

Application for Multi-Fund® Select variable annuity**Important information**

- Complete this form to apply for a Multi-Fund® Select variable annuity.
- Any alterations to this application must be initialed by the annuitant and contractowner (if other than annuitant).
- If you need assistance completing this form, please reference the How to complete this form section on page 8.

1. Annuitant information

Name (first, MI, last, suffix) _____ Male Female
Address _____ Married Not married
City _____ State _____ Zip _____
Email address _____
Social security number _____ Primary phone number _____
Date of birth _____ (mm, dd, year) Alternate phone number _____

2. Employer/remitter

Remitter name Community Living Remitter number CR31814

3. Suitability - Complete this information for the annuitant/contractowner.

Annuitant/contractowner's investment objective is: (select one objective unless declining suitability information)

- Preservation of capital Income Growth & income
 Long term growth Maximum capital appreciation Flexible allocation

Occupation _____

Number of dependents _____ Total family income \$ _____ Estimated net worth \$ _____

- I understand that the sales representative must inquire about my financial status for the purpose of determining if this sale is suitable; however, I wish to decline to provide suitability information.

4. Telephone/internet authorization - Check Yes, if this option is desired.

You authorize and direct The Lincoln National Life Insurance Company (herein referred to as "Lincoln") to accept instructions via telephone, internet service center or facsimile from the agent of record or any person who can furnish proper contract identification to exchange units from subaccount to subaccount and/or change the allocation of future investments. This also authorizes changes as approved by Lincoln.

Transfers to a fixed subaccount will result in a new guaranteed period for the amount being transferred. Any such guarantee period will begin on the effective date of the transfer. You agree to hold harmless and indemnify Lincoln and its affiliates.

Automatic telephone transfers and internet service center requests require a separate registration process in addition to completion of this form.

Requests for exchanges in subaccount units will be made at their respective unit values at the close of business the day the request is received, provided the instructions are received before the close of the New York Stock Exchange. Instructions received after the close of the New York Stock Exchange will be effective at the close of the following business day.

(Select one)

- Yes No

5. Allocation of contributions

Entries must be in whole percentages and total 100%.

Preservation of Capital

- _____ % Fixed Account (FIXED)
- _____ % LVIP Government Money Market (LVIP Govt MMRkt)

Income

- _____ % Delaware VIP® Diversified Income (Del Dvrsfd Inc)
- _____ % Delaware VIP® High Yield (Del High Yield)
- _____ % LVIP BlackRock Inflation Protected Bond (LVIP BR Inf Pr)
- _____ % LVIP Delaware Bond (LVIP Del Bond)
- _____ % LVIP Delaware Diversified Floating Rate (LVIP Del Dv Fl)
- _____ % LVIP Global Income (LVIP Gbl Inc)
- _____ % LVIP SSGA Bond Index (LVIP SSGA Bond)
- _____ % PIMCO VIT Total Return (PIMCO Tot Ret)

