

**LINCOLN SMARTINCOMESM INFLATION ANNUITY:
 EXCEPTION REQUEST QUESTIONNAIRE**

This form should be submitted for review and approval prior to the completion of the application.

- Maximum Premium (“Jumbo”) Exception Request** - For Premium over \$2 million
- Other Exception Request (Specify)** - _____

OWNER/APPLICANT/ANNUITANT INFORMATION

Contract Owner/Applicant’s Name _____	Date of Birth _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Joint Owner’s Name (if applicable) _____	Date of Birth _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Annuitant’s Name _____	Date of Birth _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Joint Annuitant’s Name (if applicable) _____	Date of Birth _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Payee’s Name _____	Relationship to Annuitant(s) _____		

REPRESENTATIVE/AGENT INFORMATION

Representative/Agent Name _____	Representative/Agent Number _____
Agency/Firm Name _____	Telephone Number _____
Email Address _____	Fax Number _____

CONTRACT INFORMATION

Product Name: <i>Lincoln SmartIncomeSM</i> Inflation Annuity (SPIA)	Application Signed in: State _____
Tax Status: <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Qualified	Premium Amount \$ _____
Payment Option: <input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life	Income Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

SOURCE OF FUNDS

Indicate where the funds will be coming from:
 1035 Exchange Check from a US Bank Other (Explain) _____

If funds are being transferred from a bank, indicate name of bank and account holder: _____

Approximately what percent of the Owner/Applicant’s liquid assets (cash, stocks, bonds, annuities, mutual funds) do these funds represent? _____

PURCHASE DECISION

Other than the representative/agent, who else assisted in the purchase decision?
 Accountant Attorney Financial Planner Family Member Other (specify): _____

Has the Owner/Applicant and the person that assisted in the purchase been advised of the unscheduled payment
 charge period and the impact of unscheduled payments? Yes No

AUTHORIZATION AND SIGNATURE

By signing below, you certify that to the best of your knowledge and belief, the statements and answers made by you in this Questionnaire are complete and true. You understand that the information being provided in this Questionnaire is being relied upon by the Company in considering your application for a *Lincoln SmartIncome*SM Immediate Annuity. You understand that the Company's acceptance of any amount of money outside the Company's stated minimum/maximum premium limits and above the published maximum issue age is dependent upon the Company's approval of this Questionnaire.

Additional information and documentation may be required for approval. Approval will be based upon review of information provided. Information will be held in strict confidence.

Owner/Applicant's Signature

Date

Joint Owner/Applicant's Signature (if applicable)

Date

Annuitant's Signature (if different than Owner/Applicant)

Date

Joint Annuitant's Signature (if applicable)

Date

Representative/Agent's Signature

Date