.96720]		
[33]	[0.22860]	[68]	[23.37604]		
[34]	[0.26908]	[69]	[23.77724]		
[35]	[0.31522]	[70]	[25.19072]		

THE ABOVE RATES ARE FOR THE BASE POLICY AT ISSUE. THEY ARE BASED ON THE MORTALITY TABLE NOTED ON PAGE 4A AND THE RATE CLASS OF BOTH INSURED AT ISSUE.

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

INSURED [JOHN DOE]
 POLICY NUMBER [MC 1234567]
 FORM NUMBER [J-5890]

COVERAGE PROTECTION GUARANTEE RIDER

COVERAGE PROTECTION GUARANTEE REINSTATEMENT PROVISION PERIOD: WITHIN [90 DAYS] AFTER THE DATE OF TERMINATION AND PRIOR TO THE YOUNGER INSURED'S ATTAINED AGE 121. LIMITATIONS MAY APPLY TO REINSTATEMENT OF THE RIDER AND ARE SPECIFIED WITHIN THE RIDER.

CREDITED INTEREST RATE USED IN THE CALCULATION OF COVERAGE PROTECTION GUARANTEE FOR THE STATED DURATION OR TO THE EARLIER OF THE YOUNGER INSURED'S ATTAINED AGE 121:

CPA I INTEREST RATES: [0.00]% FOR THE FIRST POLICY YEAR; [5.75]% FOR POLICY YEARS [2-15]; [5.55]% FOR POLICY YEARS [16-30] AND [4.85]% FOR POLICY YEARS [31 AND THEREAFTER]. A

CPA II INTEREST RATES: [0.00]% FOR THE FIRST POLICY YEAR; [5.75]% FOR POLICY YEARS [2-15]; [5.55]% FOR POLICY YEARS [16-30] AND [4.85]% FOR POLICY YEARS [31 AND THEREAFTER]. A

CPA III INTEREST RATES: [3.00]% FOR ALL POLICY YEARS. A

FACTORS USED IN THE CALCULATION OF THE COVERAGE PROTECTION GUARANTEE MONTHLY DEDUCTION: COVERAGE PROTECTION GUARANTEE MONTHLY PROCESSING FEE FOR INITIAL SPECIFIED AMOUNT: \$[10.00]B YOU WILL BE NOTIFIED OF ANY ADDITIONAL MONTHLY PROCESSING FEE APPLICABLE TO AN INCREASE.

COVERAGE PROTECTION GUARANTEE BONUS RATE USED FOR DETERMINING THE COVERAGE PROTECTION GUARANTEE MONTHLY DEDUCTION: [4.00] C

GROSS PREMIUM PAID IN POLICY YEARS	COVERAGE PROTECTION GUARANTEE NET PREMIUM FACTOR D
[1	88%
2	88%
3	88%
4	88%
5	88%
6	88%
7	88%
8	93%
9	93%
10	93%
11	93%
12	93%
13	93%
14	93%
15	93%
16 AND LATER	95%]

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

INSURED [JOHN DOE]
 POLICY NUMBER [MC 1234567]
 FORM NUMBER [J-5890]

