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**State:** Wisconsin  
**TOI/Sub-TOI:** A10 Annuities - Other/A10.000 Annuities - Other  
**Product Name:** SmartCourse Annuity Application  
**Project Name/Number:** /ANF10240 & ANF10241

**Filing Company:** The Lincoln National Life Insurance Company

## Filing at a Glance

Company: The Lincoln National Life Insurance Company  
Product Name: SmartCourse Annuity Application  
State: Wisconsin  
TOI: A10 Annuities - Other  
Sub-TOI: A10.000 Annuities - Other  
Filing Type: Form  
Date Submitted: 10/22/2012  
SERFF Tr Num: JPFC-128727358  
SERFF Status: Closed-Filed  
State Tr Num:  
State Status:  
Co Tr Num: ANF10240 & ANF10241  
Implementation: On Approval  
Date Requested:  
Author(s): Tracy Jackson, David Miceli, William Otten, Lori Saltmarsh  
Reviewer(s): Shasta Hoffhein (primary)  
Disposition Date: 10/23/2012  
Disposition Status: Filed  
Implementation Date:

**State:** Wisconsin  
**TOI/Sub-TOI:** A10 Annuities - Other/A10.000 Annuities - Other  
**Product Name:** SmartCourse Annuity Application  
**Project Name/Number:** /ANF10240 & ANF10241

**Filing Company:** The Lincoln National Life Insurance Company

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: ANF10240 & ANF10241 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 10/23/2012  
State Status Changed:  
Deemer Date: 11/20/2012 Created By: Lori Saltmarsh  
Submitted By: Tracy Jackson Corresponding Filing Tracking Number:

### Filing Description:

RE: Individual Fixed Annuity Forms  
Form ANF10240; Lincoln SmartCourse Qualified Annuity Application  
Form ANF10241; Lincoln SmartCourse Non-Qualified Annuity Application

The Lincoln National Life Insurance Company  
NAIC # 65676 FEIN 35-0472300

Enclosed for your review and approval are final print copies of the above referenced forms

Forms ANF10240 and ANF10241 are new and do not replace any previously approved forms.

Forms ANF10240 and ANF10241 are direct marketing annuity applications that will be used by The Lincoln National Insurance Company when marketing form 10-614WI to the general public. Form 10-614WI, Single Premium Deferred Annuity with Market Value Adjustment, was previously approved by your department on 5/19/2010.

We reserve the right to have these applications completed using a telephone application process and also to make these forms available electronically subject to compliance with the Uniform Electronic Transactions Act, and to the extent applicable, the Federal ESIGN Act.

We have bracketed several items within the form as variable information to allow for flexibility in the content of the form. These items include: company names, the Service Office addresses, section numbers, form page number references, product type and fraud language. It is our understanding that changes to the bracketed items for new issues will not require a new filing of this form. We confirm that the brackets will not actually appear on the form at issue.

These forms appear in final printed format as issued from a laser printer. We do, however, use different computer publishing systems. It is therefore possible that actual issued forms may have a different font style than the submitted forms. As a result, page breaks may occur at different lines, line wording may not match up exactly, and the format may change.

We have enclosed a Statement of Variability explaining the bracketed sections in more detail.

To the best of our knowledge, forms ANF10240 and ANF10241 meet all the requirements of your state and achieves a Flesch Readability Score of 52.

**State:** Wisconsin  
**TOI/Sub-TOI:** A10 Annuities - Other/A10.000 Annuities - Other  
**Product Name:** SmartCourse Annuity Application  
**Project Name/Number:** /ANF10240 & ANF10241

**Filing Company:** The Lincoln National Life Insurance Company

If you have any questions, please call me at (800) 458-5299, extension 4178 or email me at Tracy.Jackson@LFG.com. Your prompt review is greatly appreciated.

