

SERFF Tracking Number: LCNC-128311254 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number:
Company Tracking Number: LN696-3(8-12), ET AL
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
Product Name: VULone2012
Project Name/Number: VULone2012/LN696-3(8-12) et al

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: VULone2012

SERFF Tr Num: LCNC-128311254 State: Arkansas

TOI: L06I Individual Life - Variable

SERFF Status: Closed-Approved-
Closed State Tr Num:

Sub-TOI: L06I.002 Single Life - Flexible
Premium

Co Tr Num: LN696-3(8-12), ET AL State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Beth Scekeres, Raymond
Fortier, Randi Johnson

Disposition Date: 06/20/2012

Date Submitted: 06/14/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: VULone2012

Status of Filing in Domicile: Pending

Project Number: LN696-3(8-12) et al

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/20/2012

State Status Changed: 06/20/2012

Deemer Date:

Created By: Randi Johnson

Submitted By: Beth Scekeres

Corresponding Filing Tracking Number:

Filing Description:

Re: Individual Life Insurance Policy Forms

LN696-3(8-12) Insert Policy Specification Pages (sex distinct or unisex COI Rates)

LR629 No-Lapse Enhancement Rider

The Lincoln National Life Insurance Company

NAIC # 020-65676

ID # 35-0472300

SERFF Tracking Number: LCNC-128311254 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number:
Company Tracking Number: LN696-3(8-12), ET AL
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
Product Name: VULone2012
Project Name/Number: VULone2012/LN696-3(8-12) et al

Dear Policy Examiner:

We submit the above noted forms for your review and approval. These forms are new and do not replace any other forms previously approved by your Department.

These forms will be fully underwritten and marketed individually through properly licensed agents in the general individual life market. The issue ages for the forms are 15 - 85 inclusive. They are regulated by the SEC and are therefore exempt from readability requirements. For policies issued on a unisex basis, the word "sex" will not appear and the "Male/Female" wording will be replaced with (80) on page 3d of the Table of Guaranteed Maximum Cost of Insurance Rates.

We provide the following description for the enclosed forms:

LN696-3(8-12) - Insert Policy Specification Pages

Insert Policy Specification pages form LN696-3(8-12) is submitted for use with Flexible Premium Variable Life Insurance Policy form LN696 which was previously approved by your Department on 12/08/2009 under SERFF tracking # LCNC-126383995 and state tracking # 44258.

LR629 – No-Lapse Enhancement Rider

Rider form LR629 is submitted for use with Flexible Premium Variable Life Insurance Policy form LN696 which was previously approved by your Department as noted above. This rider will be automatically attached to each policy. This rider provides provisions that, if met, would keep the policy from lapsing. There is no charge for this rider.

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). We confirm that the brackets will not actually appear on the forms at issue. It is our understanding that changes to the bracketed items within the ranges specified in the enclosed Statement of Variability will not require a new form filing. Any changes made will be completed within the allowable limits of the laws in the state in which the policy was issued.

These forms do not contain any unusual or controversial items from normal company or industry standards and are intended to comply with all laws, rules, bulletins and published guidelines applicable to these forms. The enclosed forms are submitted in final printed format and are subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

Thank you for your attention to this filing. Please do not hesitate to contact me if you require any additional information that may assist with your review.

Sincerely,

SERFF Tracking Number: LCNC-128311254 State: Arkansas
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Beth A. Scekeres, Sr. Contract Analyst
 The Lincoln National Life Insurance Company
 Phone: (800) 238-6252, ext. 1962
 FAX: (860) 466-1348
 E-Mail: beth.scekeres@LFG.com
 State Narrative:

Company and Contact

Filing Contact Information

Beth Scekeres, Sr. Contract Analyst Beth.Scekeres@lfg.com
 350 Church Street 860-466-1962 [Phone]
 MPM-10 860-466-1348 [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: \$100.00
 Retaliatory? No
 Fee Explanation: Two forms at \$50.00 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$100.00	06/14/2012	60136324

SERFF Tracking Number: LCNC-128311254 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/20/2012	06/20/2012

SERFF Tracking Number: LCNC-128311254 State: Arkansas
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Product Name: VULone2012
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Disposition

Disposition Date: 06/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LCNC-128311254 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	Yes	Yes
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Compliance Certification	Yes	Yes
Supporting Document	Actuarial Certification	No	No
Supporting Document	Statement of Variability	Yes	Yes
Form	Policy Specification Pages	Yes	Yes
Form	No-Lapse Enhancement Rider	Yes	Yes

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Form Schedule

Lead Form Number: LN696-3(8-12)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LN696-3(8-12)	Schedule Pages	Policy Specification Pages	Initial		0.000	NW LN696-3_8-12_final.pdf
	LR629	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	No-Lapse Enhancement Rider	Initial		0.000	NW LR629 final.pdf

Policy Specifications

Policy Number [SPECIMEN]

Insured: [JOHN DOE]
Owner: [JANE DOE]

Initial Specified Amount: \$[100,000] **Policy Date:** [FEBRUARY 1, 2010]
Minimum Specified Amount: \$[100,000] **Date of Issue:** [FEBRUARY 1, 2010]
Monthly Anniversary Day: [01] **Issue Age and Sex:** [35 MALE]
Premium Class: [STANDARD TOBACCO]

Plan of Insurance: **FLEXIBLE PREMIUM VARIABLE LIFE INSURANCE**

[Benefit Selection Option: [20]%]

Death Benefit Option: Death Benefit Option [1 (Level)]

Premium Payments: Planned Premium: \$[802.07]
Premiums payable until Attained Age [121]. Additional premium payments may vary by frequency or amount.

Payment Mode: [ANNUALLY]

Beneficiary: As named in the application for this policy, unless later changed.

Guaranteed Minimum Fixed

Account Interest Rate: [1.0]% annual effective rate ([0.00272616]% daily)

Persistency Bonus Rate: [0.15]% annual effective rate ([0.01249141]% monthly) in Policy Year [21] and thereafter.

Interest Credited to Loan

Account Value: [3.0]% annual effective rate ([0.00809863]% daily) in [all] Policy Years.

Policy Loan Interest Rate Charged: [4.0]% annual effective rate in Policy Years [1-10]; and [3.0]% annual effective rate in Policy Years [11] and thereafter.

Minimum Policy Loan

Amount: \$[500]

Policy Specifications

Policy Number [SPECIMEN]

Minimum Transfer Amount:	[\$50] or the entire value of the Fixed Account or Sub-Account being transferred, whichever is less.
Separate Account:	[M]
Minimum Specified Amount Increase:	[\$1000] Increases to Specified Amount not allowed after Attained Age [85].
Maximum Number of Specified Amount Increases per Policy Year:	[Unlimited] in Policy Year [1]; and [1] in Policy Year [2] and thereafter.
Maximum Number of Specified Amount Decreases per Policy Year:	[Decreases not allowed] in Policy Year [1]; and [1] in Policy Year [2] and thereafter.
Account(s) available from which to transfer funds for Dollar Cost Averaging:	[Money Market Sub-Account Fixed Account]

Policy Specifications

Policy Number [SPECIMEN]

Riders and Rider Charges

Policy Specifications

Policy Number [SPECIMEN]

No-Lapse Enhancement Rider

Table of No-Lapse Factors for No-Lapse Value Provision

The monthly No-Lapse Factors below are based on the Insured's sex (if applicable), Issue Age, Premium Class, and the Policy Year. If the Insured is in a rated Premium Class, the No-Lapse Factor will be equal to (1) multiplied by (2), plus (3), where:

- (1) is the monthly rate from the table below;
- (2) is the No-Lapse Value Provision Risk Factor, if any, shown in the Policy Specifications; and
- (3) is the Flat Extra amount, if any, shown in the Policy Specifications.

The No-Lapse Factors are used only to determine the reference No-Lapse Value Cost of Insurance, and are not used in calculating the Accumulation Value or death benefit provided by the policy.