COVERAGE PROTECTION GUARANTEE RIDER

COVERAGE PROTECTION GUARANTEE								
COST OF INSURANCE RATES PER \$1,000 OF INITIAL SPECIFIED AMOUNT								
POLICY YEAR	TABLE A MONTHLY RATE	TABLE B MONTHLY RATE	POLICY YEAR	TABLE A MONTHLY RATE	TABLE B MONTHLY RATE	POLICY YEAR	TABLE A MONTHLY RATE	TABLE B MONTHLY RATE
[1]	0.00000	0.00000	[31]	0.00520	0.18910	[61]	1.31560	11.18210
[2]	0.00000	0.00000	[32]	0.00630	0.22560	[62]	1.48740	11.58730
[3]	0.00000	0.00010	[33]	0.00760	0.26740	[63]	1.67670	12.33660
[4]	0.00000	0.00020	[34]	0.00910	0.31500	[64]	1.87650	13.44660
[5]	0.00000	0.00030	[35]	0.01100	0.36920	[65]	2.09250	14.85830
[6]	0.00000	0.00050	[36]	0.01320	0.43370	[66]	2.32720	16.61770
[7]	0.00000	0.00080	[37]	0.01630	0.50930	[67]	2.57850	18.35570
[8]	0.00000	0.00110	[38]	0.02000	0.60220	[68]	2.80280	20.16780
[9]	0.00000	0.00140	[39]	0.02450	0.70850	[69]	3.03080	20.46320
[10]	0.00000	0.00190	[40]	0.03010	0.82990	[70]	3.26220	21.49650
[11]	0.00010	0.00250	[41]	0.03710	0.97000	[71]	0.00000	23.16380
[12]	0.00010	0.00330	[42]	0.04480	1.12900	[72]	0.00000	24.95590
[13]	0.00010	0.00420	[43]	0.05410	1.31540	[73]	0.00000	26.96900
[14]	0.00020	0.00550	[44]	0.06550	1.53160	[74]	0.00000	29.17460
[15]	0.00020	0.00690	[45]	0.07940	1.78100	[75]	0.00000	31.61310
[16]	0.00030	0.00870	[46]	0.09610	2.06330	[76]	0.00000	34.25760
[17]	0.00030	0.01080	[47]	0.11650	2.37840	[77]	0.00000	36.97400
[18]	0.00040	0.01340	[48]	0.14100	2.72260	[78]	0.00000	39.76090
[19]	0.00050	0.01670	[49]	0.17050	3.10020	[79]	0.00000	42.56730
[20]	0.00060	0.02060	[50]	0.20550	3.51430	[80]	0.00000	45.49230
[21]	0.00080	0.02560	[51]	0.24780	3.97050	[81]	0.00000	48.48550
[22]	0.00090	0.03170	[52]	0.29820	4.52500	[82]	0.00000	51.36400
[23]	0.00110	0.03900	[53]	0.35830	5.13760	[83]	0.00000	54.15580
[24]	0.00140	0.04760	[54]	0.42690	5.76080	[84]	0.00000	56.69740
[25]	0.00170	0.05800	[55]	0.50680	6.42280	[85]	0.00000	60.28190
[26]	0.00200	0.07140	[56]	0.59530	7.12980	[86]	0.00000	63.61670
[27]	0.00240	0.08730	[57]	0.70840	7.75720	[87]	0.00000	67.07660
[28]	0.00300	0.10680	[58]	0.83440	8.59760	[88]	0.00000	70.87000
[29]	0.00360	0.13040	[59]	0.97920	9.46160	[89]	0.00000	74.37000
[30]	0.00430	0.15740	[60]	1.13660	10.36240	[90]	0.00000	77.92580
						[91]	0.00000	83.33330

THE ABOVE COST OF INSURANCE RATES ARE USED IN DETERMINING THE COVERAGE PROTECTION GUARANTEE ACCOUNT VALUE.

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

INSURED [JOHN DOE]
 POLICY NUMBER [MC 1234567]
 FORM NUMBER [J-5890]

COVERAGE PROTECTION GUARANTEE RIDER

COVERAGE PROTECTION GUARANTEE TABLE OF ADMINISTRATIVE CHARGES					
POLICY YEAR	MONTHLY RATE	POLICY YEAR	MONTHLY RATE	POLICY YEAR	MONTHLY RATE
[1	22.96	31	22.96	61	22.96
2	22.96	32	22.96	62	22.96
3	22.96	33	22.96	63	22.96
4	22.96	34	22.96	64	22.96
5	22.96	35	22.96	65	22.96
6	22.96	36	22.96	66	22.96
7	22.96	37	22.96	67	22.96
8	22.96	38	22.96	68	22.96
9	22.96	39	22.96	69	22.96
10	22.96	40	22.96	70	22.96
11	22.96	41	22.96	71 AND LATER	0.00]
12	22.96	42	22.96		
13	22.96	43	22.96		
14	22.96	44	22.96		
15	22.96	45	22.96		
16	22.96	46	22.96		
17	22.96	47	22.96		
18	22.96	48	22.96		
19	22.96	49	22.96		
20	22.96	50	22.96		
21	22.96	51	22.96		
22	22.96	52	22.96		
23	22.96	53	22.96		
24	22.96	54	22.96		
25	22.96	55	22.96		
26	22.96	56	22.96		
27	22.96	57	22.96		
28	22.96	58	22.96		
29	22.96	59	22.96		
30	22.96	60	22.96		

THE ABOVE ADMINISTRATIVE CHARGES, USED IN DETERMINING THE COVERAGE PROTECTION GUARANTEE ACCOUNT VALUE, ARE BASED ON THE INITIAL SPECIFIED AMOUNT.

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

INSURED JOHN DOE AND JANE DOE

POLICY NUMBER MC 1234567

FORM NUMBER J-405

GUARANTEED SPLIT OPTION RIDER CHARGES FOR
COVERAGE PROTECTION GUARANTEE RIDER

TABLE OF CHARGES FOR THE GUARANTEED SPLIT OPTION RIDER

OLDER INSURED'S ATTAINED AGE	MONTHLY RATE	OLDER INSURED'S ATTAINED AGE	MONTHLY RATE
[25 thru 39	0.001	66	0.016
40	0.002	67	0.013
41	0.002	68	0.017
42	0.002	69	0.020
43	0.002	70	0.025
44	0.003	71	0.026
45	0.003	72	0.031
46	0.004	73	0.033
47	0.003	74	0.034
48	0.005	75	0.037
49	0.004	76	0.037
50	0.006	77	0.037
51	0.006	78	0.037
52	0.007	79	0.037]
53	0.007		
54	0.008		
55	0.008		
56	0.009		
57	0.009		
58	0.011		
59	0.013		
60	0.016		
61	0.017		
62	0.021		
63	0.019		
64	0.019		
65	0.015		

