

**LINCOLN INSURED INCOMESM IMMEDIATE ANNUITY:
 EXCEPTION REQUEST QUESTIONNAIRE**

This form should be submitted for review and approval prior to the completion of the application.
 Use form AN06880 for *Lincoln SmartIncomeSM* exception requests.

- Maximum Premium (“Jumbo”) Exception Request** - For Premium over \$2 million
- Exception Request** - For Period Certain Only payment options less than 5 years
- Exception Request** - Other (specify) _____

OWNER/APPLICANT/ANNUITANT INFORMATION

Contract Owner/Applicant’s Name _____ Date of Birth _____ Male Female
 Joint Owner’s Name (if applicable) _____ Date of Birth _____ Male Female
 Annuitant’s Name _____ Date of Birth _____ Male Female
 Joint Annuitant’s Name (if applicable) _____ Date of Birth _____ Male 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 AND PAYMENT OPTION

Application Signed in: State _____
 Tax Status: Non-Qualified Qualified
 Specify One: Premium Amount \$ _____ Modal Income Amount \$ _____
 Income Payment Mode: Annual Semi-Annual Quarterly Monthly
 Date of first income payment: _____

Payment Option (check one):
 Period Certain Only for _____ Years Life Only Life with _____ Years Period Certain
 Life with Installment Refund Joint & Survivor Life Joint & Survivor Life with _____ Years Period Certain
 Joint & _____ % to Survivor Life Contingent Joint & _____ % to Survivor Life

Impaired Risk - If a Payment Option other than Period Certain Only is selected, check one:
 Applicant does not wish to be considered for an Impaired Risk SPIA.
 Applicant wishes to be considered for an Impaired Risk SPIA and is awaiting underwriting decision.
 Applicant has submitted medical information to the Company and has been assigned _____ underwriting credits.