Policy Year	Monthly Rate						
[1	[0.00167	2	0.00333	3	0.09334	4	0.20004
5	0.21421	6	0.23089	7	0.25256	8	0.27758
9	0.30759	10	0.34345	11	0.38098	12	0.41601
13	0.45521	14	0.47689	15	0.50192	16	0.53779
17	0.58034	18	0.63874	19	0.70466	20	0.78729
21	0.88078	22	0.97595	23	1.07699	24	1.15634
25	1.24822	26	1.35935	27	1.49724	28	1.66360
29	1.84841	30	2.03748	31	2.22410	32	2.40410
33	2.57913	34	2.76345	35	2.94615	36	3.16750
37	3.40992	38	3.73977	39	4.07151	40	4.40683
41	4.79707	42	5.21287	43	5.69390	44	6.25049
45	6.88457	46	7.56260	47	8.32286	48	9.09107
49	9.89784	50	10.77656	51	11.81206	52	12.94801
53	14.17221	54	15.46210	55	16.80008	56	18.16837
57	19.40523	58	20.67027	59	21.98111	60	23.34419
61	24.85705	62	26.19622	63	27.61193	64	29.11098
65	30.69938	66	32.38239	67	33.66029	68	35.01097
69	36.43322	70	37.93389	71	39.87487	72	41.94705
73	44.16014	74	46.52136	75	49.04367	76	51.73391
77	54.60665	78	57.67409	79	60.94980	80	64.44883
81	68.18682	82	72.18101	83	76.45137	84	81.01778
85	85.90308	86]	90.90909]				

Policy Specifications

Policy Number [SPECIMEN]

No-Lapse Enhancement Rider

Table of Funding Level Threshold Percentages for the No-Lapse Value Provision

On each Monthly Anniversary Day, the monthly No-Lapse Factor is multiplied by a Reduction Factor as described in the Table of Reduction Factors below if, at the Insured's Attained Age, the current Funding Level described in the rider exceeds the applicable Funding Level Threshold Percentage.

Attained Age	Threshold Percentage						
[15	[0.45%	16	0.47%	17	0.49%	18	0.51%
19	0.53%	20	0.55%	21	0.57%	22	0.59%
23	0.61%	24	0.63%	25	0.65%	26	0.68%
27	0.71%	28	0.74%	29	0.77%	30	0.80%
31	0.83%	32	0.86%	33	0.89%	34	0.92%
35	0.95%	36	1.00%	37	1.05%	38	1.10%
39	1.15%	40	1.20%	41	1.28%	42	1.36%
43	1.44%	44	1.52%	45	1.60%	46	1.69%
47	1.78%	48	1.87%	49	1.96%	50	2.05%
51	2.14%	52	2.23%	53	2.32%	54	2.41%
55	2.50%	56	2.66%	57	2.82%	58	2.98%
59	3.14%	60	3.30%	61	3.50%	62	3.70%
63	3.90%	64	4.10%	65	4.30%	66	4.44%
67	4.58%	68	4.72%	69	4.86%	70	5.00%
71	5.50%	72	6.00%	73	6.50%	74	7.00%
75	7.50%	76	8.00%	77	8.50%	78	9.00%
79	9.50%	80	10.00%	81	10.80%	82	11.60%
83	12.40%	84	13.20%	85	14.00%	86	15.00%
87	20.00%	88	25.00%	89	30.00%	90	35.00%
91	40.00%	92	45.00%	93	50.00%	94 - 120]	50.00%]

Table of Reduction Factors for the No-Lapse Value Provision

The Reduction Factors in the table below, if applicable, are determined based on the Guaranteed Minimum Death Benefit Percentage described in the rider.

Guaranteed Minimum Death Benefit Percentage	Reduction Factor	Guaranteed Minimum Death Benefit Percentage	Reduction Factor	Guaranteed Minimum Death Benefit Percentage	Reduction Factor
[70%	[0.382	71%	0.382	72%	0.382
73%	0.382	74%	0.382	75%	0.382
76%	0.382	77%	0.382	78%	0.384
79%	0.384	80%	0.392	81%	0.392
82%	0.392	83%	0.392	84%	0.392
85%	0.394	86%	0.394	87%	0.394
88%	0.394	89%	0.394	90%	0.402
91%	0.402	92%	0.402	93%	0.404
94%	0.404	95%	0.404	96%	0.404
97%	0.404	98%	0.404	99%]	0.404]
100%	0.414				

Policy Specifications

Policy Number [SPECIMEN]

No-Lapse Enhancement Rider

The credit, charges and expenses below are used only to determine the reference Reset Account Value under the No-Lapse Enhancement Rider, and are not used to determine the Accumulation Value or death benefit provided by the policy.

Reset Account Value Premium Load

We will deduct the following Reset Account Value Premium Load from each premium payment:

[7]% in Policy Years [1 – 20]; and
[4]% in Policy Years [21] and thereafter.

Reset Account Value Monthly Administrative Fee

The Reset Account Value Monthly Administrative Fee is a monthly charge of [0.11667] per \$1,000 of the greater of the Initial Specified Amount or the current Specified Amount for the first [120] months from the Policy Date. The rate used to calculate the monthly charge is based on the Insured's sex (if applicable), Premium Class, Issue Age, and Benefit Selection Option, if any.

Reset Account Value

Credited Interest: [0.010746]% daily ([4.0]% annual effective rate) in [all] Policy Years.

Policy Specifications

Policy Number [SPECIMEN]

No-Lapse Enhancement Rider

Table of Reset Factors for Reset Account Value Provision

The monthly Reset Factors below are based on the Insured's sex (if applicable), Issue Age, Premium Class, and the Policy Year. If the Insured is in a rated Premium Class, the Reset Factors will be equal to (1) multiplied by (2), plus (3), where:

- (1) is the monthly rate from the table below;
- (2) is the Reset Account Value Provision Risk Factor, if any, shown in the Policy Specifications; and
- (3) is the Flat Extra amount shown in the Policy Specifications for the first [10] Policy Years.

The Reset Factors are used only to determine the reference Reset Account Value Cost of Insurance, and are not used in calculating the Accumulation Value or death benefit provided by the policy.

Policy Year	Monthly Rate						
[1	0.07334	2	0.09251	3	0.11418	4	0.13418
5	0.15502	6	0.17753	7	0.19754	8	0.21838
9	0.24256	10	0.27257	11	0.31010	12	0.35513
13	0.40600	14	0.45771	15	0.50192	16	0.53779
17	0.58034	18	0.63874	19	0.70466	20	0.78144
21	0.86158	22	0.95675	23	1.04359	24	1.12126
25	1.19643	26	1.35935	27	1.49724	28	1.66360
29	1.84841	30	2.03748	31	2.22410	32	2.40410
33	2.57913	34	2.76345	35	2.94615	36	3.16750
37	3.40992	38	3.73977	39	4.07151	40	4.40683
41	4.79707	42	5.21287	43	5.69390	44	6.25049
45	6.88457	46	7.56260	47	8.32286	48	9.09107
49	9.89784	50	10.77656	51	11.81206	52	12.94801
53	14.17221	54	15.46210	55	16.80008	56	18.16837
57	19.40523	58	20.67027	59	21.98111	60	23.34419
61	24.85705	62	26.19622	63	27.61193	64	29.11098
65	30.69938	66	32.38239	67	33.66029	68	35.01097
69	36.43322	70	37.93389	71	39.87487	72	41.94705
73	44.16014	74	46.52136	75	49.04367	76	51.73391
77	54.60665	78	57.67409	79	60.94980	80	64.44883
81	68.18682	82	72.18101	83	76.45137	84	81.01778
85	85.90308	86]	90.90909]				

Policy Specifications

Policy Number [SPECIMEN]

Table of Surrender Charges

See Surrender Provisions for an example of when this table will be used.

<u>Policy Year</u>	<u>Surrender Charge as of Beginning of Policy Year</u>
[1	\$[3,548.00
2	\$3,479.00
3	\$3,410.00
4	\$3,340.00
5	\$3,270.00
6	\$3,200.00
7	\$3,130.00
8	\$3,059.00
9	\$2,989.00
10	\$2,918.00
11	\$2,848.00
12	\$2,778.00
13	\$2,167.00
14	\$1,583.00
15	\$1,027.00
16] and thereafter	\$0.00]

Calculation of Charge for Decrease in Specified Amount

For decreases in Specified Amount, excluding full surrender of this policy, the charge will be calculated as [(1) minus (2)], then divided by (3), then multiplied by (4), where:

- (1) is the amount of this decrease plus any prior decreases;
- (2) is the greater of an amount equal to [25]% of the Initial Specified Amount or the sum of all prior decreases;
- (3) is the Initial Specified Amount; and
- (4) is the then applicable surrender charge from the Table of Surrender Charges shown above.

