



The Lincoln National Life Insurance Company

(the "Company")

A Stock Company

Home Office Location: Fort Wayne, Indiana
Service Office Mailing Address: The Lincoln National Life Insurance Company
 100 North Greene Street
 P.O. Box 21008
 Greensboro, NC 27420-1008

The Lincoln National Life Insurance Company agrees to pay the Death Benefit Proceeds to the Beneficiary after receipt of Due Proof of Death that the Insured's death occurs while this Policy is In Force and to provide the other rights and benefits according to the terms of this Policy.

Read this Policy Carefully

This is a legal contract between you and us. This Policy is issued and accepted subject to the terms set forth on the following pages, which are made a part of this Policy. In consideration of the application and the payment of premiums as provided, this Policy is executed by us as of the Policy Date at the Service Office Mailing Address shown above. Pay particular attention to the Policy Specifications as they are specific to you and may contain important terms and conditions.

30 Day Right to Examine this Policy

You may return this Policy for any reason to the insurance agent through whom it was purchased, to any other insurance agent of the Company, or to us at the Service Office Mailing Address listed above within 30 days after its receipt or any longer period as may be required by the applicable law in the state where this Policy is delivered or issued for delivery. If returned, this Policy will be considered void from the Policy Date and we will refund, as of the date the returned Policy is received by us, the total premiums paid for this Policy including any fees or charges, less any Debt and partial surrenders.

President

Secretary

Insured: FIRSTNAME1 Q TESTINSURED III

Policy Number: MG2019S31T

INDIVIDUAL FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY

Death Benefit Proceeds are payable upon the death of the Insured while this Policy is In Force; the Death Benefit Proceeds may be decreased. The Surrender Value is payable upon surrender of this Policy. Planned Premium payments and additional Riders and/or benefits are shown in the Policy Specifications. Flexible premium payments may be made to the earlier of the Insured's Attained Age 121 or the Insured's death. This Policy is non-participating; it is not eligible for dividends.

For information or assistance regarding this Policy call: 800-487-1485

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Amendments, Endorsements, or Riders, if any, and a copy of the application follow Page 16.

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Summary of Policy Features

This summary is an overview of the important features and operations of your Policy. It is meant to give you a basic understanding of your coverage. Specific details regarding these features are only provided in the Policy, Rider and Endorsement provisions and cannot be fully described in a summary. **This summary is not a substitute for reading the entire Policy, including all Riders and Endorsements, carefully.**

Flexible Premium Adjustable Life Insurance This title is our generic name for universal life insurance. "Flexible premium" means that you may pay premiums by any method agreeable to us, at any time prior to the Insured's Attained Age 121 and in any amount subject to certain limitations. It is important to maintain the payment(s) of your Planned Premium, as shown in the Policy Specifications, in order to keep your Policy In Force. "Adjustable life insurance" means that after the second Policy Year, you, with our agreement, can decrease the Policy's Specified Amount to meet your changing needs.

Value Protection Endorsement This Endorsement provides No-Lapse protection if the No-Lapse Premium Test described in the Endorsement is met. This means that even if the Gross Cash Value of your Policy less any Debt is not sufficient to cover the Monthly Deduction for any reason, including if the Gross Cash Value is reduced as a result of claim payments under the Long-Term Care Benefits Rider, your Policy will not Lapse as long as you have paid enough premium to satisfy the terms and conditions of the Endorsement.

The Value Protection Endorsement also provides a Return of Premium Benefit if you choose to fully surrender the Policy.

Long-Term Care Benefits Rider Should the need for long-term care arise, this Rider allows you to accelerate the Specified Amount of the Policy to pay for the Insured's covered expenses for Qualified Long-Term Care Services, up to a specified maximum monthly amount. The Rider will continue to pay for covered Qualified Long-Term Care Services if the Insured still requires such services after the Policy's Specified Amount has been reduced to zero as a result of benefit payments under the Rider, subject to the terms and conditions of the Rider. If elected at issue, Optional Inflation Protection will increase the Rider's benefit limit annually. Even if the entire Specified Amount of the Policy is used to pay for qualified long-term care expenses, a reduced "residual" death benefit is still payable upon the death of the Insured. You cannot receive benefits under both this Rider and under the Terminal Illness Acceleration of Death Benefit Rider.