## Company and Contact

### Filing Contact Information

Tracy Jackson, Compliance Analyst  
 100 N. Greene St.  
 MC - 5095  
 Greensboro, NC 27401

tracy.l.jackson@lfg.com  
 800-458-5299 [Phone] 4178 [Ext]  
 111-111-1111 [FAX]

### Filing Company Information

The Lincoln National Life  
 Insurance Company  
 350 Church St.  
 Hartford, CT 06103  
 (800) 458-5299 ext. [Phone]

CoCode: 65676  
 Group Code: 20  
 Group Name:  
 FEIN Number: 35-0472300

State of Domicile: Indiana  
 Company Type: Insurance  
 State ID Number:

## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

Company	Amount	Date Processed	Transaction #
The Lincoln National Life Insurance Company	\$0.00		

SERFF Tracking #:

JPFC-128727358

State Tracking #:

Company Tracking #:

ANF10240 & ANF10241

State:

Wisconsin

Filing Company:

The Lincoln National Life Insurance Company

TOI/Sub-TOI:

A10 Annuities - Other/A10.000 Annuities - Other

Product Name:

SmartCourse Annuity Application

Project Name/Number:

/ANF10240 & ANF10241

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Shasta Hoffhein	10/23/2012	10/23/2012

**State:** Wisconsin  
**TOI/Sub-TOI:** A10 Annuities - Other/A10.000 Annuities - Other  
**Product Name:** SmartCourse Annuity Application  
**Project Name/Number:** /ANF10240 & ANF10241

**Filing Company:** The Lincoln National Life Insurance Company

## Disposition

Disposition Date: 10/23/2012

Implementation Date:

Status: Filed

Comment:

Used with form filings that are subject to file & use under s. 631.20(1)(c) and (1m) Wis. Stat.

Effective July 1st, 2008, changes in insurance law exempted certain policy forms from receiving prior approval before use.

This filing may be used 30 days after receipt by OCI.

USE DATE:11/20/2012

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance and Readability	Filed	Yes
Supporting Document	Appraisal or Arbitration Provision	Filed	Yes
Supporting Document	Statement of Variability	Filed	Yes
Form	Lincoln SmartCourse Qualified Annuity Application	Filed	Yes
Form	Lincoln SmartCourse Non-Qualified Annuity Application	Filed	Yes

**State:** Wisconsin  
**TOI/Sub-TOI:** A10 Annuities - Other/A10.000 Annuities - Other  
**Product Name:** SmartCourse Annuity Application  
**Project Name/Number:** /ANF10240 & ANF10241

**Filing Company:** The Lincoln National Life Insurance Company

## Form Schedule

### Lead Form Number: ANF10240

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Filed 10/23/2012	ANF10240	AEF	Lincoln SmartCourse Qualified Annuity Application	Initial:	52.000	ANF10240 bracketed.pdf
2	Filed 10/23/2012	ANF10241	AEF	Lincoln SmartCourse Non-Qualified Annuity Application	Initial:	52.000	ANF10241 bracketed.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



LINCOLN SMARTCOURSE SM QUALIFIED ANNUITY APPLICATION

Instructions: Please type or print. ANY ALTERATIONS TO THIS APPLICATION MUST BE INITIALED AND DATED BY THE CONTRACT OWNER.

ALL "REQUIRED" SECTIONS MUST BE COMPLETED.

If the Company finds any part of the application or supporting documents not in good order, it will delay the issue of the contract, may affect issued rates and may cause delays in transfer and exchange processing.

[1a] Interest Guarantee Period (Required)

Duration Elected (please specify): \_\_\_\_\_

[1b] Plan Type being Established (Required)

Select One: [ ] Traditional IRA
[ ] Roth IRA

[1c] Premium (Required) (form [ACORD 951], required for Transfers/Rollovers)

Please Indicate: [ ] IRA Contribution/Tax Year \$ \_\_\_\_\_
[ ] Transfer \$ \_\_\_\_\_
[ ] Rollover \$ \_\_\_\_\_
[ ] 60 Day Rollover \$ \_\_\_\_\_

Total Expected Amount: \$ \_\_\_\_\_

Source of Funds: [ ] Internal Exchange (Within Lincoln Financial Group, including business issued by Lincoln companies and business obtained through previous acquisitions and administrative agreements)
[ ] Deceased Contract (Extended Payout, etc. Please complete form [AN07361].)
(Check either or both boxes, if applicable)

[1d] Plan Type at Previous Carrier (Required)

[ ] Traditional IRA
[ ] Roth IRA
[ ] SEP IRA
[ ] 403(b)
[ ] 401(k)
[ ] Other (specify) \_\_\_\_\_

[2] Contract Owner (Owner) (Required) (Minimum and Maximum Ages apply.)

Full Legal Name of Individual \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Date of Birth \_\_\_\_\_ [ ] Male
[ ] Female

Physical Street Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Citizen of (Country) \_\_\_\_\_

Mailing Address (if different than above, including City, State and Zip Code.)