However, no charge will be applied under the following circumstances:

- a. where the decrease occurs after the [10th] Policy Anniversary of the Initial Specified Amount;
- b. where the decrease is caused by a partial surrender; or
- c. where the decrease plus the sum of all prior decreases does not exceed [25]% of the Initial Specified Amount.]

Policy Specifications

Policy Number [SPECIMEN]

Table of Expense Charges and Fees

The following expenses and fees are charged under this policy:

Premium Load

We will deduct a Premium Load not to exceed the following from each premium payment:

[7]% in Policy Years [1 – 20]; and
[4]% in Policy Years [21] and thereafter.

Cost of Insurance

See the Cost of Insurance provision.

Net Amount at Risk Discount Factor

The Net Amount at Risk Discount Factor is [1.0008295].

Monthly Administrative Fee

The Monthly Administrative Fee equals (1) plus (2) plus (3), where:

- (1) is a fee of \$[10] per month during each Policy Year;
- (2) is a monthly charge of [0.07617] per \$1,000 of Initial Specified Amount for the first [120] months from the Policy Date; and
- (3) is a monthly charge per \$1,000 for any increase in Specified Amount for the [120] months following the date of increase.

The rate used to calculate the charges described in (2) and (3) above is based on the Insured's sex (if applicable), Premium Class, age (Issue age for the charges in (2) or Attained Age on the date of the increase for the charges in (3)), and the Benefit Selection Option, if any.

Guaranteed Maximum Mortality and Expense Risk ("M&E") Charge Rate

[0.60]% annually in Policy Years [1 – 10]; and
[0.20]% annually in Policy Years [11] and thereafter.

Transfer Fee

[\$25] per each transfer request in excess of [24] during any Policy Year.

Policy Specifications

Policy Number [SPECIMEN]

Table of Guaranteed Maximum Cost of Insurance Rates

The monthly Cost of Insurance rates per \$1,000 of net amount at risk are based on the Insured's [sex,] tobacco status, Issue Age, and the Policy Year, but will not exceed the rates shown in the table below in accordance with the 2001 CSO [Male/Female,] Smoker/Nonsmoker, Ultimate, age nearest birthday Mortality Table. If the Insured is in a rated Premium Class, the Guaranteed Maximum Cost of Insurance Rates shown in the table below will be adjusted to reflect the applicable Risk Factor and/or Flat Extra Monthly Insurance Cost, if any, shown in the Policy Specifications as described in the Cost of Insurance Rates provision.

Policy Year	Monthly Rate	Policy Year	Monthly Rate	Policy Year	Monthly Rate
[1	0.16669	2	0.17586	3	0.18587
4	0.20004	5	0.21421	6	0.23089
7	0.25256	8	0.27758	9	0.30759
10	0.34345	11	0.38098	12	0.41601
13	0.45521	14	0.47689	15	0.50192
16	0.53779	17	0.58034	18	0.63874
19	0.70466	20	0.78729	21	0.88078
22	0.97595	23	1.07699	24	1.15634
25	1.24822	26	1.35935	27	1.49724
28	1.66360	29	1.84841	30	2.03748
31	2.22410	32	2.40410	33	2.57913
34	2.76345	35	2.94615	36	3.16750
37	3.40992	38	3.73977	39	4.07151
40	4.40683	41	4.79707	42	5.21287
43	5.69390	44	6.25049	45	6.88457
46	7.56260	47	8.32286	48	9.09107
49	9.89784	50	10.77656	51	11.81206
52	12.94801	53	14.17221	54	15.46210
55	16.80008	56	18.16837	57	19.40523
58	20.67027	59	21.98111	60	23.34419
61	24.85705	62	26.19622	63	27.61193
64	29.11098	65	30.69938	66	32.38239
67	33.66029	68	35.01097	69	36.43322
70	37.93389	71	39.87487	72	41.94705
73	44.16014	74	46.52136	75	49.04367
76	51.73391	77	54.60665	78	57.67409
79	60.94980	80	64.44883	81	68.18682
82	72.18101	83	76.45137	84	81.01778
85	83.33333	86]	83.33333]		

Policy Specifications

Policy Number [SPECIMEN]

Corridor Percentages Table

Death Benefit Qualification Test: [Guideline Premium Test]

See the Death Benefit Qualification Test and Death Benefit Proceeds provisions for an explanation of how this table will be used.

<u>Age</u>	<u>Corridor Percentage</u>	<u>Age</u>	<u>Corridor Percentage</u>
[15-40	[250%	70	115%
41	243	71	113
42	236	72	111
43	229	73	109
44	222	74	107
45	215	75	105
46	209	76	105
47	203	77	105
48	197	78	105
49	191	79	105
50	185	80	105
51	178	81	105
52	171	82	105
53	164	83	105
54	157	84	105
55	150	85	105
56	146	86	105
57	142	87	105
58	138	88	105
59	134	89	105
60	130	90	105
61	128	91	104
62	126	92	103
63	124	93	102
64	122	94	101
65	120	95	100
66	119	96	100
67	118	97	100
68	117	98	100
69	116	99-120]	100]

The Lincoln National Life Insurance Company

No-Lapse Enhancement Rider

This rider is made part of the policy to which it is attached. Except as provided below, this rider is subject to all the terms and conditions of the policy. This rider becomes effective as of the Policy Date shown in the Policy Specifications.

This rider consists of the No-Lapse Value Provision and the Reset Account Value Provision. The policy will not Lapse as long as this rider is In Force and all the requirements of at least one of these provisions are met.

If the requirements of only one of these provisions are met, the Death Benefit Proceeds payable will be calculated under that provision. If the requirements of both of these provisions are met, the Death Benefit Proceeds payable will be the greater of the Death Benefit Proceeds calculated under each provision.

While this rider is actively preventing the policy from Lapse, the following will occur as applicable:

- a. Monthly Deductions will continue to be accumulated, but will not be deducted. The Net Accumulation Value will not be less than zero. Cost of Insurance rates will not be charged on an amount greater than the death benefit at the beginning of the Policy Month. Any Death Benefit Proceeds payable will not be reduced by the accumulated unpaid Monthly Deductions.
- b. Loan interest will continue to accrue and will be added to the total amount of Indebtedness.

At such time that this rider is no longer preventing Lapse, or upon termination of the No-Lapse Enhancement Rider, whichever occurs first, any accumulated unpaid Monthly Deductions will need to be repaid in addition to the amount described in the Grace Period provision in order to keep the policy In Force.

The Grace Period provision of the policy will begin on the Monthly Anniversary Day on which the No-Lapse Value, less Indebtedness, and the Reset Account Value, less Indebtedness, are less than or equal to zero and the policy has met the conditions for entering the grace period as described in the policy's Grace Period provision. You will be notified of the pending Lapse as provided under that provision.

The duration of the Lapse Protection provided by this rider may be reduced if:

- a. premiums or other deposits are not received on or before their due date;
- b. any Indebtedness exists; or
- c. you initiate any policy change that decreases the No-Lapse Value or Reset Account Value under the policy. Policy changes that could decrease the No-Lapse Value and the Reset Account Value include, but are not limited to, partial surrenders, changes in Specified Amount, and changes in Death Benefit Option.

The No-Lapse Value and the Reset Account Value described in the following provisions are reference values only, and are not used in determining the Accumulation Value or death benefit provided by the policy. Likewise, the rider's monthly deductions, credited interest, premium credit, charges and expenses described in each provision, if applicable, are used only to determine the No-Lapse Value and the Reset Account Value.

No-Lapse Value Provision

Lapse Protection

The policy will not Lapse as long as the No-Lapse Value described below, less Indebtedness, is greater than zero.