Growth & Income

- _____ % American Funds Growth-Income (AF Grwth-Inc)
- _____ % BlackRock Global Allocation V.I. (BlkRk Gbl Allc)
- _____ % Delaware VIP® REIT (Del REIT)
- _____ % Delaware VIP® Value (Del Value)
- _____ % Fidelity® VIP Freedom 2020 PortfolioSM (FidFrdmTgt2020)
- _____ % Fidelity® VIP Freedom 2025 PortfolioSM (FidFrdmTgt2025)
- _____ % Fidelity® VIP Freedom 2030 PortfolioSM (FidFrdmTgt2030)
- _____ % Fidelity® VIP Freedom 2035 PortfolioSM (FidFrdmTgt2035)
- _____ % Fidelity® VIP Freedom 2040 PortfolioSM (FidFrdmTgt2040)
- _____ % Fidelity® VIP Freedom 2045 PortfolioSM (FidFrdmTgt2045)
- _____ % Fidelity® VIP Freedom 2050 PortfolioSM (FidFrdmTgt2050)
- _____ % Fidelity® VIP Freedom 2055 PortfolioSM (FidFrdmTgt2055)
- _____ % Fidelity® VIP Freedom 2060 PortfolioSM (FidFrdmTgt2060)
- _____ % LVIP BlackRock Advantage Allocation Fund (LVIP BRAdvAllo)
- _____ % LVIP BlackRock Dividend Value Managed Volatility (BR Divd Val MV)
- _____ % LVIP Delaware Wealth Builder Fund (LVIP D WithBld)
- _____ % LVIP Global Conservative Allocation Managed Risk (GlobalConAI MR)
- _____ % LVIP Global Growth Allocation Managed Risk (GlobalGrAI MR)
- _____ % LVIP Global Moderate Allocation Managed Risk (GlobalModAI MR)
- _____ % LVIP JPMorgan Retirement Income (LVIPJPM RetInc)
- _____ % LVIP SSGA Global Tactical Allocation Managed Volatility (SSGA GItacA MR)
- _____ % LVIP T. Rowe Price 2010 Fund (LVIP TRP 2010)
- _____ % LVIP T. Rowe Price 2020 Fund (LVIP TRP 2020)
- _____ % LVIP T. Rowe Price 2030 Fund (LVIP TRP 2030)
- _____ % LVIP T. Rowe Price 2040 Fund (LVIP TRP 2040)
- _____ % LVIP T. Rowe Price 2050 Fund (LVIP TRP 2050)
- _____ % LVIP T. Rowe Price 2060 Fund (LVIP TRPR 2060)

Long Term Growth

- _____ % American Funds Global Growth (AF Gbl Grwth)
- _____ % American Funds Growth (AF Growth)
- _____ % American Funds International (AF Int'l)
- _____ % Delaware VIP® Small Cap Value (Del Sm Cap Val)
- _____ % Fidelity® VIP Contrafund® (Fid Contrafund)
- _____ % Fidelity® VIP Growth (Fid Growth)
- _____ % LVIP BlackRock Global Real Estate Fund (LVIP BlkRk GRE)
- _____ % LVIP Blended Large Cap Growth Managed Volatility (Blnded LCGr MV)
- _____ % LVIP Delaware Mid Cap Value Fund (LVIP Del MdCpV)
- _____ % LVIP Delaware Social Awareness (LVIP Del So Aw)
- _____ % LVIP Dimensional U.S. Core Equity 1 (DFA US CoreEq1)
- _____ % LVIP Franklin Templeton Global Equity Managed Volatility (FrTmP GblEq MV)
- _____ % LVIP JPMorgan Select Mid Cap Value Managed Volatility (JPM SctMCV MV)
- _____ % LVIP Mondrian International Value (LVIP Mon It Va)
- _____ % LVIP SSGA International Index (LVIP SSGA INTL)
- _____ % LVIP SSGA S&P 500 Index (LVIP SSGA 500)
- _____ % LVIP Vanguard Domestic Equity ETF (LVIP Vg Dom Eq)
- _____ % LVIP Vanguard International Equity ETF (LVIP Vg Int Eq)
- _____ % MFS® VIT Utilities (MFS Utilities)

Maximum Capital Appreciation

- _____ % AB VPS Global Thematic Growth (AB Gbl Them)
- _____ % DWS Alternative Asset Allocation VIP Portfolio (DWS Alt AA VIP)
- _____ % Delaware VIP® Smid Cap Core (Del Smid CpCrS)
- _____ % LVIP Baron Growth Opportunities (LVIP Bar Gr Op)
- _____ % LVIP Blended Mid Cap Managed Volatility (Blnded MdCp MV)
- _____ % LVIP SSGA Emerging Markets 100 (LVIP SSGA Em M)
- _____ % LVIP SSGA International Managed Volatility (SSGA Intl MV)
- _____ % LVIP SSGA Small-Cap Index (LVIP SSGA SmCp)
- _____ % LVIP T. Rowe Price Structured Mid-Cap Growth (LVIP TRP MC Gr)

6. Beneficiary information - If additional space is needed, provide complete information in the Special instructions section.
(Percentages must be in whole numbers only. The total of percentages for primary beneficiaries and secondary beneficiaries must each equal 100%. This application will not be processed until the beneficiary information is in good order.)