THE ABOVE ADMINISTRATIVE CHARGES ARE SPECIFIC TO THE GUARANTEED SPLIT OPTION RIDER ONLY FOR THE PURPOSES OF DETERMINING IF THE COVERAGE PROTECTION GUARANTEE IS IN EFFECT. THERE IS NO IMPACT TO THE ACTUAL POLICY VALUE AS A RESULT OF THESE APPLIED RATES. THE MONTHLY ADMINISTRATIVE CHARGE IS DETERMINED BY MULTIPLYING THE APPLICABLE MONTHLY RATE NOTED ABOVE BY THE COVERAGE PROTECTION GUARANTEE NET AMOUNT AT RISK CALCULATION AS DESCRIBED IN THE COST OF INSURANCE PROVISION OF THE COVERAGE PROTECTION GUARANTEE RIDER.

GUARANTEED SPLIT OPTION RIDER REINSTATEMENT PERIOD: WITHIN [90 DAYS] AFTER THE DATE OF TERMINATION AND PRIOR TO THE YOUNGER INSURED'S ATTAINED AGE 121. LIMITATIONS MAY APPLY TO REINSTATEMENT OF THE RIDER AND ARE SPECIFIED IN THE RIDER.

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

The Lincoln National Life Insurance Company

Service Office: 100 North Greene Street, P.O. Box 21008, Greensboro, NC 27420-1008

Coverage Protection Guarantee Rider

This Rider is a part of the policy to which it is attached and takes effect on the Policy Date. This Rider is subject to the terms and conditions of the policy unless otherwise stated herein.

Summary of Rider Benefits The addition of this Rider to Your policy can ensure that Your coverage will continue even if the Cash Surrender Values are insufficient to cover the monthly deductions.

How does the Coverage Protection Guarantee work? The guarantee references an "alternate" policy value calculated in a similar manner as the actual Policy Value but utilizing different monthly deduction charges and credited interest rates. All charges and interest rates used in this alternate policy value calculation are fixed and are guaranteed not to increase or decrease for the initial Specified Amount. You will be notified of any increase in Coverage Protection Guarantee charges due to an increase in Specified Amount. The alternate policy value is not used in determining the actual Policy Value, it is simply a reference value used to determine whether the Coverage Protection Guarantee is in effect.

Note that the length of time the Coverage Protection Guarantee can keep Your policy in force may vary based on the following factors:

- Changes in premium frequency, timing or amount. As an example, if Your initial planned premium payments will satisfy the CPG Test to the younger Insured's Attained Age 85, but You later decide You would like the CPG Test, as defined in the Coverage Protection Guarantee provision below, to be satisfied to the younger Insured's Attained Age 100, You may request information on the amount of increase in the planned premium that would be required to achieve this modified objective.
- Policy changes such as loans, partial surrenders, changes in the death benefit and addition or removal of riders.

In addition, if You have allowed the policy to lapse longer than the period of time referenced on the policy specification pages, the guarantee is permanently lost.

We will provide You with an annual notification of the status of Your Policy and the Coverage Protection Guarantee, which You should review carefully.

Coverage Protection Guarantee When the Coverage Protection Guarantee is in effect, this guarantee will provide that the policy to which it is attached will not enter the grace period because the policy's Cash Surrender Value is insufficient to cover the current monthly deductions as defined in the policy.

The Coverage Protection Guarantee is in effect if the Coverage Protection Guarantee Test (the CPG Test) is satisfied. The CPG Test is satisfied if the total of the Coverage Protection Accounts (herein referred to as "CPA I", "CPA II" and "CPA III" or the "account(s)") equals or exceeds Debt. The Coverage Protection Accounts are used only for determining whether the Coverage Protection Guarantee is in effect, and are not used in calculating the actual Policy Value provided under this policy.

If at any time, while the CPG test is satisfied, the planned duration of the Coverage Protection Guarantee is shortened by a reduction You have made in the amount or a change you have made to the timing of Your planned premiums paid, You may pay additional premiums or a single lump sum premium (up to the limits described in this provision) in order to restore the original duration of the Coverage Protection Guarantee.