No-Lapse Value Death Benefit Proceeds

If the No-Lapse Value, less Indebtedness, is greater than zero and the policy would otherwise have met the conditions for entering the grace period as described in the policy's Grace Period provision, the No-Lapse Value Death Benefit Proceeds will equal the Guaranteed Minimum Death Benefit described below less any Indebtedness and partial surrenders (i.e. withdrawals) after the date of death.

Guaranteed Minimum Death Benefit

The Guaranteed Minimum Death Benefit ("GMDB") on the Policy Date is shown in the Policy Specifications. The GMDB is selected by you at the time of application and is used in determining the Death Benefit Proceeds provided by the No-Lapse Value Provision. The GMDB may be decreased as described in the Changes in Guaranteed Minimum Death Benefit provision below.

Changes in Guaranteed Minimum Death Benefit

If the current Specified Amount is decreased below the GMDB, the GMDB will automatically be decreased to an amount equal to the new reduced Specified Amount. The GMDB decrease will become effective on the same date as the decrease in Specified Amount.

You may request a decrease in the GMDB at any time while the policy and this rider are In Force. The GMDB decrease will become effective on the Monthly Anniversary Day on or next following the date we receive your Written Request. Increases in the GMDB will not be allowed.

No-Lapse Value

The No-Lapse Value is a reference value and is not used in determining the Accumulation Value or death benefit provided by the policy. On each Monthly Anniversary Day, the No-Lapse Value will be calculated as (1), plus (2), minus (3), plus (4), minus (5), minus (6) where:

- (1) is the No-Lapse Value on the preceding Monthly Anniversary Day;
- (2) is all premiums received since the preceding Monthly Anniversary Day and is either increased by the No-Lapse Value Premium Credit or decreased by the No-Lapse Value Premium Load based on Policy Years as shown in the Policy Specifications;
- (3) is the amount of any partial surrenders (i.e. withdrawals) since the preceding Monthly Anniversary Day;
- (4) is accumulated interest as described in the No-Lapse Value Credited Interest provision below;
- (5) is the No-Lapse Value Monthly Deduction described below for the month following the Monthly Anniversary Day; and
- (6) is the surrender charge, if any, as determined from the Table of Surrender Charges shown in the Policy Specifications for any decrease in Specified Amount on the Monthly Anniversary Day.

On any day other than a Monthly Anniversary Day, the No-Lapse Value will be (1), plus (2), less (3), plus (4).

The No-Lapse Value on the Policy Date will be the initial premium received, plus the No-Lapse Value Premium Credit, less the No-Lapse Value Monthly Deduction for the first Policy Month.

The No-Lapse Value may become less than zero.

No-Lapse Value Monthly Deduction

The No-Lapse Value Monthly Deduction for a Policy Month will be calculated as (1) plus (2), where:

- (1) is the No-Lapse Value Cost of Insurance as described in the No-Lapse Value Cost of Insurance provision below, plus the cost of any additional benefits provided by rider for the Policy Month; and
- (2) is the No-Lapse Value Monthly Administrative Fee shown in the Policy Specifications.

No-Lapse Value Credited Interest

We will credit interest to the No-Lapse Value daily. The interest rate applied to loaned and unloaned funds is shown in the Policy Specifications.

No-Lapse Value Cost of Insurance

The No-Lapse Value Cost of Insurance under this rider is determined on a monthly basis. The monthly No-Lapse Value Cost of Insurance will be equal to (1), multiplied by the result of (2) minus (3), divided by 1,000, where:

- (1) is the applicable No-Lapse Factor described in the Table of No-Lapse Factors. The No-Lapse Factor may be modified by the Table of Funding Level Threshold Percentages and Table of Reduction Factors, as applicable, as described in the Policy Specifications;
- (2) is the No-Lapse Death Benefit Value described below at the beginning of the Policy Month, divided by the Net Amount at Risk Discount Factor shown in the Policy Specifications; and
- (3) is the No-Lapse Value at the beginning of the Policy Month after the deduction of the No-Lapse Value Monthly Administrative Fee but prior to the No-Lapse Value Monthly Deduction, or zero, if the No-Lapse Value is less than zero.

Funding Level

The Funding Level is equal to the No-Lapse Value on the Monthly Anniversary Day, divided by the current Specified Amount. The Funding Level is used in the Table of Funding Level Threshold Percentages shown in the Policy Specifications to determine the No-Lapse Factor, which is used to calculate the No-Lapse Cost of Insurance.

Guaranteed Minimum Death Benefit Percentage

The Guaranteed Minimum Death Benefit Percentage is calculated by dividing the GMDB on the Monthly Anniversary Day by the lesser of (a) the current Specified Amount or (b) the Initial Specified Amount. The minimum initial Guaranteed Minimum Death Benefit Percentage is 70%. The Guaranteed Minimum Death Benefit Percentage is used in the Table of Reduction Factors shown in the Policy Specifications to determine the No-Lapse Factor, which is used to calculate the No-Lapse Cost of Insurance.

No-Lapse Death Benefit Value

The No-Lapse Death Benefit Value is calculated in the same manner as the death benefit described in the policy's Death Benefit Proceeds provision and Death Benefit Options provision, using the No-Lapse Value in lieu of the Accumulation Value. The No-Lapse Death Benefit Value is used only to determine the monthly No-Lapse Value Cost of Insurance; it is not used to determine the death benefit provided by the policy or this rider.

Reset Account Value Provision

Lapse Protection

The policy will not Lapse as long as the Reset Account Value described below, less Indebtedness, is greater than zero.

Reset Account Value Death Benefit Proceeds

If the Reset Account Value, less Indebtedness, is greater than zero and the policy would otherwise have met the conditions for entering the grace period as described in the policy's Grace Period provision, the Reset Account Value Death Benefit Proceeds will equal the greater of:

- a. the Reset Death Benefit described below, less any Indebtedness and partial surrenders (i.e. withdrawals) after the date of death; or
- b. an amount equal to the Reset Account Value multiplied by the applicable percentage shown in the Corridor Percentages Table in the Policy Specifications, less any Indebtedness and partial surrenders (i.e. withdrawals) after the date of death.

Reset Death Benefit

The Reset Death Benefit on the Policy Date equals the Initial Specified Amount shown in the Policy Specifications. If the current Specified Amount is decreased below the Reset Death Benefit, the Reset Death Benefit will automatically be decreased to an amount equal to the new reduced Specified Amount. The Reset Death Benefit decrease will become effective on the same date as the decrease in current Specified Amount.

Reset Account Value

The Reset Account Value is a reference value and is not used in determining the Accumulation Value or death benefit provided by the policy. On each Monthly Anniversary Day, the Reset Account Value will be calculated as (1), plus (2), minus (3), plus (4), minus (5), minus (6) where:

- (1) is the Reset Account Value on the preceding Monthly Anniversary Day;
- (2) is all premiums received since the preceding Monthly Anniversary Day, less the Reset Account Value Premium Load shown in the Policy Specifications;
- (3) is the amount of any partial surrenders (i.e. withdrawals) since the preceding Monthly Anniversary Day;
- (4) is accumulated interest as described in the Reset Account Value Interest Credited provision below;
- (5) is the Reset Account Value Monthly Deduction described below for the month following the Monthly Anniversary Day; and
- (6) is the surrender charge, if any, as determined from the Table of Surrender Charges shown in the Policy Specifications for any decrease in Specified Amount on the Monthly Anniversary Day.

On any day other than a Monthly Anniversary Day, the Reset Account Value will be (1), plus (2), less (3), plus (4).

The Reset Account Value on the Policy Date will be the initial premium received, less the Reset Account Value Premium Load, less the Reset Account Value Monthly Deduction for the first Policy Month.

The Reset Account Value may become less than zero.

Policy Anniversary Reset

On each Policy Anniversary, if the Reset Account Value on that Policy Anniversary is less than the Accumulation Value on that same Policy Anniversary, the Reset Account Value will be reset to equal the Accumulation Value.

Reset Account Value Monthly Deduction

The Reset Account Value Monthly Deduction for a Policy Month will be calculated as (1) plus (2), where:

- (1) is the Reset Account Value Cost of Insurance as described in the Reset Account Value Cost of Insurance provision below, plus the cost of any additional benefits provided by rider for the Policy Month; and
- (2) is the Reset Account Value Monthly Administrative Fee shown in the Policy Specifications.