Please check primary or secondary for each individual beneficiary. If neither is checked, the individual(s) will be deemed to be a primary beneficiary.

Annuitant marital status: Married Not married *If married, spouse must be listed as 100% primary or sign a waiver*

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

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

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

7. Contribution *Please leave table below blank, but fill out date of hire and annual salary*

	Source	403(b)	401(a) 401(k)	LOSAP	457	Frequency*
Employee deferred compensation	F				\$	
Employee mandatory deferral	F	\$	\$			
Employee salary reduction elective deferrals	G	\$	\$			
Employee deductible contribution	H	\$	\$			
Employee non-deductible voluntary	S	\$	\$			
Roth (rollover of after tax money)	A	\$	\$		\$	
Employer contributions	T			\$		
Employer discretionary contributions	C	\$	\$			
Employer matching	D	\$	\$			

*Frequencies: (A) Annual (S/A) Semi-annual (Q) Quarterly (M) Monthly (S/M) Semi-monthly (B/W) Bi-weekly (W) Weekly

→ Date of hire _____ (mm, dd, year) → Annual salary \$ _____

Recurring annual amount \$ _____ Number of payments _____

Indicate the months in which contributions will be skipped, if applicable (maximum of 3 months) _____

8. Replacement

Does the applicant have any existing life or annuity contracts? Yes No

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

Submit applicable replacement forms and complete the following:

Company's name _____ Contract number _____

Plan name _____ Year issued _____

Type of plan _____

Type of existing contract: Life insurance Annuity

Type of replacement: Full transfer Partial transfer Reduced/paid up

Additional company name _____ Contract number _____

Plan name _____ Year issued _____

Type of plan _____

Type of existing contract: Life insurance Annuity

Type of replacement: Full transfer Partial transfer Reduced/paid up

9. Special instructions

10. Required notices

The following states require the applicant to acknowledge the information below that pertains to his or her specific state.

Residents of all states except Alabama, Arkansas, Colorado, District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, 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 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 contracts issued in 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 contracts issued in 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.

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. No change in amount, classification, plan of insurance or benefits may take effect unless agreed to in writing by the applicant. 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*) Frederick, MD

Contractowner name (*print/type*) _____

Contractowner signature _____ Date _____
(*only if employer owned*)

Signed at (*city/state*) _____

For ERISA plan only:

Spousal 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.

I am the spouse 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 dies.

Spouse signature (*if required*) _____ Date _____

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

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

12. Agent's report

Is any agent named below:

If "Yes" is checked in any boxes below, Lincoln may not be able to pay commissions.

	Servicing Agent	Agent 1	Agent 2	Agent 3
1. A partial or full owner of the employer or owned or employed by the employer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. A plan sponsor/trustee/custodian of the plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. A relative of any plan sponsor/trustee/custodian? (ex. Spouse, child, grandchild, spouse of a child or grandchild)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Involved in any other transaction with the employer or plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have any knowledge or reason to believe that the proposed annuity contract will replace any existing annuity or life insurance contract, including any Lincoln contracts?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes," provide details below:

Servicing agent's name (*print/type*) Sarah E. Burton

Phone number 301-750-2665

Social security number _____

SA code 136407

PC code _____

Mail code 8063

Split 100 %

Agent 1 name (*print/type*) _____

Phone number _____

Social security number _____

SA code _____

PC code _____

Mail code _____

Split _____ %

Agent 2 name (*print/type*) _____

Phone number _____

Social security number _____

SA code _____

PC code _____

Mail code _____

Split _____ %

Agent 3 name (*print/type*) _____

Phone number _____

Social security number _____

SA code _____

PC code _____

Mail code _____

Split _____ %

As agent, you certify that:

- You have truly and accurately recorded on this application the information supplied by the annuitant and/or contractowner;
- You have reviewed the investment objectives and financial needs of the applicant and believe that this product is suitable for addressing those objectives and needs.

