



Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company, Life Service Office: PO Box 21008, Greensboro, NC 27420-1008
- The Lincoln National Life Insurance Company, Annuity Service Office: PO Box 21008, Greensboro, NC 27420-1008

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one-or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

We want you to understand the effects of replacements before you make your purchase decision.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy will be replaced or used as a source of financing:

Name of Insurer	Name of Insured or Annuitant	Policy or Contract Number	Replaced (R) or Source of Financing (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I certify that the responses herein are, to the best of my knowledge, accurate:

Signature of Proposed Owner

Printed Name of Proposed Owner

Date

Agent Certification

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

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

Signature of Producer

Printed Name of Producer

Date

Should you have any questions regarding this form, please contact your insurance representative or the Company at the address or telephone number shown on your application.