

LOSAP NEW ACCOUNT WORKSHEET**APPLICANT INFORMATION**

Name:

Primary Phone:

Secondary Phone:

Current address:

Birthdate:

City:

State:

Zip Code:

Gender:

Married Single Divorced
Widowed *(Please select one)*

SS#

Email:

VOLUNTEER AGENCY

Volunteer Agency Name:

BENEFICIARY INFORMATION

Primary Name:

DOB:

Email:

Percent (%)

Relationship:

Primary Name:

DOB:

Email:

Percent (%)

Relationship:

Contingent Name:

DOB:

Email:

Percent (%)

Relationship:

Contingent Name:

DOB:

Email:

Percent (%)

Relationship:

PERSONAL INVESTMENT OBJECTIVES/ALLOCATIONS: Individual Funds (by Percentages, must total 100%)

Percent (%)

%

%

%

***** Please note if left blank a default Investment will be made of 50% Interest Adjusted Fixed Account and 50% VIT Equity 500 Index. Participants can always reallocate after account is funded.**

If you have any questions – please use scan code with mobile device.

Bruce Linger is a registered representative of Lincoln Financial Advisors.

Securities and advisory services offered through Lincoln Financial Advisors Corp., a broker/dealer (Member SIPC) and registered investment advisor. Insurance offered through Lincoln affiliates and other fine companies. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Privacy Disclosure Lincoln Financial Advisors Corp. agrees that it will only use this confidential information to prepare its financial planning recommendations, and, without express written authorization, will not disclose this information to persons other than those preparing the plan except as such disclosures may be necessary or appropriate to regulatory agencies having jurisdiction over Lincoln Financial Advisors Corp. and its representatives, and pursuant to judicial process. CRN-4493282-030822



Beneficiary information (cont.)

☐ Primary ☐ Secondary Name (first, MI, last, suffix) _____
Relationship _____ Percentage _____ % Email address _____
Address _____ City _____ State _____ Zip _____
Home phone no. _____ SSN _____ Date of birth _____

Signatures

By signing below, you understand and agree to the selections or changes you have made.

Residents of all states except Alabama, Arkansas, Colorado, District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee and Washington, please note: Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

For Arkansas, Colorado, Kentucky, Louisiana, Maine, New Mexico, Ohio, Rhode Island, Tennessee residents only: Any person who, knowingly and with intent to injure, defraud or deceive 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 may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

For Alabama residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

For District of Columbia residents only: WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Florida and New Jersey residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

For New York residents 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 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Oklahoma and Pennsylvania residents 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 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.

For Washington residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

For residents of Delaware: In compliance with The Civil Union and Equality Act, effective January 1, 2012, under all of Lincoln insurance contracts, certificates and riders covering Delaware residents, any benefit, coverage or right, governed by Delaware state law, provided to a person considered a spouse by marriage will also be provided to a party to a civil union and any benefit, coverage or right, governed by Delaware state law, provided to a child of a marriage will also be provided to a child of a civil union.

For residents of Illinois: The terms and requirements of the Illinois Religious Freedom Protection and Civil Union Act were incorporated into existing Illinois law, including the Illinois Insurance Code. Therefore, beginning June 1, 2011 all contracts of insurance, including renewals and existing contracts comply with that Act.

Participant's name (print/type) _____

Participant's signature _____ Date _____

Employer/plan administrator's name (print/type) _____

Employer/plan administrator's signature _____ Date _____

Financial Professional's name (print/type) Bruce D. Linger

Address 61 S. Paramus Street 4th Floor

City Paramus State NJ Zip 07652

Servicing Office

The Lincoln National Life Insurance Company

PO Box 2340

Fort Wayne, IN 46801-2340

Telephone number: 800-4LINCOLN OR 800-454-6265

Fax number: 260-455-1874

Multi-Fund® variable annuity is issued on contract form numbers 18829, 18831, 25982, 28645, 30070-B and state variations and Lincoln Life Group Fixed Annuity on contract form numbers 19346, 26378 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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11. Agreement and signatures - You agree that:

All statements made in this application are true to the best of your knowledge and belief, and you agree to all terms and conditions as shown. You acknowledge receipt of current prospectuses for *Multi-Fund®* Select and verify your understanding that **all payments and values provided by the contract, when based on investment experience of the funds in the series, are variable and not guaranteed as to dollar amount.** You understand that all payments and values based on the fixed account are subject to an interest adjustment formula that may increase or decrease the value of any transfer, partial surrender, or full surrender from the fixed account made prior to the end of a guaranteed period. Under penalty of perjury, the contractowner(s) certifies that the social security (or taxpayer identification) number(s) is correct as it appears in this application.

The following statements applies only to 403(b) contracts

- You agree to abide by the distribution rules as described in IRC section 403(b)(11). This code section prohibits the distribution of salary reduction elective deferrals made after 12/31/88 and earnings from 403(b) contracts except in the following events: attainment of age 59½; separation from service; death of the annuitant; disability of the annuitant as defined in IRC section 72(m)(7); or financial hardship. If claiming financial hardship, you may not withdraw earnings on elective deferrals.
- If you are not 100% vested in the employer contributions and earnings attributable to employer contributions held in the contract and you separate from service, the non-vested account balance will be forfeited.

Annuitant name (print/type) _____

Annuitant signature _____ Date _____

Signed at (city/state) _____

Contractowner name (print/type) _____

Contractowner signature _____ Date _____
(only if employer owned)

Signed at (city/state) _____

For ERISA plan only:

Spousal or civil union partner consent - If nonspouse beneficiary(ies) is named as primary beneficiary(ies)

☐ Check here if you are a participant and do not have a living spouse or civil union partner.

I am the spouse or civil union partner of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as primary beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse or civil union partner dies.

Spouse/civil union partner signature (if required) _____ Date _____

Witness signature _____ Date _____
(Plan administrator or notary public)

Notary's commission expires _____ (mm, dd, year)