**[3] Annuitant** (If no Annuitant is specified, the Owner will be the Annuitant.) (Minimum and Maximum Ages apply.)

Same as:  Owner  Other - complete information below and specify relationship to Owner: \_\_\_\_\_

\_\_\_\_\_  Male  
 Full Legal Name of Individual SSN Date of Birth  Female

\_\_\_\_\_ Telephone Number  
 Physical Street Address

\_\_\_\_\_ Zip Code  
 City State

**[4] Beneficiary(ies) of Owner** (If additional space is needed, please list additional beneficiaries in Section [6].)

Beneficiaries share equally unless otherwise indicated. If a percentage is indicated, use whole number percentages and the allocation total must equal 100%.

\_\_\_\_\_ %  
 Full Legal Name **Primary** Beneficiary Relationship to Owner Date of Birth SSN/TIN

\_\_\_\_\_ Telephone Number  
**Primary** Beneficiary Address

\_\_\_\_\_ %  
 Full Legal Name  **Primary**  **Contingent** Relationship to Owner Date of Birth SSN/TIN

\_\_\_\_\_ Telephone Number  
 Beneficiary Address

**[5] Replacement Information (Required)**

Yes  No Do you own any existing annuities or life insurance?

**(If Yes, the appropriate state version of Form [33503] is required for applications signed in NAIC states.)**

Yes  No Will the proposed contract replace or change any existing annuity or life insurance?

**(If Yes, complete the information below with the contract information being replaced AND provide the applicable state replacement form(s) for the state where the application is signed. If additional space is needed, please list additional contracts in Section 6.)**

Company	Approximate Transfer Amount	Policy/Contract Number	Replacement of Annuity/Life
	\$		<input type="checkbox"/> Annuity <input type="checkbox"/> Life
	\$		<input type="checkbox"/> Annuity <input type="checkbox"/> Life
	\$		<input type="checkbox"/> Annuity <input type="checkbox"/> Life

**[6] Additional Remarks**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**[7] Declarations and Signatures (Required)**

The Owner understands and agrees that:

1. The information contained in this application is true, complete, and correct to the best of his or her knowledge and belief.
2. The statements made shall form the exclusive basis of any annuity issued.
3. Checks must be made payable to The Lincoln National Life Insurance Company, not to the Representative/Agent. The cancelled check is the receipt.
4. Only a Company officer can make, modify, discharge, or waive any of the Company's rights.
5. Under penalties of perjury, the Owner(s) certifies that: (1) the Social Security Number(s) or Tax Identification Number(s) reported above for the Owner(s) is the correct number (or the Owner(s) is waiting for a number to be issued); and (2) the Owner(s) is not subject to backup withholding either because (a) the Owner(s) has not been notified by the Internal Revenue Service (IRS) that the Owner(s) is subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified the Owner(s) he or she is no longer subject to backup withholding.
6. Placing an annuity in a tax qualified retirement plan (for example, an IRA) will result in no additional tax advantage from the annuity.

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**Contract Owner Signature**

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Signed in (City and State)

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Date

---

**Annuitant Signature** (if different than Owner)

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Date

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**[8] Representative/Agent Information (Required)** (To be completed by writing agent)

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**Print Representative/Agent Name**

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Send the completed application, and other supporting documents and if applicable, a check made payable to The Lincoln National Life Insurance Company, to one of the addresses listed below.

Servicing Address: Lincoln Financial Group  
[PO Box 2348]  
[Fort Wayne, IN 46801-2348 ]

Overnight Address: Lincoln Financial Group  
Individual Annuity Operations  
[1300 South Clinton Street]  
[Fort Wayne, IN 46802-3506]



LINCOLN SMARTCOURSE<sup>SM</sup> NON-QUALIFIED ANNUITY APPLICATION

Instructions: Please type or print. ANY ALTERATIONS TO THIS APPLICATION MUST BE INITIALED AND DATED BY THE CONTRACT OWNER.

ALL "REQUIRED" SECTIONS MUST BE COMPLETED.

If the Company finds any part of the application or supporting documents not in good order, it will delay the issue of the contract, may affect issued rates and may cause delays in transfer and exchange processing.