Reset Account Value Credited Interest

We will credit interest to the Reset Account Value daily. The interest rate applied to loaned and unloaned funds is shown in the Policy Specifications.

Reset Account Value Cost of Insurance

The Reset Account Value Cost of Insurance under this rider is determined on a monthly basis. The monthly Reset Account Value Cost of Insurance will be equal to (1), multiplied by the result of (2) minus (3), divided by 1,000, where:

- (1) is the applicable Reset Factor shown in the Table of Reset Factors in the Policy Specifications;
- (2) is the Reset Account Death Benefit Value described below at the beginning of the Policy Month, divided by the Net Amount at Risk Discount Factor shown in the Policy Specifications; and
- (3) is the Reset Account Value at the beginning of the Policy Month after the deduction of the Reset Account Value Monthly Administrative Fee but prior to the Reset Account Value Monthly Deduction, or zero, if the Reset Account Value is less than zero.

Reset Account Death Benefit Value

The Reset Account Death Benefit Value is calculated in the same manner as the death benefit described in the policy's Death Benefit Proceeds provision and Death Benefit Options provision, using the Reset Account Value in lieu of the Accumulation Value. The Reset Account Death Benefit Value is used only to determine the monthly Reset Account Value Cost of Insurance; it is not used to determine the death benefit provided by the policy or this rider.

General Provisions

Allocation Requirement

This rider requires that Automatic Rebalancing as described in the policy be maintained as long as this rider is In Force. Additionally, we reserve the right to limit the amount of policy value in any specified Sub-Account(s) to a maximum percentage of the total Net Accumulation Value of the policy. Should we choose to enforce this restriction, we will provide 30 days advance Written Notice to you. Such notice will identify the restriction percentages to be applied and the Sub-Account(s) impacted. We will evaluate the imposition of these restrictions on a quarterly basis.

Termination

This rider and all rights provided under it will terminate automatically on the first of the following to occur:

- a. the Insured reaches or would have reached Attained Age 121;
- b. surrender or other termination of the policy;
- c. you request to terminate Automatic Rebalancing; or
- d. the Allocation Requirement described above is imposed and you do not take corrective action within 61 days after the date of mailing of the notice of such requirement.

If this rider terminates due to (a) above, coverage will continue as provided under the Continuation of Coverage provision of the policy, and the Death Benefit Proceeds provisions of this rider will continue to apply. If the policy terminates and is reinstated, this rider will likewise be reinstated unless the rider terminated before the policy terminated.

The Lincoln National Life Insurance Company

[


Dennis R. Glass
President

]

SERFF Tracking Number: LCNC-128311254 State: Arkansas
 Filing Company: The Lincoln National Life Insurance Company State Tracking Number:
 Company Tracking Number: LN696-3(8-12), ET AL
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
 Product Name: VULone2012
 Project Name/Number: VULone2012/LN696-3(8-12) et al

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not applicable. Forms are regulated by the SEC.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: This application was approved on 6/16/08 under SERFF tracking number JEPL-125673253.		
Attachment: LFF06321 Base Application Part I GENERIC.pdf		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo		
Comments:		
Attachments: NW LN696-3_8-12_ Base ASM.pdf NW LR629 Actuarial Memo ONE Rider.pdf		

	Item Status:	Status Date:
Satisfied - Item: Compliance Certification		
Comments:		
Attachment: AR Cert. of Compliance_UL_VUL_Term ..pdf		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Certification		

SERFF Tracking Number: LCNC-128311254 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number:
Company Tracking Number: LN696-3(8-12), ET AL
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
Product Name: VULone2012
Project Name/Number: VULone2012/LN696-3(8-12) et al

Comments:

Attachment:

AR_Actuarial Reg 34.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attachments:

NW SOV Annotated LN696-3_8-12_v2.pdf

NW SOV LN696-3_8-12_.pdf

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)

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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 \$		17. Work Phone # <input type="checkbox"/> AM <input type="checkbox"/> PM	
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	

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? Y 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.	a. Name/Trust name & Trustees <input type="checkbox"/> P <input type="checkbox"/> C	b. Soc. Sec. No./TIN
		c. Relationship to Proposed Insured
45.	a. Name/Trust name & Trustees <input type="checkbox"/> P <input type="checkbox"/> C	b. Soc. Sec. No./TIN
		c. Relationship to Proposed Insured
46.	a. Name/Trust name & Trustees <input type="checkbox"/> P <input type="checkbox"/> C	b. Soc. Sec. No./TIN
		c. Relationship to Proposed Insured
47.	a. Name/Trust name & Trustees <input type="checkbox"/> P <input type="checkbox"/> C	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="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> </table>	Yes	No
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?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<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?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<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?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
b. Any tumor, cancer, cysts, melanoma, lymphoma or any disorder of the lymph nodes?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
c. Anemia, leukemia, clotting disorder or any other blood disorder?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
d. Diabetes, elevated blood sugar, thyroid, or other endocrine or glandular disorder?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<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?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
f. Seizures, fainting, dizziness, epilepsy, stroke, paralysis or other neurologic or brain disorder?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<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?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<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?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<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?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
j. Arthritis, gout, or any disorder of the back, spine, muscles, nerves, bones, joints or skin?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
k. Any disorder of the eyes, ears, nose or throat?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
l. Any mental or physical disorder medically or surgically treated condition not listed above?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<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?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
7. Do you use alcoholic beverages? (If "Yes", provide Type, Frequency & Amount.) Type _____ Frequency _____ Amount _____	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
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?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<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?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<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: (List details from questions answered "Yes" and please specify to which question numbers details pertain.)			

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)

ARKANSAS

CERTIFICATE OF COMPLIANCE

The Lincoln National Life Insurance Company

**Re: LN696-3(8-12) - Policy Specification Pages
LR629 - No-Lapse Enhancement 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 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.



Raymond Fortier, Assistant Vice President
Product Compliance & State Filing

Date: June 7, 2012

Policy Specifications

Policy Number [SPECIMEN]

Insured: [JOHN DOE]
Owner: [JANE DOE]

Initial Specified Amount: \$[100,000] **Policy Date:** [FEBRUARY 1, 2010]
Minimum Specified Amount:^A \$[100,000] **Date of Issue:** [FEBRUARY 1, 2010]
Monthly Anniversary Day: [01] **Issue Age and Sex:** [35 MALE]
Premium Class:^B [STANDARD TOBACCO]

Plan of Insurance: FLEXIBLE PREMIUM VARIABLE LIFE INSURANCE

[Benefit Selection Option:^C [20]%]

Death Benefit Option:^D Death Benefit Option [1 (Level)]

Premium Payments: Planned Premium: \$[802.07]
Premiums payable until Attained Age [121].^E Additional premium payments may vary by frequency or amount.

Payment Mode:^F [ANNUALLY]

Beneficiary: As named in the application for this policy, unless later changed.

Guaranteed Minimum Fixed Account Interest Rate:^G [1.0]% annual effective rate ([0.00272616]% daily)

Persistency Bonus Rate:^H [0.15]% annual effective rate ([0.01249141]% monthly) in Policy Year [21] and thereafter.

Interest Credited to Loan Account Value:^I [3.0]% annual effective rate ([0.00809863]% daily) in [all] Policy Years.

Policy Loan Interest Rate Charged:^J [4.0]% annual effective rate in Policy Years [1-10]; and [3.0]% annual effective rate in Policy Years [11] and thereafter.

Minimum Policy Loan Amount:^K \$[500]

Policy Specifications

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Minimum Transfer Amount: ^L	[\$50] or the entire value of the Fixed Account or Sub-Account being transferred, whichever is less.
Separate Account: ^M	[M]
Minimum Specified Amount Increase: ^N	[\$1000] Increases to Specified Amount not allowed after Attained Age [85].
Maximum Number of Specified Amount Increases per Policy Year: ^O	[Unlimited] in Policy Year [1]; and [1] in Policy Year [2] and thereafter.
Maximum Number of Specified Amount Decreases per Policy Year: ^P	[Decreases not allowed] in Policy Year [1]; and [1] in Policy Year [2] and thereafter.
Account(s) available from which to transfer funds for Dollar Cost Averaging: ^Q	[Money Market Sub-Account Fixed Account]

Policy Specifications

Policy Number [SPECIMEN]

Riders and Rider Charges

Policy Specifications

Policy Number [SPECIMEN]

No-Lapse Enhancement Rider

The credits, charges and expenses below are used only to determine the reference No-Lapse Value under the No-Lapse Enhancement Rider, and are not used to determine the Accumulation Value or death benefit provided by the policy.