If at any time the CPG Test fails, You may pay additional premium within the allowable limits established by the Compliance With the Internal Revenue Code and Modified Endowment provisions of the policy in order to reactivate the Coverage Protection Guarantee, provided the policy has not lapsed for a period in excess of what is defined in the Coverage Protection Guarantee Reinstatement Period on the policy specifications page. The amount required to reinstate the Coverage Protection Guarantee will be the amount on the next Monthly Anniversary Day that is sufficient to satisfy the CPG Test and to keep the Coverage Protection Guarantee in effect for at least 2 policy months. You may also request to increase the planned premium noted on the policy specification page, within the allowable limits established by the Compliance With the Internal Revenue Code and Modified Endowment provisions of the policy, as a means of extending the period for which the CPG Test will be satisfied. The status of the Coverage Protection Guarantee will be communicated to you via the Annual Report.

Coverage Protection Value The value of CPA I, CPA II and CPA III on the Policy Date will be equal to any Coverage Protection Guarantee Net Premiums allocated to each account, minus the first monthly deduction. The value of each account is then determined on a Monthly Anniversary Day by accumulating with any interest, any value for the prior month increased by any Coverage Protection Guarantee Net Premium credited to that account and decreased by monthly deductions charged to that account, by the reduction in value caused by any partial surrender and by any surrender charge due to any decrease in Specified Amount allocated to that account since the preceding Monthly Anniversary Day.

The total of the Coverage Protection Accounts may become less than zero.

On any day other than a Monthly Anniversary Day, the value of each account will be the value as of the preceding Monthly Anniversary Day minus both the monthly deduction for the current policy month charged to that account and by the reduction in value caused by any partial surrender charged to that account since the preceding Monthly Anniversary Day. For the purposes of this paragraph, "Policy Date" will replace the reference to "the preceding Monthly Anniversary Day" for determining the values in the first policy month after issue.

Coverage Protection Guarantee Net Premium Each Coverage Protection Guarantee Net Premium will be determined by multiplying each gross premium received by the Coverage Protection Guarantee Net Premium Factor shown on the policy specification page.

Interest Rate The interest rates are shown for each account on the policy specification page.

Monthly Deduction The monthly deduction for all policy months through the Younger Insured's Attained Age 121 will be calculated as (1) plus (2) plus (3) plus (4) minus (5) minus (6) where:

- (1) Is the Coverage Protection Guarantee cost of insurance for the policy month as calculated according to the Coverage Protection Guarantee Cost of Insurance provision.
- (2) Is the administrative charge for the applicable policy year. The Coverage Protection Guarantee Table of Administrative Charges on the policy specification page will be used.

- (3) Is the maximum guaranteed cost and/or administrative charges for any attached riders or benefits shown on the policy specification page as being due for the policy month. If the Guaranteed Split Option Rider is attached to the policy, please refer to the Table of Charges for the Guaranteed Split Option Rider (applicable to the Coverage Protection Guarantee only) on the policy specification page.
- (4) Is the Coverage Protection Guarantee Monthly Processing Fee as shown on the policy specification page.
- (5) Is the Coverage Protection Guarantee Bonus (Bonus), which may or may not be applied to the monthly deduction calculation based on the CPA III account value. If the CPA III account value on the Monthly Anniversary Day after subtracting steps (2), (3), and (4) is greater than zero, the Bonus will not apply. If the CPA III account value is equal to or less than zero, the Bonus will apply and will be calculated as the total of (a) times (b) times (c), where:
 - (a) Is the Coverage Protection Guarantee Bonus rate as noted on the policy specification page; and
 - (b) Is the total of all Coverage Protection Accounts on the Monthly Anniversary Day after subtracting the monthly deduction steps (2), (3), and (4); and
 - (c) Is the applicable Coverage Protection Guarantee Cost of Insurance rate divided by 1000.
- (6) Is equal to zero for policy months 1 – 12 and for policy month 13 through the Younger Insured's Attained Age 121 is equal to the greater of (a) or (b) where:
 - (a) Is equal to the administrative charge for the applicable policy year noted in (2) minus the value of CPA II minus the value of CPA I, and;
 - (b) Is equal to zero.

The value of CPA I and CPA II, as referenced in (a), will be defined as the respective account values on the Monthly Anniversary Day prior to the monthly deduction being taken.

If there is an increase in Specified Amount, additional charges will be in effect for the increase as described in the Rider provision entitled "Policy Changes and the Coverage Protection Guarantee".

Cost of Insurance The cost of insurance is determined on a monthly basis as the cost of insurance rate for the month multiplied by the net amount at risk for the month.

The net amount at risk for an account is computed as (1) minus (2) where:

- (1) Is the death benefit for the month (including the death benefit of any Supplemental Term Insurance Rider on Specified Insured that may be attached to this policy) before reduction for any Debt, discounted to the beginning of the month at the CPA III guaranteed interest rate.
- (2) Is the total of all Coverage Protection Accounts on the Monthly Anniversary Day after subtracting monthly deduction steps (2), (3) and (4), but not less than zero.