Agent name (*print/type*) Sarah E. Burton

Agent signature _____

Date _____

Annuity
403(b) Salary Reduction Agreement

The Lincoln National Life Insurance Company
PO Box 2340
Fort Wayne IN 46801-2340
Phone 800-4LINCOLN (800 454-6265)

Employee and Employer Information

Employee's name _____
 Social Security no. _____ Gross annual salary \$ _____
 Employer's name **Community Living**
 Date salary reductions are to begin _____
 Type of agreement New agreement Increase in salary reduction
 ~~Change in funding vehicle~~ Decrease in salary reduction
 ~~403(b) Pre Tax~~ ~~403(b) Roth~~

COMPLETE ALL

Agreement

The employee and employer listed above, have entered into this salary reduction agreement to obtain for the employee the benefits of section 403(b) of the Internal Revenue Code of 1986. In consideration of the mutual promises and conditions appearing below, it is agreed that:

- • Effective on the date listed above (which is after the effective date of this agreement) the employer will reduce the employee's compensation by either \$ _____ or 5 % each regular pay date, based on the gross annual salary listed above.
- Payments shall be applied according to the following schedule:
 \$ _____ per _____ from _____ to _____
(month/day/year) (month/day/year)
 \$ _____ per _____ from _____ to _____
(month/day/year) (month/day/year)
 \$ _____ per _____ from _____ contracted by the parties to this agreement.
(month/day/year)
- The employer will apply the amount of the salary reduction under this agreement in accordance with the section 403(b) program maintained by the employer as contributions to the nonforfeitable section 403(b) annuity contract(s) (or section 403(b)(7) custodial accounts, if applicable.). The salary reduction amount shall be allocated among section 403(b) funding vehicles as follows:
 _____ \$ _____ or _____ %
 _____ \$ _____ or _____ %
- \$ _____ or _____ % of any bonus which is not already earned or currently being earned, should be directed to the funding vehicle(s) noted above.

Signatures

By signing below, you signify that you have read, understand, and agree to the "Agreement" and "Terms and Conditions" sections of this salary reduction agreement.

→ _____ Employee's signature Date
 → _____ Employer's signature Date

Participant Name: _____

Employer Name: _____

One of the benefits of your employer's retirement plan (the "Plan") is the opportunity to meet with a Lincoln Financial Advisors Corporation financial professional (an "LFA Financial Professional") to receive information and/or recommendations regarding enrolling in the Plan and preparing for your retirement. You can contact an LFA Financial Professional to receive information and/or recommendations during your enrollment in the Plan or any time after enrolling in the Plan. Your employer can provide you with an LFA Financial Professional's contact information if you do not have access to it. While meeting with an LFA Financial Professional is not required, we encourage you to take advantage of this opportunity. An LFA Financial Professional can assist you with the following:

1. Setting goals for your retirement;
2. Recommending how much to save for your retirement; and
3. Recommending how to invest your contributions among the investment options available in the Plan.

If you decide to enroll on your own without the assistance of an LFA Financial Professional, please acknowledge which of the following circumstances are applicable to you and submit this form with your Multi-Fund application.

- I did not meet with an LFA Financial Professional one-on-one and did not discuss my enrollment or investment options with an LFA Financial Professional.
- I met with an LFA Financial Professional but declined to provide the LFA Financial Professional with the information necessary to complete the Lincoln Multi-Fund Broker/Dealer Supplement Form, which the LFA Financial Professional needed to understand and evaluate my situation. I acknowledge and agree that by not providing this information, the LFA Financial Professional was not able to, and did not, provide me with any advice or recommendations regarding my enrollment, my investment options, or other matters related to the Plan.

Participant Signature

Date