





ENROLLMENT AND CHANGE FORM

MARKET						
Choose one: ☐ 403(b) ☐ 457(b) ☐	401(a) □ 401(k)					
ANNUITANT/PARTICIPANT INFORMATION						
Name		SS/Tax ID#				
Mailing Address	City	State	ZIP			
Street Address (if different)	City	State	ZIP			
Date of Birth	□ Male □ Femal	e 🗆 Married	☐ Not married			
Date of Hire/Rehire	E-mail Address					
Daytime Phone Number	Evening Phone Nur	nber				
Plan Sponsor Name	Contract Number					
Group/Employer ID Number						
□ New enrollment OR Change of: □ Name* □ Beneficiary □ Future Allocation Elections □ Address/Telephone □ Salary Reduction * Proof is required for name changes. Submit a copy of a marriage license, divorce decree, or other court document.						
SUITABILITY Annuitant/Participant investment objective	ve is: (select one objective)					
☐ Preservation of Capital ☐ Incom☐ Long Term Growth ☐ Maxi		rowth & Income lexible Allocation				
Annuitant/Participant financial status is: (complete all fields unless declining suitability information)						
Number of Dependents	Occupation					
Total Family Income \$	Estimated Net Worth	\$				
□ I understand the representative must inquire about my financial status for the purpose of determining if the allocations selected are suitable; however, I wish to decline to provide suitability information.						
SALARY REDUCTION INFORMATION NOTE: DO NOT COMPLETE THIS SECTION IF 401(a) WAS SELECTED ABOVE.						
Check with your payroll department to determine which option they use per pay period.						
Salary reduction \$	or % of pay	Date of reduction				

ALLOCATION OF CONTRIBUTIONS - (Percentages must be whole numbers and equal 100%. Enrollment will not be processed until allocations are in good order.)

Preservation of Capital	Long Term Growth
% Fixed Account (FIXED ACCT)	% AllianceBernstein VPS Growth (AB GROWTH)
Income	% American Funds Global Growth (AMF GL GR)
% Delaware VIP® Diversified Income (DLW DVRSIN)	% American Funds Growth (AMF GROW)
% Delaware VIP® High Yield (DLW HI YLD)	% American Funds International (AMF INT'L)
% LVIP BlackRock Inflation Protected Bond (BKRK INFPT)	% Delaware VIP® Small Cap Value (DLW SMCP V)
% LVIP Delaware Bond (LN BOND)	% Fidelity® VIP ContraFund® (FID CONTRA)
% LVIP Delaware Diversified Floating Rate (LN DVRS FR)	% Fidelity® VIP Growth (FID VIP GR)
% LVIP Global Income (GLOBAL INC)	% LVIP Clarion Global Real Estate (LN GL REIT)
% LVIP SSgA Bond Index (BOND IDX)	% LVIP Delaware Growth and Income (LN GR&IN)
Growth & Income	% LVIP Delaware Social Awareness (LN SC AWRN)
% American Century VP Balanced (AMC BALNCD)	% LVIP JPMorgan Mid Cap Value RPM (JPM MD VAL)
% American Funds Growth-Income (AMF GR&IN)	% LVIP Mondrian International Value (LN INT'L)
% BlackRock Global Allocation V.I. (BK RK GL A)	% LVIP SSgA International Index (INT'L IDX)
% Delaware VIP® REIT (DLW REIT)	% LVIP Templeton Growth RPM (TEMP GR)
% Fidelity VIP® Asset Manager (FID ASTMGR)	% LVIP SSgA S&P 500 Index (S&P 500 IN)
% LVIP Delaware Foundation® Aggressive Allocation (DLW FND AG)	% LVIP UBS Large Cap Growth RPM (LN LGCP GR)
% LVIP Delaware Foundation® Conservative Allocation (DLW FND CN)	% Neuberger Berman AMT Large Cap Value (NB LGCP V)
% LVIP Delaware Foundation® Moderate Allocation (DLW FND MD)	% T. Rowe Price International Stock (TRP INT'L)
% LVIP Managed Risk Profile 2010 (LN 2010 PF)	Maximum Capital Appreciation
% LVIP Managed Risk Profile 2020 (LN 2020 PF)	% AllianceBernstein VPS Global Thematic Growth (AB VPS GL T)
% LVIP Managed Risk Profile 2030 (LN 2030 PF)	% Delaware VIP® Smid Cap Growth (DLW SMID)
% LVIP Managed Risk Profile 2040 (LN 2040 PF)	% DWS Alternative Asset Allocation VIP (DWS ALT AL)
% LVIP Managed Risk Profile 2050 (LN 2050 PF)	% Janus Aspen Global Research (JAN ASP GR)
% LVIP Managed Risk Profile Conservative Fund (CONSERV PF)	% LVIP Baron Growth Opportunities (BRN GR OPP)
% LVIP Managed Risk Profile Moderate Fund (MODERAT PF)	% LVIP BlackRock Emerging Markets RPM (BL RK EMRG)
% LVIP Managed Risk Profile Growth Fund (GROWTH PF)	% LVIP Columbia Small-Mid Cap Growth RPM (CB SMID GR)
% LVIP SSgA Global Tactical Allocation RPM (GLOBAL TAC)	% LVIP SSgA Emerging Markets 100 (EMERG MKTS)
	% LVIP SSgA Small-Cap Index (SM CAP IN)
	% LVIP T. Rowe Price Structured Mid-Cap Growth (TRP MIDCAP)

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IMPORTANT INFORMATION - Please read

Participant Information

• Any changes to your beneficiary designation or name must be submitted on this enrollment form. If your plan is subject to ERISA, the plan administrator must sign this form authorizing the beneficiary designation.