Cost of Insurance Rates The monthly cost of insurance rates for use in the account calculations are shown in the Coverage Protection Guarantee Cost of Insurance Table A and B on the policy specification page. Table B will be applied if CPA III is not equal to zero otherwise Table A will be applied. The rate in the designated Table will apply to all accounts. The value of CPA III used will be the CPA III account value on the Monthly Anniversary Day after subtracting only the monthly deduction steps (2), (3), and (4).

Changes in Rates The cost of insurance rates and the interest rates described in the Coverage Protection Guarantee provisions are fixed and guaranteed for the Initial Specified Amount and are not subject to change.

Allocation Among Accounts Coverage Protection Guarantee Net Premiums, partial surrenders, surrender charges due to any decrease in Specified Amount and monthly deductions will be allocated among the accounts by the following rules:

- **Coverage Protection Guarantee Net Premiums**

- (1) Premiums in the First Policy Year:
 - a. If the total of all accounts equals or exceeds zero, allocate to CPA I.
 - b. If the total of all accounts is less than zero and the premiums paid are either the initial premium or premium due to an exchange that meets the requirements of Section 1035 of the Internal Revenue Code, allocate to CPA III until it reaches zero, then allocate the balance to CPA I.
 - c. If the total of all accounts is less than zero, for all other premiums paid (excluding those received in accordance with b. above) allocate to CPA III.

- (2) Premiums in the Second and Subsequent Policy Years:

- a. If the total of all accounts equals or is less than zero, allocate to CPA III.
- b. If the total of all accounts exceeds zero, allocate to CPA II.

- **Partial Surrenders and Surrender Charges due to a Decrease in Specified Amount**

Partial Surrenders and Surrender Charges due to any decrease in Specified Amount will result in a pro-rata reduction to the value of each of the accounts in the same proportion as the reduction in policy cash value.

- **Monthly Deductions**

- (1) Allocate to CPA III until it is reduced to zero.
- (2) Allocate balance to CPA II until it is reduced to zero.
- (3) Allocate any additional balance to CPA I until it is reduced to zero.

Allocate remaining balance to CPA III (in addition to any allocation to CPA III made in (1) above).

Disability Waiver of Specified Premium Benefit If a Disability Waiver of Specified Premium Benefit is attached to this policy, any premium paid to this policy as a benefit of the Disability Waiver of Specified Premium rider will be applied as premium for the purposes of determining if the Coverage Protection Guarantee is in effect.

Policy Changes and the Coverage Protection Guarantee Rating class changes that result in a more favorable mortality rating for either Insured will require a change to the Coverage Protection Guarantee Cost of Insurance. A new Coverage Protection Guarantee Cost of Insurance, Coverage Protection Guarantee Administrative Charge and Coverage Protection Guarantee Monthly Processing Fee will be applied to an increase in Specified Amount. You will be notified should any of these changes occur. Decreases in Specified Amount for the policy or any attached rider and death benefit option changes will not require a change to the Coverage Protection Guarantee Cost of Insurance or the Coverage Protection Guarantee Table of Administrative Charges or the Coverage Protection Guarantee Monthly Processing Fee noted on the policy specification pages.

There will be no impact on the Coverage Protection Guarantee Net Premium Factor noted on the policy specification pages due to any of the changes detailed above.

Termination This rider will terminate upon the earliest of the following events:

- (1) The policy terminates or is surrendered for its Cash Surrender Value;
- (2) The policy lapses and is not reinstated within the Coverage Protection Guarantee Reinstatement Period as noted on the policy specification page;
- (3) Upon Your written request that the rider be terminated.

Impact on Policy Provisions

The addition of this Rider to Your policy will impact the following policy provisions.

Grace Period and the Coverage Protection Guarantee Rider When the CPG Test is met, this Rider will provide that the policy will not enter the Grace Period if the policy Cash Surrender Value is insufficient to cover the current monthly deduction. The Grace Period will not begin and the policy to which this Rider is attached will not be subject to termination under the Grace Period provision of the policy. The Grace Period provision of the policy as stated will otherwise apply.

Policy Reinstatement and the Coverage Protection Guarantee Rider The Coverage Protection Guarantee Rider may be reinstated at the time of policy reinstatement if application for reinstatement is received during the Coverage Protection Guarantee Reinstatement Period as shown on the policy specification page. In order to reinstate the Coverage Protection Guarantee Rider We will require payment at the time of policy reinstatement of the lesser of:

- (1) the amount that results in a Cash Surrender Value on the date of reinstatement that is sufficient to keep this policy in force for at least 2 months; and
- (2) the amount required to reinstate the Coverage Protection Guarantee Rider on the date of reinstatement that is sufficient to satisfy the CPG Test and to keep the Coverage Protection Guarantee in effect for at least 2 policy months.