[1a] Interest Guarantee Period (Required)

Duration Elected (please specify): \_\_\_\_\_

[1b] Premium (Required) (form [ACORD 951], required for Transfers/Rollovers)

Please Indicate: [ ] New Contribution \$ \_\_\_\_\_
[ ] 1035 Exchange \$ \_\_\_\_\_
[ ] Transfer of Non-Insurance Accounts \$ \_\_\_\_\_
Total Expected Amount: \$ \_\_\_\_\_

Source of Funds: [ ] Internal Exchange (Within Lincoln Financial Group, including business issued by Lincoln companies and business obtained through previous acquisitions and administrative agreements)
[ ] Deceased Contract (Extended Payout, etc. Please complete form [AN07361].)

[2a] Contract Owner (Owner) (Required) (Minimum and Maximum Ages apply.)

Full Legal Name of Individual or Trust\* SSN/TIN Date of Birth [ ] Male [ ] Female
Physical Street Address Telephone Number
City State Zip Code Citizen of (Country)
Mailing Address (if different than above, including City, State and Zip Code.)
Trustee Name(s) Date of Trust Is Trust revocable? [ ] Yes [ ] No

[2b] Joint Contract Owner (Joint Owner), if any (Minimum and Maximum Ages apply.)

Full Legal Name of Individual SSN Date of Birth [ ] Male [ ] Female
Physical Street Address Telephone Number
City State Zip Code Citizen of (Country)
Relationship To Owner: [ ] Spouse [ ] Non-Spouse Please specify relationship if other than Spouse: \_\_\_\_\_

[\* If the owner is a trust, please complete and return form (AN07086), Certification of Trustee Powers. Please note: non-Lincoln Memorandums, Affidavits, and Certifications of Trust are not acceptable and cannot be used.]

**[3] Annuitant** (If no Annuitant is specified, the Owner, or Joint Owner if younger, will be the Annuitant.) (Minimum and Maximum Ages apply.)

Same as:  Owner  Joint Owner  Other - complete information below and specify relationship to Owner: \_\_\_\_\_

\_\_\_\_\_  Male  
 Full Legal Name of Individual SSN Date of Birth  Female

\_\_\_\_\_ Telephone Number  
 Physical Street Address

\_\_\_\_\_ Zip Code  
 City State

**[4] Beneficiary(ies) of Owner** (If additional space is needed, please list additional beneficiaries in Section [6].)

Beneficiaries share equally unless otherwise indicated. If a percentage is indicated, use whole number percentages and the allocation total must equal 100%.

\_\_\_\_\_ %  
 Full Legal Name **Primary** Beneficiary Relationship to Owner Date of Birth SSN/TIN

\_\_\_\_\_ Telephone Number  
**Primary** Beneficiary Address

\_\_\_\_\_ %  
 Full Legal Name  **Primary**  **Contingent** Relationship to Owner Date of Birth SSN/TIN

\_\_\_\_\_ Telephone Number  
 Beneficiary Address

**[5] Replacement Information (Required)**

Yes  No Do you own any existing annuities or life insurance?

**(If Yes, the appropriate state version of Form [33503] is required for applications signed in NAIC states.)**

Yes  No Will the proposed contract replace or change any existing annuity or life insurance?

**(If Yes, complete the information below with the contract information being replaced AND provide the applicable state replacement form(s) for the state where the application is signed. If additional space is needed, please list additional contracts in Section 6.)**

Company	Approximate Transfer Amount	Policy/Contract Number	Replacement of Annuity/Life
	\$		<input type="checkbox"/> Annuity <input type="checkbox"/> Life
	\$		<input type="checkbox"/> Annuity <input type="checkbox"/> Life
	\$		<input type="checkbox"/> Annuity <input type="checkbox"/> Life

**[6] Additional Remarks**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---

**[7] Declarations and Signatures (Required)**

The Owner understands and agrees that:

1. The information contained in this application is true, complete, and correct to the best of his or her knowledge and belief.
2. The statements made shall form the exclusive basis of any annuity issued.
3. Checks must be made payable to The Lincoln National Life Insurance Company, not to the Representative/Agent. The cancelled check is the receipt.
4. Only a Company officer can make, modify, discharge, or waive any of the Company's rights.
5. Under penalties of perjury, the Owner(s) certifies that: (1) the Social Security Number(s) or Tax Identification Number(s) reported above for the Owner(s) is the correct number (or the Owner(s) is waiting for a number to be issued); and (2) the Owner(s) is not subject to backup withholding either because (a) the Owner(s) has not been notified by the Internal Revenue Service (IRS) that the Owner(s) is subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified the Owner(s) he or she is no longer subject to backup withholding.
6. Placing an annuity in a tax qualified retirement plan (for example, an IRA) will result in no additional tax advantage from the annuity.