Terminal Illness Acceleration of Death Benefit Rider This Rider provides for a one time accelerated death benefit payment if the Insured is diagnosed by a physician as being Terminally Ill while the Policy and the Rider are In Force. You cannot receive benefits under both this Rider and under the Long-Term Care Benefits Rider.

Gross Cash Value The Gross Cash Value is where your premiums are applied and we deduct our charges for providing coverage. We apply a charge ("Premium Load") to each premium you pay, and then apply the balance to the Gross Cash Value.

On a monthly basis, we deduct the cost of providing the coverage (the "Cost of Insurance"), the cost of any surrender charges due to any partial surrender or decrease in Specified Amount, and the cost of any additional benefits and/or Riders, and the Monthly Administrative Fee. This charge is known as the "Monthly Deduction" and is deducted from the Gross Cash Value. We then credit interest to the remaining Gross Cash Value.

The monthly Cost of Insurance and Monthly Administrative Fee are deducted from your Gross Cash Value. The Premium Load is deducted from your premium before it is applied to the Gross Cash Value. These charges are applied to cover the Company's cost of insurance and other expenses. These charges will be detailed in your Annual Report (Statement of Account).

Simply put, premium and interest additions increase the Gross Cash Value. Our charges, partial surrenders under the Policy, and claims under the Long-Term Care Benefits Rider will decrease the Gross Cash Value. If additions exceed deductions, your Gross Cash Value increases; if deductions exceed additions, your Gross Cash Value decreases. If the amount of Gross Cash Value less any Debt becomes so small that we cannot deduct an entire Monthly Deduction, your Policy may terminate; see, however, the "Grace Period" provision and the Value Protection Endorsement, if attached to your Policy.

The length of time your Policy remains In Force will vary based on the following factors:

- The frequency, timing and/or amount of any premium payment(s).
- Policy changes such as loans, partial surrenders, decreases in Specified Amount, and changes to and/or removal of Riders or Endorsements.
- If the Value Protection Endorsement is In Force and the No-Lapse Premium Test is met.

Interest Credited Do not assume that interest rates will remain constant for any extended period of time. We may change the interest credited rate, subject to the Guaranteed Minimum Interest Rate shown in the Policy Specifications.

Monitoring Your Policy's Performance We will send you an Annual Report (Statement of Account) of your Policy to help you monitor your Policy values and compare it to your objectives when you purchased this Policy. Ask your life insurance agent to explain anything you do not understand. If you have made any changes to your Policy, you may need to adjust your premiums to achieve your insurance objectives. You may Request from us, at any time, an In Force projection of values that will show future death benefits and Policy values. We encourage you to Request an In Force projection of values at least once each Policy Year, subject to the terms of the "Projection of Benefits and Values" provision of this Policy. We are also available to answer your questions and assist you in making changes to your Policy.

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Policy Specifications

Policy Number MG2019S31T

Insured: FIRSTNAME1 Q TESTINSURED III **Issue Age and Sex:** 50 FEMALE
Rate Class: COUPLES DISCOUNT
Owner: PAT Q TESTOWNER JR

Initial Specified Amount: \$150,000 **Policy Date:** JANUARY 16, 2019
Minimum Specified Amount: \$25,000 **Date of Issue:** JANUARY 16, 2019
Monthly Anniversary Day: 16

Plan of Insurance: **INDIVIDUAL FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
WITH LONG-TERM CARE BENEFITS**

NOTE: This Policy provides life insurance coverage to the death of the Insured if sufficient premiums are paid. The duration of coverage will depend on the amount, timing, and frequency of premium payments, interest credited, and any loans or partial surrenders. The Planned Premium may need to be increased to keep this Policy and the coverage In Force.

Premium Payments: Initial Premium: \$100,000.00
Planned Premium: NOT APPLICABLE
Additional premium payments may vary by frequency or amount.
Premiums may be accepted until the Insured's Attained Age 121.

Payment Mode: SINGLE PREMIUM

Minimum Additional Premium Payment Amount: No premium payment may be less than \$200.00 Annually or \$15.00 if paid by electronic funds transfer.

Beneficiary: As named in the application for this Policy, unless later changed.

Guaranteed Minimum Interest Rate: 2.00% annual effective rate (0.005426% daily).