Variable Annuity Information

- If contributions are received by The Lincoln National Life Insurance Company (Lincoln) without complete and accurate information, your contributions will be allocated to the Pending Allocation Account. Once complete information is received, Lincoln will allocate your contributions as indicated on the form. After the third monthly notice, if Lincoln has not received this necessary contributions information, the account value will be returned to the contract holder.
- If you transfer assets to Lincoln without a transfer form indicating an allocation selection, Lincoln will deposit these assets based on the most recent investment elections on file.

Salary Reduction

- The employer shall reduce your salary by the amount indicated per pay period. The employer shall forward this amount to Lincoln as a contribution toward a retirement account.
- Any change in allocation election will be effective with the next deposit after receiving this form in the Fort Wayne, IN office.
- Salary deferral amounts can change as permitted by the plan. Check with the employer regarding plan provisions.
- This agreement will apply only to amounts deferred after this agreement becomes effective. It will not apply to any amounts
 deferred after it is terminated.

Beneficiary Designation

- If additional space is needed, attach a separate sheet.
- If you are married, the primary beneficiary will be your spouse unless he/she completes and signs a waiver form provided by your employer.
- If you are designating a trust as beneficiary, provide the exact legal name of the trust and the date of the trust.
- If you are establishing a trust through a last will and testament, the beneficiary designation should read "Testamentary Trust created under the last Will and Testament of (participant's name,)" no date should be provided.
- Your primary beneficiary(ies) will be entitled to the entire value of the account. Multiple surviving primary beneficiaries will be
 entitled to equal portions of the account unless specified otherwise.
- Your secondary beneficiary(ies) will be entitled to the entire value of the account if no primary beneficiary is living. Multiple surviving secondary beneficiaries will be entitled to equal portions of the account unless specified otherwise.

BENEFICIARY INFORMATION

(Percentages must be in whole numbers only. The total of percentages for Primary beneficiaries and Secondary beneficiaries must each equal 100%. Enrollment will not be processed until beneficiary information is in good order.)

Please check Primary or Secondary for each individual beneficiary. If neither is checked, the individual(s) will be deemed to be a primary beneficiary.

Annuitant/Participant Marital Status:	☐ Married	□ Not Married			
☐ Primary ☐ Secondary					
Name		Relationship		Percentage	%
Home Phone No		Soc Sec No.		Date of Birth	
Address	City		State	Zip	
□ Primary □ Secondary Name		Relationship		Percentage	%
Home Phone No		Soc Sec No.		Date of Birth	
Address	City		State	Zip	
□ Primary □ Secondary Name		Relationship		Percentage	%
Home Phone No		Soc Sec No.		Date of Birth	
Address	City		State	Zip	
☐ Primary ☐ Secondary Name		Relationship		Percentage	%
Home Phone No		Soc Sec No.		Date of Birth	
Address	City		State	Zip	

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TELEPHONE/INTERNET AUTHORIZATION

Note: Check with your employer first to find out if they allow the agent of record to perform non-discretionary telephone instructions under your Lincoln Life Group Annuity Contract.

I authorize and direct Lincoln to accept non-discretionary instructions via telephone, internet or facsimile from the agent of record under the group annuity contract funding the plan who can furnish proper contract identification to exchange units from subaccount to subaccount and/or change the allocation of future investments. This also authorizes administrative changes as approved by Lincoln.

Transfers to a fixed account will result in a new guaranteed period for the amount being transferred. Any such guarantee period will begin on the effective date of transfers. I agree to hold harmless and indemnify Lincoln and affiliates for any losses arising from any transaction out of this authorization.

Automatic telephone transfers and internet requests require a separate registration process in addition to completion of this form. Requests for exchanges in subaccount units will be made at their respective units values at the close of the business day the request is received provided the instructions are received before the close of the New York Stock Exchange. Instructions received after the close of the New York Stock Exchange are effective at the close of the following business day.

☐ Check this box if you DO NOT want the agent of record to perform non-discretionary instructions via telephone/internet.

SIGNATURES

By signing below you certify that you have read and understand the Important Information Section and the prospectus which explains the investment fund options, and associated expenses and charges in your employer's retirement plan. You also understand that the underlying funds supporting Lincoln's variable annuity are not public funds, but are available only through insurance contracts. You agree to the salary reduction information, beneficiary designation and agree to the conditions provided in the Telephone/Internet Authorization section of the Lincoln Life Group Variable Annuity Enrollment Form.

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 any 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.

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Participant's name (please print)	
Participant's signature	Date
(If this plan is subject to ERISA). The signature of the plan administrator's/employer he/she agrees to the Salary Reduction Information and Beneficiary Designation.	's authorized representative certifies that
Plan Administrator's/Employer's Authorized Representative's signature (if applicable)	Date

Mail to: The Lincoln National Life Insurance Company

Servicing Office - PO Box 2340 Fort Wayne, IN 46801-2340 Phone 800-341-0441 Fax 260-455-9411

LincolnFinancial.com

IF FAXING, do not mail in originals.

Lincoln Life Group Variable Annuity, a group variable annuity, is issued on contract form numbers GAC96-101, GAC96-101-VAR, GAC96-103, GAC 96-113 and state variations by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc., Radnor, PA, a broker/dealer. **Contractual obligations are subject to the claims-paying ability of The Lincoln National Life Insurance Company**.

Product and features subject to state availability. Limitations and exclusions may apply.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.

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