You will be advised at the time of reinstatement of the amount required. In order for the guarantee described in the Coverage Protection Guarantee Rider to become effective, additional payment may be required if the amount in (1) above is paid.

Continuation of Insurance The addition of the Coverage Protection Guarantee Rider to the policy provides that the policy and all riders will continue in force as long as either the Cash Surrender Value is sufficient to cover the monthly deduction or the total of the Coverage Protection Accounts equals or exceeds Debt. If neither amount is sufficient, and no additional premiums are paid, the policy will terminate according to the grace period provision.



Secretary

SERFF Tracking Number: JEPL-126082882 State: Arkansas
 Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 42029
 Company Tracking Number: SUL 5030
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
 Adjustable Life
 Product Name: SUL 5030 with data pages F5130-A
 Project Name/Number: SUL 5030 et al/SUL 5030

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/23/2009	Form	Policy Rider	04/14/2009	J-5890 (nationwide).pdf (Superseded)

The Lincoln National Life Insurance Company

Service Office: 100 North Greene Street, P.O. Box 21008, Greensboro, NC 27420-1008

Coverage Protection Guarantee Rider

This Rider is a part of the policy to which it is attached and takes effect on the Policy Date. This Rider is subject to the terms and conditions of the policy unless otherwise stated herein.

Summary of Rider Benefits The addition of this Rider to Your policy can ensure that Your coverage will continue even if the Cash Surrender Values are insufficient to cover the monthly deductions.

How does the Coverage Protection Guarantee work? The guarantee references an "alternate" policy value calculated in a similar manner as the actual Policy Value but utilizing different monthly deduction charges and credited interest rates. All charges and interest rates used in this alternate policy value calculation are fixed and are guaranteed not to increase or decrease for the initial Specified Amount. You will be notified of any increase in Coverage Protection Guarantee charges due to an increase in Specified Amount. The alternate policy value is not used in determining the actual Policy Value, it is simply a reference value used to determine whether the Coverage Protection Guarantee is in effect.

Note that the length of time the Coverage Protection Guarantee can keep Your policy in force may vary based on the following factors:

- Changes in premium frequency, timing or amount. As an example, if Your initial planned premium payments will satisfy the CPG Test to the younger Insured's Attained Age 85, but You later decide You would like the CPG Test, as defined in the Coverage Protection Guarantee provision below, to be satisfied to the younger Insured's Attained Age 100, You may request information on the amount of increase in the planned premium that would be required to achieve this modified objective.
- Policy changes such as loans, partial surrenders, changes in the death benefit and addition or removal of riders.

In addition, if You have allowed the policy to lapse longer than the period of time referenced on the policy specification pages, the guarantee is permanently lost.

We will provide You with an annual notification of the status of Your Policy and the Coverage Protection Guarantee, which You should review carefully.

Coverage Protection Guarantee When the Coverage Protection Guarantee is in effect, this guarantee will provide that the policy to which it is attached will not enter the grace period because the policy's Cash Surrender Value is insufficient to cover the current monthly deductions as defined in the policy.

The Coverage Protection Guarantee is in effect if the Coverage Protection Guarantee Test (the CPG Test) is satisfied. The CPG Test is satisfied if the total of the Coverage Protection Accounts (herein referred to as "CPA I", "CPA II" and "CPA III" or the "account(s)") equals or exceeds Debt. The Coverage Protection Accounts are used only for determining whether the Coverage Protection Guarantee is in effect, and are not used in calculating the actual Policy Value provided under this policy.

If at any time, while the CPG test is satisfied, the planned duration of the Coverage Protection Guarantee is shortened by a reduction You have made in the amount or a change you have made to the timing of Your planned premiums paid, You may pay additional premiums or a single lump sum premium (up to the limits described in this provision) in order to restore the original duration of the Coverage Protection Guarantee.

If at any time the CPG Test fails, You may pay additional premium within the allowable limits established by the Compliance With the Internal Revenue Code and Modified Endowment provisions of the policy in order to reactivate the Coverage Protection Guarantee, provided the policy has not lapsed for a period in excess of what is defined in the Coverage Protection Guarantee Reinstatement Period on the policy specifications page. The amount required to reinstate the Coverage Protection Guarantee will be the amount on the next Monthly Anniversary Day that is sufficient to satisfy the CPG Test and to keep the Coverage Protection Guarantee in effect for at least 2 policy months. You may also request to increase the planned premium noted on the policy specification page, within the allowable limits established by the Compliance With the Internal Revenue Code and Modified Endowment provisions of the policy, as a means of extending the period for which the CPG Test will be satisfied. The status of the Coverage Protection Guarantee will be communicated to you via the Annual Report.

