

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 2348, Fort Wayne, IN 46801-2348
☐ The Lincoln National Life Insurance Company, Group Protection Service Center, PO Box 2616, Omaha, NE 68103-2616

NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE OR ANNUITY

REPLACING YOUR LIFE INSURANCE OR ANNUITY?

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 agent or company 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.

List below the identification of policies which are involved in the replacement transaction:

Existing Insurer	Contract Number(s)
Existing Insurer	Contract Number(s)
Existing Insurer	Contract Number(s)
Applicant's Signature	Date
Joint Applicant's Signature	Date
Insured/Annuitant Printed Name	-
Agent's Signature	Date



NOTICE REGARDING PROPOSED REPLACEMENT OF LIFE INSURANCE OR ANNUITY

(Existing Insurer)				
(Address)				
You are herewith given notice insured with your company.	that we are in receipt of applications(s) for	or life insurance	or annuity(ies) for an inc	lividual presentl
	Identification			
Name of Insured:				
Address:				
Contract Number(s)				
This notice is given pursuant to	Title 50 I11. Adm. Code 917.70(c).			
Sincerely yours,	Thie 50 111. Puni. Code 917.70(c).			
Agent's Signature		 Da	ite	