Guaranteed Minimum

Death Benefit: ^R \$[100,000]

No-Lapse Value Premium Credit ^S

We will credit [13] % of each premium payment received in Policy Years [1-3].

No-Lapse Value Premium Load ^T

We will deduct the following No-Lapse Value Premium Load from each premium payment received after Policy Year [3].

[7]% in Policy Years [4 – 20]; and
[4]% in Policy Years [21] and thereafter.

No-Lapse Value Monthly Administrative Fee ^U

The No-Lapse Value Monthly Administrative Fee equals (1) plus (2), where:

- (1) is a fee of \$[10] per month during each Policy Year; and
- (2) is a monthly charge of [0.43683] per \$1,000 of the greater of the Initial Specified Amount or the current Specified Amount for the first [240] months from the Policy Date. The rate used to calculate the monthly charge is based on the Insured's sex (if applicable), Premium Class, Issue Age, and Benefit Selection Option, if any.

No-Lapse Value Credited

Interest: ^V

Policy Year	<u>Daily Rate</u>	<u>Annual Effective Rate</u>	Policy Year	<u>Daily Rate</u>	<u>Annual Effective Rate</u>
[1	[0.008099%	3.00%	6	0.011404%	4.25%
2	0.008763%	3.25%	7	0.012060%	4.50%
3	0.009425%	3.50%	8	0.012715%	4.75%
4	0.010087%	3.75%	9] and after	0.013368%	5.00]%
5	0.010746%	4.00%			

Policy Specifications

Policy Number [SPECIMEN]

No-Lapse Enhancement Rider

Table of No-Lapse Factors for No-Lapse Value Provision ^W

The monthly No-Lapse Factors below are based on the Insured's sex (if applicable), Issue Age, Premium Class, and the Policy Year. If the Insured is in a rated Premium Class, the No-Lapse Factor will be equal to (1) multiplied by (2), plus (3), where:

- (1) is the monthly rate from the table below;
- (2) is the No-Lapse Value Provision Risk Factor, if any, shown in the Policy Specifications; and
- (3) is the Flat Extra amount, if any, shown in the Policy Specifications.

The No-Lapse Factors are used only to determine the reference No-Lapse Value Cost of Insurance, and are not used in calculating the Accumulation Value or death benefit provided by the policy.

Policy Year	Monthly Rate						
[1	[0.00167	2	0.00333	3	0.09334	4	0.20004
5	0.21421	6	0.23089	7	0.25256	8	0.27758
9	0.30759	10	0.34345	11	0.38098	12	0.41601
13	0.45521	14	0.47689	15	0.50192	16	0.53779
17	0.58034	18	0.63874	19	0.70466	20	0.78729
21	0.88078	22	0.97595	23	1.07699	24	1.15634
25	1.24822	26	1.35935	27	1.49724	28	1.66360
29	1.84841	30	2.03748	31	2.22410	32	2.40410
33	2.57913	34	2.76345	35	2.94615	36	3.16750
37	3.40992	38	3.73977	39	4.07151	40	4.40683
41	4.79707	42	5.21287	43	5.69390	44	6.25049
45	6.88457	46	7.56260	47	8.32286	48	9.09107
49	9.89784	50	10.77656	51	11.81206	52	12.94801
53	14.17221	54	15.46210	55	16.80008	56	18.16837
57	19.40523	58	20.67027	59	21.98111	60	23.34419
61	24.85705	62	26.19622	63	27.61193	64	29.11098
65	30.69938	66	32.38239	67	33.66029	68	35.01097
69	36.43322	70	37.93389	71	39.87487	72	41.94705
73	44.16014	74	46.52136	75	49.04367	76	51.73391
77	54.60665	78	57.67409	79	60.94980	80	64.44883
81	68.18682	82	72.18101	83	76.45137	84	81.01778
85	85.90308	86]	90.90909]				

Policy Specifications

Policy Number [SPECIMEN]

No-Lapse Enhancement Rider

Table of Funding Level Threshold Percentages for the No-Lapse Value Provision ^x

On each Monthly Anniversary Day, the monthly No-Lapse Factor is multiplied by a Reduction Factor as described in the Table of Reduction Factors below if, at the Insured's Attained Age, the current Funding Level described in the rider exceeds the applicable Funding Level Threshold Percentage.

Attained Age	Threshold Percentage						
[15	[0.45%	16	0.47%	17	0.49%	18	0.51%
19	0.53%	20	0.55%	21	0.57%	22	0.59%
23	0.61%	24	0.63%	25	0.65%	26	0.68%
27	0.71%	28	0.74%	29	0.77%	30	0.80%
31	0.83%	32	0.86%	33	0.89%	34	0.92%
35	0.95%	36	1.00%	37	1.05%	38	1.10%
39	1.15%	40	1.20%	41	1.28%	42	1.36%
43	1.44%	44	1.52%	45	1.60%	46	1.69%
47	1.78%	48	1.87%	49	1.96%	50	2.05%
51	2.14%	52	2.23%	53	2.32%	54	2.41%
55	2.50%	56	2.66%	57	2.82%	58	2.98%
59	3.14%	60	3.30%	61	3.50%	62	3.70%
63	3.90%	64	4.10%	65	4.30%	66	4.44%
67	4.58%	68	4.72%	69	4.86%	70	5.00%
71	5.50%	72	6.00%	73	6.50%	74	7.00%
75	7.50%	76	8.00%	77	8.50%	78	9.00%
79	9.50%	80	10.00%	81	10.80%	82	11.60%
83	12.40%	84	13.20%	85	14.00%	86	15.00%
87	20.00%	88	25.00%	89	30.00%	90	35.00%
91	40.00%	92	45.00%	93	50.00%	94 - 120]	50.00%]

Table of Reduction Factors for the No-Lapse Value Provision ^y

The Reduction Factors in the table below, if applicable, are determined based on the Guaranteed Minimum Death Benefit Percentage described in the rider.

Guaranteed Minimum Death Benefit Percentage	Reduction Factor	Guaranteed Minimum Death Benefit Percentage	Reduction Factor	Guaranteed Minimum Death Benefit Percentage	Reduction Factor
[70%	[0.382	71%	0.382	72%	0.382
73%	0.382	74%	0.382	75%	0.382
76%	0.382	77%	0.382	78%	0.384
79%	0.384	80%	0.392	81%	0.392
82%	0.392	83%	0.392	84%	0.392
85%	0.394	86%	0.394	87%	0.394
88%	0.394	89%	0.394	90%	0.402
91%	0.402	92%	0.402	93%	0.404
94%	0.404	95%	0.404	96%	0.404
97%	0.404	98%	0.404	99%]	0.404]
100%	0.414				

Policy Specifications

Policy Number [SPECIMEN]

No-Lapse Enhancement Rider

The credit, charges and expenses below are used only to determine the reference Reset Account Value under the No-Lapse Enhancement Rider, and are not used to determine the Accumulation Value or death benefit provided by the policy.

Reset Account Value Premium Load ^Z

We will deduct the following Reset Account Value Premium Load from each premium payment:

[7]% in Policy Years [1 – 20]; and
[4]% in Policy Years [21] and thereafter.

Reset Account Value Monthly Administrative Fee ^{AA}

The Reset Account Value Monthly Administrative Fee is a monthly charge of [0.11667] per \$1,000 of the greater of the Initial Specified Amount or the current Specified Amount for the first [120] months from the Policy Date. The rate used to calculate the monthly charge is based on the Insured's sex (if applicable), Premium Class, Issue Age, and Benefit Selection Option, if any.