Coverage Protection Value The value of CPA I, CPA II and CPA III on the Policy Date will be equal to any Coverage Protection Guarantee Net Premiums allocated to each account, minus the first monthly deduction. The value of each account is then determined on a Monthly Anniversary Day by accumulating with any interest, any value for the prior month increased by any Coverage Protection Guarantee Net Premium credited to that account and decreased by monthly deductions charged to that account, by the reduction in value caused by any partial surrender and by any surrender charge due to any decrease in Specified Amount allocated to that account since the preceding Monthly Anniversary Day.

The total of the Coverage Protection Accounts may become less than zero.

On any day other than a Monthly Anniversary Day, the value of each account will be the value as of the preceding Monthly Anniversary Day minus both the monthly deduction for the current policy month charged to that account and by the reduction in value caused by any partial surrender charged to that account since the preceding Monthly Anniversary Day. For the purposes of this paragraph, "Policy Date" will replace the reference to "the preceding Monthly Anniversary Day" for determining the values in the first policy month after issue.

Coverage Protection Guarantee Net Premium Each Coverage Protection Guarantee Net Premium will be determined by multiplying each gross premium received by the Coverage Protection Guarantee Net Premium Factor shown on the policy specification page.

Interest Rate The interest rates are shown for each account on the policy specification page.

Monthly Deduction The monthly deduction for all policy months through the Younger Insured's Attained Age 121 will be calculated as (1) plus (2) plus (3) plus (4) minus (5) minus (6) where:

- (1) Is the Coverage Protection Guarantee cost of insurance for the policy month as calculated according to the Coverage Protection Guarantee Cost of Insurance provision.
- (2) Is the administrative charge for the applicable policy year. The Coverage Protection Guarantee Table of Administrative Charges on the policy specification page will be used.

- (3) Is the maximum guaranteed cost and/or administrative charges for any attached riders or benefits shown on the policy specification page as being due for the policy month. If the Guaranteed Split Option Rider is attached to the policy, please refer to the Table of Charges for the Guaranteed Split Option Rider (applicable to the Coverage Protection Guarantee only) on the policy specification page.
- (4) Is the Coverage Protection Guarantee Monthly Processing Fee as shown on the policy specification page.
- (5) Is the Coverage Protection Guarantee Bonus (Bonus), which may or may not be applied to the monthly deduction calculation based on the CPA III account value. If the CPA III account value on the Monthly Anniversary Day after subtracting steps (2), (3), and (4) is greater than zero, the Bonus will not apply. If the CPA III account value is equal to or less than zero, the Bonus will apply and will be calculated as the total of (a) times (b) times (c), where:
 - (a) Is the Coverage Protection Guarantee Bonus rate as noted on the policy specification page; and
 - (b) Is the total of all Coverage Protection Accounts on the Monthly Anniversary Day after subtracting the monthly deduction steps (2), (3), and (4); and
 - (c) Is the applicable Coverage Protection Guarantee Cost of Insurance rate divided by 1000.
- (6) Is equal to zero for policy months 1 – 12 and for policy month 13 through the Younger Insured's Attained Age 121 is equal to the greater of (a) or (b) where:
 - (a) Is equal to the administrative charge for the applicable policy year noted in (2) minus the value of CPA II minus the value of CPA I, and;
 - (b) Is equal to zero.

The value of CPA I and CPA II, as referenced in (a), will be defined as the respective account values on the Monthly Anniversary Day prior to the monthly deduction being taken.

If there is an increase in Specified Amount, additional charges will be in effect for the increase as described in the Rider provision entitled "Policy Changes and the Coverage Protection Guarantee".

Cost of Insurance The cost of insurance is determined on a monthly basis as the cost of insurance rate for the month multiplied by the net amount at risk for the month.

The net amount at risk for an account is computed as (1) minus (2) where:

- (1) Is the death benefit for the month (including the death benefit of any Supplemental Term Insurance Rider on Specified Insured that may be attached to this policy) before reduction for any Debt, discounted to the beginning of the month at the CPA III guaranteed interest rate.
- (2) Is the total of all Coverage Protection Accounts on the Monthly Anniversary Day after subtracting monthly deduction steps (2), (3) and (4), but not less than zero.

Cost of Insurance Rates The monthly cost of insurance rates for use in the account calculations are shown in the Coverage Protection Guarantee Cost of Insurance Table A and B on the policy specification page. Table B will be applied if CPA III is not equal to zero otherwise Table A will be applied. The rate in the designated Table will apply to all accounts. The value of CPA III used will be the CPA III account value on the Monthly Anniversary Day after subtracting only the monthly deduction steps (2), (3), and (4).

Changes in Rates The cost of insurance rates and the interest rates described in the Coverage Protection Guarantee provisions are fixed and guaranteed for the Initial Specified Amount and are not subject to change.