---

**Contract Owner Signature**

---

Signed in (City and State)

---

Date

---

**Joint Contract Owner, if any, Signature**

---

Signed in (City and State)

---

Date

---

**Annuitant Signature** (if different than Owner)

---

Date

---

**[8] Representative/Agent Information (Required)** (To be completed by writing agent)

---

**Print Representative/Agent Name**

---

Send the completed application, and other supporting documents and if applicable, a check made payable to The Lincoln National Life Insurance Company, to one of the addresses listed below.

Servicing Address: Lincoln Financial Group  
[PO Box 2348]  
[Fort Wayne, IN 46801-2348 ]

Overnight Address: Lincoln Financial Group  
Individual Annuity Operations  
[1300 South Clinton Street]  
[Fort Wayne, IN 46802-3506]

**SERFF Tracking #:**

JPFC-128727358

**State Tracking #:**

**Company Tracking #:**

ANF10240 & ANF10241

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**State:**

Wisconsin

**Filing Company:**

The Lincoln National Life Insurance Company

**TOI/Sub-TOI:**

A10 Annuities - Other/A10.000 Annuities - Other

**Product Name:**

SmartCourse Annuity Application

**Project Name/Number:**

/ANF10240 & ANF10241

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking #:

JPFC-128727358

State Tracking #:

Company Tracking #:

ANF10240 & ANF10241

State:

Wisconsin

Filing Company:

The Lincoln National Life Insurance Company

TOI/Sub-TOI:

A10 Annuities - Other/A10.000 Annuities - Other

Product Name:

SmartCourse Annuity Application

Project Name/Number:

/ANF10240 & ANF10241

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance and Readability	Filed	10/23/2012
Comments:			
Attachment(s):			
WI Cert of Comp.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Appraisal or Arbitration Provision	Filed	10/23/2012
Bypass Reason:	not needed for this application filing		
Comments:			

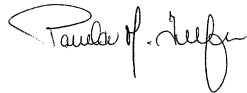
		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Filed	10/23/2012
Comments:			
Attachment(s):			
ANF10240 - Variability Statement .pdf			
ANF10241 - Variability Statement.pdf			

CERTIFICATE OF COMPLIANCE AND READABILITY

I Pamela M. Telfer, (name), an officer of  
The Lincoln National Life Insurance Company (company name), hereby certify that I have  
authority to bind and obligate the company by filing this (these) form(s). I further certify  
that, to the best of my information, knowledge and belief:

1. The accompanying form(s) as identified by the attached listing comply(ies)  
with all applicable provisions of the Wisconsin Statutes and with all applicable  
administrative rules of the Commissioner of Insurance.
2. The form(s) does(do) not contain any inconsistent, ambiguous, or misleading  
clauses.
3. The form(s) does(do) not contain specification or conditions that unreasonably  
or deceptively limit the risk purported to be assumed in the general coverage of the  
policy form(s).
4. The only variations from a form currently on file with the commissioner of  
insurance and the only unconventional policy provisions are clearly marked or otherwise  
indicated pages N/A of the attached form(s) or in an attachment.
5. The attached form(s) is(are) in final format exactly as will be offered for  
issuance or delivery in Wisconsin, except for hypothetical data and other appropriate  
variable material.
6. If this form is a consumer insurance policy, the text of the form(s) meet(s) the  
minimum reading ease score or, if authorized by the commissioner, the score is lower  
than the minimum required by s. Ins 6.07 (4) (a) 1., Wis. Adm. Code. Product used to  
determine the Flesch score: Readability Formulas, Item 8071, Version 7.4 by Micro Power & Light Co.

I understand that the commissioner of insurance will rely on this certification regarding the forms filed, and should it be determined that the policy form(s) does(do) not comply with the applicable laws, regulations, filing requirements and product standards or that this certification is materially false or incorrect, appropriate corrective and disciplinary action, including retroactive disapproval, as authorized by law, may be taken by the commissioner against the company and the officer completing this certification.