Reset Account Value Credited Interest: ^{BB}

[0.010746]% daily ([4.0]% annual effective rate) in [all] Policy Years.

Policy Specifications

Policy Number [SPECIMEN]

No-Lapse Enhancement Rider

Table of Reset Factors for Reset Account Value Provision ^{CC}

The monthly Reset Factors below are based on the Insured's sex (if applicable), Issue Age, Premium Class, and the Policy Year. If the Insured is in a rated Premium Class, the Reset Factors will be equal to (1) multiplied by (2), plus (3), where:

- (1) is the monthly rate from the table below;
- (2) is the Reset Account Value Provision Risk Factor, if any, shown in the Policy Specifications; and
- (3) is the Flat Extra amount shown in the Policy Specifications for the first [10] Policy Years. ^{DD}

The Reset Factors are used only to determine the reference Reset Account Value Cost of Insurance, and are not used in calculating the Accumulation Value or death benefit provided by the policy.

Policy Year	Monthly Rate						
[1	[0.07334	2	0.09251	3	0.11418	4	0.13418
5	0.15502	6	0.17753	7	0.19754	8	0.21838
9	0.24256	10	0.27257	11	0.31010	12	0.35513
13	0.40600	14	0.45771	15	0.50192	16	0.53779
17	0.58034	18	0.63874	19	0.70466	20	0.78144
21	0.86158	22	0.95675	23	1.04359	24	1.12126
25	1.19643	26	1.35935	27	1.49724	28	1.66360
29	1.84841	30	2.03748	31	2.22410	32	2.40410
33	2.57913	34	2.76345	35	2.94615	36	3.16750
37	3.40992	38	3.73977	39	4.07151	40	4.40683
41	4.79707	42	5.21287	43	5.69390	44	6.25049
45	6.88457	46	7.56260	47	8.32286	48	9.09107
49	9.89784	50	10.77656	51	11.81206	52	12.94801
53	14.17221	54	15.46210	55	16.80008	56	18.16837
57	19.40523	58	20.67027	59	21.98111	60	23.34419
61	24.85705	62	26.19622	63	27.61193	64	29.11098
65	30.69938	66	32.38239	67	33.66029	68	35.01097
69	36.43322	70	37.93389	71	39.87487	72	41.94705
73	44.16014	74	46.52136	75	49.04367	76	51.73391
77	54.60665	78	57.67409	79	60.94980	80	64.44883
81	68.18682	82	72.18101	83	76.45137	84	81.01778
85	85.90308	86]	90.90909]				

Policy Specifications

Policy Number [SPECIMEN]

Table of Surrender Charges

See Surrender Provisions for an example of when this table will be used.

<u>Policy Year</u>	<u>Surrender Charge as of Beginning of Policy Year</u> ^{EE}
[1	\$[3,548.00
2	\$3,479.00
3	\$3,410.00
4	\$3,340.00
5	\$3,270.00
6	\$3,200.00
7	\$3,130.00
8	\$3,059.00
9	\$2,989.00
10	\$2,918.00
11	\$2,848.00
12	\$2,778.00
13	\$2,167.00
14	\$1,583.00
15	\$1,027.00
16] and thereafter	\$0.00]

Calculation of Charge for Decrease in Specified Amount^{FF}

For decreases in Specified Amount, excluding full surrender of this policy, the charge will be calculated as [(1) minus (2)], then divided by (3), then multiplied by (4), where:

- (1) is the amount of this decrease plus any prior decreases;
- (2) is the greater of an amount equal to [25]% of the Initial Specified Amount or the sum of all prior decreases;
- (3) is the Initial Specified Amount; and
- (4) is the then applicable surrender charge from the Table of Surrender Charges shown above.

However, no charge will be applied under the following circumstances:

- a. where the decrease occurs after the [10th] Policy Anniversary of the Initial Specified Amount;
- b. where the decrease is caused by a partial surrender; or
- c. where the decrease plus the sum of all prior decreases does not exceed [25]% of the Initial Specified Amount.]

Policy Specifications

Policy Number [SPECIMEN]

Table of Expense Charges and Fees

The following expenses and fees are charged under this policy:

Premium Load^{GG}

We will deduct a Premium Load not to exceed the following from each premium payment:

[7]% in Policy Years [1 – 20]; and
[4]% in Policy Years [21] and thereafter.

Cost of Insurance

See the Cost of Insurance provision.

Net Amount at Risk Discount Factor^{HH}

The Net Amount at Risk Discount Factor is [1.0008295].

Monthly Administrative Fee^I

The Monthly Administrative Fee equals (1) plus (2) plus (3), where:

- (1) is a fee of \$[10] per month during each Policy Year;
- (2) is a monthly charge of [0.07617] per \$1,000 of Initial Specified Amount for the first [120] months from the Policy Date; and
- (3) is a monthly charge per \$1,000 for any increase in Specified Amount for the [120] months following the date of increase.

The rate used to calculate the charges described in (2) and (3) above is based on the Insured's sex (if applicable), Premium Class, age (Issue age for the charges in (2) or Attained Age on the date of the increase for the charges in (3)), and the Benefit Selection Option, if any.

Guaranteed Maximum Mortality and Expense Risk ("M&E") Charge Rate^{JJ}

[0.60]% annually in Policy Years [1 – 10]; and
[0.20]% annually in Policy Years [11] and thereafter.

Transfer Fee^{KK}

[\$25] per each transfer request in excess of [24] during any Policy Year.

Policy Specifications

Policy Number [SPECIMEN]

Table of Guaranteed Maximum Cost of Insurance Rates ^{LL}

The monthly Cost of Insurance rates per \$1,000 of net amount at risk are based on the Insured's [sex,] tobacco status, Issue Age, and the Policy Year, but will not exceed the rates shown in the table below in accordance with the 2001 CSO [Male/Female,] Smoker/Nonsmoker, Ultimate, age nearest birthday Mortality Table. If the Insured is in a rated Premium Class, the Guaranteed Maximum Cost of Insurance Rates shown in the table below will be adjusted to reflect the applicable Risk Factor and/or Flat Extra Monthly Insurance Cost, if any, shown in the Policy Specifications as described in the Cost of Insurance Rates provision.

Policy Year	Monthly Rate	Policy Year	Monthly Rate	Policy Year	Monthly Rate
[1	0.16669	2	0.17586	3	0.18587
4	0.20004	5	0.21421	6	0.23089
7	0.25256	8	0.27758	9	0.30759
10	0.34345	11	0.38098	12	0.41601
13	0.45521	14	0.47689	15	0.50192
16	0.53779	17	0.58034	18	0.63874
19	0.70466	20	0.78729	21	0.88078
22	0.97595	23	1.07699	24	1.15634
25	1.24822	26	1.35935	27	1.49724
28	1.66360	29	1.84841	30	2.03748
31	2.22410	32	2.40410	33	2.57913
34	2.76345	35	2.94615	36	3.16750
37	3.40992	38	3.73977	39	4.07151
40	4.40683	41	4.79707	42	5.21287
43	5.69390	44	6.25049	45	6.88457
46	7.56260	47	8.32286	48	9.09107
49	9.89784	50	10.77656	51	11.81206
52	12.94801	53	14.17221	54	15.46210
55	16.80008	56	18.16837	57	19.40523
58	20.67027	59	21.98111	60	23.34419
61	24.85705	62	26.19622	63	27.61193
64	29.11098	65	30.69938	66	32.38239
67	33.66029	68	35.01097	69	36.43322
70	37.93389	71	39.87487	72	41.94705
73	44.16014	74	46.52136	75	49.04367
76	51.73391	77	54.60665	78	57.67409
79	60.94980	80	64.44883	81	68.18682
82	72.18101	83	76.45137	84	81.01778
85	83.33333	86]	83.33333]		

Policy Specifications

Policy Number [SPECIMEN]

Corridor Percentages Table ^{MM}

Death Benefit Qualification Test: [Guideline Premium Test] ^{NN}

See the Death Benefit Qualification Test and Death Benefit Proceeds provisions for an explanation of how this table will be used.

