

SERFF Tracking Number: LCNC-127177365 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 48876
Company Tracking Number: AR-543 (6/11)
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable
Product Name: Transfer Amendment - Director
Project Name/Number: Transfer Amendment /AR-543 (6/11)

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Transfer Amendment - Director SERFF Tr Num: LCNC-127177365 State: Arkansas
TOI: A02.1G Group Annuities - Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 48876
Variable and Variable Closed
Sub-TOI: A02.1G.002 Flexible Premium Co Tr Num: AR-543 (6/11) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Authors: Robert Gorey, Anabela Tavares Disposition Date: 06/02/2011
Date Submitted: 05/25/2011 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Transfer Amendment
Project Number: AR-543 (6/11)
Requested Filing Mode:

Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 06/02/2011
State Status Changed: 06/02/2011
Created By: Anabela Tavares
Corresponding Filing Tracking Number:
Filing Description:
The Lincoln National Life Insurance Company
FEIN #35-0472300
NAIC #65676

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments: This form is exempt from filing in our domicile State of Indiana effective April 7, 1999
Market Type: Group
Group Market Size: Small
Overall Rate Impact:
Deemer Date:
Submitted By: Robert Gorey

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Re: Form No. AR 543 (6/11) - Group Annuity Amendment

We submit the above noted amendment for your review and approval. This amendment is new and does not replace any other forms previously approved by your Department. It contains no unusual or possibly controversial items that deviate from normal company and industry standards. To the best of my knowledge, this form complies with the laws, rules, bulletins and published guidelines applicable to these forms. It is submitted in final printed form and is subject only to minor modification in paper stock, ink, and adaptation to computer printing.

Amendment Form AR 543 (6/11) will be used with new and existing issues of our previously approved Group Annuity Contracts. This amendment updates the Periodic Elective Transfer Provision of our approved contracts. We will include the bi-lateral language when amending an existing contract. There is no charge for this amendment.

This form is exempt from filing in our domicile State of Indiana effective April 7, 1999.

We intend to begin using this amendment on or after the date we receive approval from your Department.

Thank you for your consideration of this filing. Should you have any questions, or need any additional information to complete your review, please feel free to contact me as noted below.

Company and Contact

Filing Contact Information

Rob Gorey, Contract Analyst Robert.Gorey@lfg.com
350 Church Street 860-466-2908 [Phone]
MPM1 860-466-1348 [FAX]
Hartford, CT 06103-1106

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
350 Church Street - MPM1 Group Code: 20 Company Type: Life
Hartford, CT 06103-1106 Group Name: State ID Number:
(860) 466-2899 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

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Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	05/25/2011	48000149

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	06/02/2011	06/02/2011

SERFF Tracking Number: LCNC-127177365 *State:* Arkansas
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Disposition

Disposition Date: 06/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Statement of Variabiity	Yes	Yes
Form	Group Annuity Amendment	Yes	Yes

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Form Schedule

Lead Form Number: AR-543 (6/11)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AR-543 (6/11)	Policy/Cont Group Annuity ract/Fratern Amendmen al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	AR-543 (6-11) - Transfer Amendment.p df

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
GROUP ANNUITY AMENDMENT

Effective Date of this amendment: [August 1, 2011]

1. All references to the **Guaranteed Account** are removed and replaced with **Guaranteed Stable Value Account**
2. [**Guaranteed Stable Value Account Minimum Interest Rate:** [0.0%] for all value in the Guaranteed Stable Value Account after the effective date of this amendment.]
3. **Definitions** are revised to add the following:

Competing Fund – This is an investment option which we have determined to have similar investment objectives, duration or market volatility as the Guaranteed Stable Value Account. Such investment options will include fixed accounts of annuities, money market funds, short-term bond funds, short-term lifecycle funds or any other fund with similar investment objectives, duration or market volatility. Such investment options will also include individual brokerage accounts and all investment options of other providers. We reserve the right to determine if other investment options meet the requirements of this Definition.

If a current investment option in the Plan changes its investment mix and, as a result, becomes a Competing Fund, we will give you written notice before the restrictions will be enforced according to this provision.

4. Under **Funding**, the paragraphs for Periodic Elective Transfers and Systematic Transfers are hereby amended to read:
 - a. Periodic Elective Transfers - Participant initiated transfers from the Guaranteed Stable Value Account to a Competing Fund will not be permitted. If a transfer is made from the Guaranteed Stable Value Account to a non Competing Fund, transfers thereafter from any investment option in the Plan to a Competing Fund will not be permitted for 90 days. Finally, transfers out of the Guaranteed Stable Value Account will not be permitted for 90 days after a transfer is made from any other investment option in the Plan to a Competing Fund. These restrictions apply at the Participant level.
 - b. Systematic Transfer - If a transfer has not been made under subsection a. within the immediate preceding [twelve month period], a scheduled transfer of the Guaranteed Stable Value Account balance may be elected. The timing and percentage of each transfer will be as indicated in the Schedule of Systematic Transfers or Installments, as shown on the Contract Specifications. If Systematic Transfers are elected, transfers under subsection a. will not be available during the period of scheduled payments. Systematic Transfer requests must be submitted by providing Notice.

Any time after the initial transfer date, the election of the Systematic Transfers may be rescinded by providing Notice. In this event, transfers under subsection a. will not be available until the one-year anniversary of the last transfer made prior to rescinding the election of Systematic Transfers.

5. **Paragraph 1 of Contract Discontinuance** is hereby amended to read:
You may discontinue this contract at any time by giving 90 days Notice. If You request a discontinuance date that is more than 90 days after we receive Notice, such request will require our approval.

No transfers from the Guaranteed Stable Value Account will be allowed for a period of 90 days prior to the contract discontinuance date.

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY


President

By

For Bi-Lateral

Dated at Fort Wayne, Indiana this [1st] day of [August, 2011]

If this amendment is not accepted and returned to the Home Office of The Lincoln National Life Insurance Company by the [Contractowner] within 60 days from the date of signature for The Lincoln National Life Insurance Company hereon, it will automatically be void from its effective date.

Accepted by: _____

[(Contractowner)]

Date: _____

By: _____]

Signature and Title

Any questions concerning this Amendment should be directed to our Servicing Office at (800) [234-3500].

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Statement of Variabiity

Comments:

Statement of Variabiity attached.

Attachment:

NW Statement of Variability AR-543.pdf

STATEMENT OF VARIABILITY

Form Number:

AR-543 (6/11) — Group Annuity Amendment

GROUP ANNUITY AMENDMENT

This statement shows the particular sections and provisions in the above noted form that contain bracketed items to indicate variability. The bracketed variable items are highlighted and followed by a text box with the corresponding explanation for each.

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

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

Effective Date of this amendment: [May 1, 2011]

Explanation: [May 1, 2011]

This will always be the effective date of the Amendment

Guaranteed Stable Value Account Minimum Interest Rate: [0.0%]

Explanation: [0.0%]

This will be the current Guaranteed Stable Value Minimum interest rate. It could vary from 0.0% to 5.0%

Dated at Fort Wayne, Indiana this [1st] day of [August, 2011]

If this amendment is not accepted and returned to the Home Office of The Lincoln National Life Insurance Company by the [Contractowner] within 60 days from the date of signature for The Lincoln National Life Insurance Company hereon, it will automatically be void from its effective date.

Accepted by: _____

[(Contractowner)]

Date: _____

By: _____]

Signature and Title

Explanation: This will only print when added to an existing contract.


President

Explanation: The Amendment will be signed by either the Company's current President or Secretary.