\_\_\_\_\_  
(Signature)

VP, Product Compliance & State Filing

\_\_\_\_\_  
(Title)

10/19/12

\_\_\_\_\_  
(Date)

Individual responsible for this filing:

Name: Tracy Jackson Title: Sr. Compliance Analyst

Address: 100 North Greene Street, Greensboro, NC 27401

Phone Number: (336) 691-4718 Date: 10/19/12



## **Memorandum of Variable Material**

**The Lincoln National Life Insurance Company**

**October 10, 2012**

**Form Number:**

**ANF10240; Lincoln SmartCourse Qualified Annuity Application**

**This statement shows the particular sections in the above noted form that contain bracketed items to indicate variability. The bracketed variable items are highlighted and followed by a text box with an explanation for each. No change in variability will be made which in any way expands the scope of the item being changed.**

**Sections of this application have been bracketed with the intent of separating out the sections of the application that only apply to the product line it is associated with. Sections that are bracketed will only be removed or added when necessary based on the product type. The use of variability shall be administered in a uniform and non-discriminatory manner.**

Page 1

Company Logo

EXPLANATION: If the look of our Company Logo changes we will not need to refile.

Page 1 and Page 3

Home Office Address: Fort Wayne, Indiana

Service Office: P O Box 2348, Fort Wayne IN 46801-2348

Overnight Address: 1300 S. Clinton St, Fort Wayne IN 46802-3506

EXPLANATION: If we change locations, we will not have to refile the application.

Page 1

Form AN07361

EXPLANATION: The form number may vary according to the required state variation.

All Pages

Section Numbers: 1a, 1b, 1c, 1d, 2, 3, 4, 5, 6, 7, 8

EXPLANATION: The section numbers will vary depending on the sections that are printed in the application.

All Pages

Page Numbers 1 of 3, 2 of 3 and 3 of 3

EXPLANATION: The page number will change depending on the sections that print in the application.

All Pages

Revision Date: 9/12

EXPLANATION: This date will change if any revision (format or text in brackets change) is made.

Page 2

Section 6

EXPLANATION: This is for Section 7 of the application. This section number may change depending on the sections that are printed in the application.

Page 2

Form 33503

EXPLANATION: The form number may vary according to the required state variation.

## **Memorandum of Variable Material**

**The Lincoln National Life Insurance Company**

**October 10, 2012**

**Form Number:**

**ANF10241; Lincoln SmartCourse Non-Qualified Annuity Application**

**This statement shows the particular sections in the above noted form that contain bracketed items to indicate variability. The bracketed variable items are highlighted and followed by a text box with an explanation for each. No change in variability will be made which in any way expands the scope of the item being changed.**

**Sections of this application have been bracketed with the intent of separating out the sections of the application that only apply to the product line it is associated with. Sections that are bracketed will only be removed or added when necessary based on the product type. The use of variability shall be administered in a uniform and non-discriminatory manner.**

Page 1

Company Logo

EXPLANATION: If the look of our Company Logo changes we will not need to refile.

Page 1 and Page 3

Home Office Address: Fort Wayne, Indiana

Service Office: P O Box 2348, Fort Wayne IN 46801-2348

Overnight Address: 1300 S. Clinton St, Fort Wayne IN 46802-3506

EXPLANATION: If we change locations, we will not have to refile the application.

Page 1

Form ACORD 951

EXPLANATION: The form number may vary according to the required state variation.

Page 1

Form AN07361

EXPLANATION: The form number may vary according to the required state variation.

Page 1

Form AN07086

EXPLANATION: The form number may vary according to the required state variation.

Page 1

Trust statement at bottom footer: \*If the owner is a trust, please complete and return form (AN07086), Certification of Trustee Powers. Please note: non-Lincoln Memorandums, Affidavits, and Certifications of Trust are not acceptable and cannot be used.

EXPLANATION: The footnote for \* will either be the one listed on the application or "Trust documents are required."

All Pages

Section Numbers: 1a, 1b, 2a, 2b, 3, 4, 5, 6, 7, 8

EXPLANATION: The section numbers will vary depending on the sections that are printed in the application.

All Pages

Page Numbers 1 of 3, 2 of 3 and 3 of 3

EXPLANATION: The page number will change depending on the sections that print in the application.

All Pages

Revision Date: 9/12

EXPLANATION: This date will change if any revision (format or text in brackets change) is made.

Page 2

Section 6

EXPLANATION: This is for Section 7 of the application. This section number may change depending on the sections that are printed in the application.

Page 2

Form 33503

EXPLANATION: The form number may vary according to the required state variation.