<u>Age</u>	<u>Corridor Percentage</u>	<u>Age</u>	<u>Corridor Percentage</u>
[15-40	[250%	70	115%
41	243	71	113
42	236	72	111
43	229	73	109
44	222	74	107
45	215	75	105
46	209	76	105
47	203	77	105
48	197	78	105
49	191	79	105
50	185	80	105
51	178	81	105
52	171	82	105
53	164	83	105
54	157	84	105
55	150	85	105
56	146	86	105
57	142	87	105
58	138	88	105
59	134	89	105
60	130	90	105
61	128	91	104
62	126	92	103
63	124	93	102
64	122	94	101
65	120	95	100
66	119	96	100
67	118	97	100
68	117	98	100
69	116	99-120]	100]

Statement of Variability

The Lincoln National Life Insurance Company

June 11, 2012

Form Number(s)

LN696-3(8-12) - Insert Policy Specification Pages

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 policy

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 in the market at any one time.

Any bracketed item not explained on the following pages is considered specific to the Insured on the Policy Date.

Policy Specifications page 3 – 1 of 2

Item A.

Variable Range: \$25,000.00 - \$200,000.

Explanation: Any future change by the Company would apply to new issues going forward.

Item B.

Variable Range: Premium Class options are: Preferred Plus Non-Tobacco, Preferred Non-tobacco, Standard Non-tobacco, Preferred Tobacco, Standard Tobacco, Rated Preferred Non-Tobacco, Rated Preferred Tobacco, Rated Non-Tobacco, and Rated Tobacco.

Explanation: Variability due to policyholder specific information.

Item C.

Variable Range: 0 – 100%. If the Benefit Selection Option is not elected at issue, the bracketed language will not print.

Explanation: Benefit Selection Option is elected by policyholder.

Item D.

Variable Range: Death Benefit Options are: 1 (Level) or 2 (Increasing).

Explanation: Death Benefit Option is elected by policyholder.

Item E.

Variable Range: Attained Age 90 - 121.

Explanation: Any future change by the Company would apply to new issues going forward.

Item F.

Variable Range: Payment Mode options are: Monthly, Quarterly, Semi-Annually or Annually.

Explanation: Payment mode is elected by policyholder.

Item G.

Variable Range: 1.0% - 6.0%.

Explanation: Any future change by the Company would apply to new issues going forward.

Item H.

Variable Range: 0.05% - 2.00%.

Explanation: Any future change by the Company would apply to new issues going forward.

Item I.

Variable Range: 2.0% - 6.0% in Policy Years 1 – all Policy Years.

Explanation: Any future change by the Company would apply to new issues going forward.

Item J.

Variable Range: 2.0% - 8.0% in 0 – all Policy Years.

Explanation: Any future change by the Company would apply to new issues going forward.

Item K.

Variable Range: \$50 - \$1,000.

Explanation: Any future change by the Company would apply to new issues going forward.

Policy Specifications page 3 – 2 of 2

Item L.

Variable Range: \$25 - \$500.

Explanation: Any future change by the Company would apply to new issues going forward.

Item M.

Variable Range: M, or any other Separate Account the Company may choose to utilize.

Explanation: Any future change by the Company would apply to new issues going forward.

Item N.

Variable Range: \$1,000 - \$10,000 up to Attained Age 75 – 85.

Explanation: Any future change by the Company would apply to new issues going forward.

Item O.

Variable Range: Maximum number of Specified Amount Increases per Policy Year: 1 - Unlimited.

Explanation: Any future change by the Company would apply to new issues going forward.

Item P.

Variable Range: Maximum number of Specified Amount Decreases per Policy Year: 0 - Unlimited.

Explanation: Any future change by the Company would apply to new issues going forward.

Item Q.

Variable Range: Available accounts for Dollar Cost Averaging are Money Market Sub-Account, Fixed Account, or any other account the Company may choose to make available.

Explanation: One or both of the accounts may be utilized depending on choice of policyholder.

Policy Specifications page 3a – 2 of 6

Item R.

Variable Range: \$17,500 - \$100,000,000.

Explanation: Any future change by the Company would apply to new issues going forward.

Item S.

Variable Range:

Explanation: Any future change by the Company would apply to new issues going forward.

Item T.

Variable Range: 0% - 15% in 0 – all Policy Years.

Explanation: Any future change by the Company would apply to new issues going forward.

Item U.

Variable Range: \$0 - \$20 per month, plus a monthly charge of \$0 – 83.33333 per \$1,000 for 0 – all months from the Policy Date.

Explanation: Any future change by the Company would apply to new issues going forward.

Item V.

Variable Range: 0% - 8.0% in Policy Years 1 – all Policy Years.

Explanation: Any future change by the Company would apply to new issues going forward.

Policy Specifications page 3a – 3 of 6

Item W.

Variable Range: 0 – 90.90909.

Explanation: Any future change by the Company would apply to new issues going forward.

Policy Specifications page 3a – 4 of 6

Item X.

Variable Range: 0 – 50% at Attained Age 0 – 120.

Explanation: Any future change by the Company would apply to new issues going forward.

Item Y.

Variable Range: Guaranteed Minimum Death Benefit Percentage: 50% – 100%. Reduction Factor: 0 – 1.000.

Explanation: Any future change by the Company would apply to new issues going forward.

Policy Specifications page 3a – 5 of 6

Item Z.

Variable Range: 0% - 15% in 0 – all Policy Years.

Explanation: Any future change by the Company would apply to new issues going forward.

Item AA.

Variable Range: Monthly charge of \$0 – 83.33333 per \$1,000 for 0 – all months from the Policy Date.

Explanation: Any future change by the Company would apply to new issues going forward.

Item BB.

Variable Range: 0% - 8.0% in Policy Years 1 – all Policy Years.

Explanation: Any future change by the Company would apply to new issues going forward.

Policy Specifications page 3a – 6 of 6

Item CC.

Variable Range: 0 – 90.90909.

Explanation: Any future change by the Company would apply to new issues going forward.

Item DD.

Variable Range: Calculation of Reset Factor may include the Flat Extra amount shown in the Policy Specifications for 0 – all Policy Years.

Explanation: Any future change by the Company would apply to new issues going forward.

Policy Specifications page 3b

Item EE

Variable Range: \$0 - \$60.00 per \$1,000 of Specified Amount for Policy Years 1 - 20.

Explanation: Any future change by the Company would apply to new issues going forward.

Item FF.

Variable Range: \$0 – as calculated.

Explanation: Any future change by the Company in the calculation or any factors used in such calculation would apply to new issues going forward.

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Item GG.

Variable Range: 0% - 15% in 0 – all Policy Years.

Explanation: Any future change by the Company would apply to new issues going forward.

Item HH.

Variable Range: 1.00 – 1.01.

Explanation: Any future change by the Company would apply to new issues going forward.

Item II.

Variable Range: \$0 - \$20 per month, plus a monthly charge of \$0 – 83.33333 per \$1,000 of Initial Specified Amount for 0 – all months from the Policy Date; plus a monthly charge per \$1,000 for any increase in Specified Amount for 0 – all months from the date of such increase.

Explanation: Any future change by the Company would apply to new issues going forward.

Item JJ.

Variable Range: 0% - 2.00% in 0 – all Policy Years.

Explanation: Any future change by the Company would apply to new issues going forward.

Item KK.

Variable Range: \$0 - \$25 per each transfer request.

Explanation: Any future change by the Company would apply to new issues going forward.

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Item LL.

Variable Range: 0 – 83.33333.

Explanation: Any future change by the Company would apply to new issues going forward. For unisex policies, the rates will change and the word “sex” will not appear and the “Male/Female” reference will be replaced with (80).

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Item MM.

Variable Range (for Guideline Premium Test): 250% - 100%.

Explanation: Any future change by the Company would apply to new issues going forward.

Item NN.

Variable Range: Guideline Premium Test or Cash Value Accumulation Test.

Explanation: Guideline Premium Test is the only test currently offered. If the Company chooses to offer the Cash Value Accumulation Test, such change would apply to new issues going forward. Ages and Corridor Percentages will vary based on Death Benefit Qualification Test selected: The Guideline Premium Test table does not vary by client – every policy issued with Guideline Premium Test will receive the table shown in the attached sample. The Cash Value Accumulation Test table, when available, would be client specific.