Allocation Among Accounts Coverage Protection Guarantee Net Premiums, partial surrenders, surrender charges due to any decrease in Specified Amount and monthly deductions will be allocated among the accounts by the following rules:

- **Coverage Protection Guarantee Net Premiums**

- (1) Premiums in the First Policy Year:
 - a. If the total of all accounts equals or exceeds zero, allocate to CPA I.
 - b. If the total of all accounts is less than zero and the premiums paid are either the initial premium or premium due to an exchange that meets the requirements of Section 1035 of the Internal Revenue Code, allocate to CPA III until it reaches zero, then allocate the balance to CPA I.
 - c. If the total of all accounts is less than zero, for all other premiums paid (excluding those received in accordance with b. above) allocate to CPA III.

- (2) Premiums in the Second and Subsequent Policy Years:
 - a. If the total of all accounts equals or is less than zero, allocate to CPA III.
 - b. If the total of all accounts exceeds zero, allocate to CPA II.

- **Partial Surrenders and Surrender Charges due to a Decrease in Specified Amount**

Partial Surrenders and Surrender Charges due to any decrease in Specified Amount will result in a pro-rata reduction to the value of each of the accounts in the same proportion as the reduction in policy cash value.

- **Monthly Deductions**

- (1) Allocate to CPA III until it is reduced to zero.
- (2) Allocate balance to CPA II until it is reduced to zero.
- (3) Allocate any additional balance to CPA I until it is reduced to zero.

Allocate remaining balance to CPA III (in addition to any allocation to CPA III made in (1) above).

Disability Waiver of Specified Premium Benefit If a Disability Waiver of Specified Premium Benefit is attached to this policy, any premium paid to this policy as a benefit of the Disability Waiver of Specified Premium rider will be applied as premium for the purposes of determining if the Coverage Protection Guarantee is in effect.

Policy Changes and the Coverage Protection Guarantee Rating class changes that result in a more favorable mortality rating for either Insured, or an increase in Specified Amount will require a change to Table A, Table B and the Table of Coverage Protection Guarantee Administrative Charges used in determining the Coverage Protection Guarantee. A new Coverage Protection Guarantee Cost of Insurance, Coverage Protection Guarantee Administrative Charge and Coverage Protection Guarantee Monthly Processing Fee will be applied to an increase in Specified Amount. You will be notified should any of these changes occur. Decreases in Specified Amount for the policy or any attached rider and death benefit option changes will not require a change to Table A, Table B or the Coverage Protection Guarantee Table of Administrative Charges or the Coverage Protection Guarantee Monthly Processing Fee noted on the policy specification pages.

There will be no impact on the Coverage Protection Guarantee Net Premium Factor noted on the policy specification pages due to any of the changes detailed above.

Termination This rider will terminate upon the earliest of the following events:

- (1) The policy terminates or is surrendered for its Cash Surrender Value;
- (2) The policy lapses and is not reinstated within the Coverage Protection Guarantee Reinstatement Period as noted on the policy specification page;
- (3) Upon Your written request that the rider be terminated.

Impact on Policy Provisions

The addition of this Rider to Your policy will impact the following policy provisions.

Grace Period and the Coverage Protection Guarantee Rider When the CPG Test is met, this Rider will provide that the policy will not enter the Grace Period if the policy Cash Surrender Value is insufficient to cover the current monthly deduction. The Grace Period will not begin and the policy to which this Rider is attached will not be subject to termination under the Grace Period provision of the policy. The Grace Period provision of the policy as stated will otherwise apply.

Policy Reinstatement and the Coverage Protection Guarantee Rider The Coverage Protection Guarantee Rider may be reinstated at the time of policy reinstatement if application for reinstatement is received during the Coverage Protection Guarantee Reinstatement Period as shown on the policy specification page. In order to reinstate the Coverage Protection Guarantee Rider We will require payment at the time of policy reinstatement of the lesser of:

- (1) the amount that results in a Cash Surrender Value on the date of reinstatement that is sufficient to keep this policy in force for at least 2 months; and
- (2) the amount required to reinstate the Coverage Protection Guarantee Rider on the date of reinstatement that is sufficient to satisfy the CPG Test and to keep the Coverage Protection Guarantee in effect for at least 2 policy months.

You will be advised at the time of reinstatement of the amount required. In order for the guarantee described in the Coverage Protection Guarantee Rider to become effective, additional payment may be required if the amount in (1) above is paid.

Continuation of Insurance The addition of the Coverage Protection Guarantee Rider to the policy provides that the policy and all riders will continue in force as long as either the Cash Surrender Value is sufficient to cover the monthly deduction or the total of the Coverage Protection Accounts equals or exceeds Debt. If neither amount is sufficient, and no additional premiums are paid, the policy will terminate according to the grace period provision.



[Secretary]