Policy Specifications

Policy Number MG2019S31T

Minimum Specified Amount Decrease: \$1,000

Maximum Number of Specified Amount Decreases per Policy Year: Decreases not allowed in Policy Years 1 and 2; and 1 in Policy Year 3 and thereafter.

Loan Information

Minimum Loan Repayment Amount: \$25.00

Loan Interest Rate Charged: 4.00% annual effective rate in all Policy Years.

Interest Rate Credited to Gross Cash Value Held for Loan Collateral: 2.00% annual effective rate in all Policy Years.

Partial Surrenders

Partial Surrender Minimum Amount: \$500.00

Partial Surrender Maximum Amount: Not to exceed the Surrender Value less \$500.00.

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Policy Specifications

Policy Number MG2019S31T

Riders and Benefits Charges

Terminal Illness Acceleration of Death Benefit Rider

Administrative Fee: \$250.00 at time of rider exercise.

Value Protection Endorsement

Factors used in the No-Lapse Provisions:

<u>Policy Year</u>	<u>Monthly Accumulation Factor</u>	<u>Monthly No-Lapse Premium</u>
1-20	1.00526170	\$1,288.72
21 and thereafter	1.00565415	\$0.00

The Monthly No-Lapse Premium as of the Policy Date is shown above, and may change as described in the No-Lapse Provisions of the Endorsement.

Factors used in the Return of Premium Provision:

ROP Threshold: \$309,292.80

The ROP Threshold as of the Policy Date is shown above, and may change as described in the Endorsement.

ROP Percentage: BASIC

<u>Policy Year</u>	<u>ROP Percentage</u>
1 and thereafter	70.0%

Policy Specifications

Policy Number MG2019S31T

Riders and Benefits Charges (Continued)

Long-Term Care Benefits Rider

Monthly Rider Charge: \$2,832.43 until Policy Anniversary 20.

LTC Duration: 5 Years

Initial LTC Benefit Limit: \$346,154.40

Initial Maximum Monthly LTC Benefit: \$5,769.24

Optional Inflation Protection: 5% COMPOUND INCREASES

Transitional Care Assistance Benefit: \$100.00 per day for up to 180 days.

The Monthly Rider Charge and Rider benefit limits as of the Policy Date are shown above, and may change as described in the Rider.

Lifetime Caregiver Training Benefit Limit: \$500.00

To contact your Long-Term Care Claims Specialist, please call 800 487-1485.

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Policy Specifications

Policy Number MG2019S31T

Table of Surrender Charges

See Surrender Provisions for an explanation of when this table will be used.

<u>Policy Year</u>	<u>Surrender Charge as of Beginning of Policy Year</u>
1	\$3,864.00
2	\$3,723.00
3	\$3,577.50
4	\$3,426.00
5	\$3,270.00
6	\$3,106.50
7	\$2,350.50
8	\$1,657.50
9	\$1,032.00
10	\$477.00
11 and later	\$0.00

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Policy Specifications

Policy Number MG2019S31T

Table of Expense Charges and Fees

The following expenses and fees are charged under this Policy:

Premium Load

We will deduct a Premium Load from each premium payment. The Premium Load is calculated by multiplying each premium payment by 15%. After the Insured's Attained Age 121, no further premium payments may be made.

Monthly Administrative Fee: \$89.49 per month until the Insured's Attained Age 121.

Cost of Insurance

See the "Cost of Insurance" provision.

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Policy Specifications

Policy Number MG2019S31T

Table of Cost of Insurance Rates

The monthly Cost of Insurance rates per \$1,000 of net amount at risk are based on the Insured's sex, Issue Age and the Policy Year using the Ultimate 2017 CSO, Male/Female, Composite Tobacco, Age Last Birthday mortality table.

<u>Policy Year</u>	<u>Monthly Rate</u>	<u>Policy Year</u>	<u>Monthly Rate</u>
1	0.17600	41	12.29111
2	0.19020	42	13.71056
3	0.20690	43	15.24852
4	0.22611	44	16.85153
5	0.24617	45	18.51452
6	0.26873	46	20.45457
7	0.29464	47	22.76145
8	0.32307	48	25.32298
9	0.35570	49	28.13399
10	0.39168	50	31.16833
11	0.43353	51	34.29995
12	0.48043	52	37.42309
13	0.53407	53	40.60528
14	0.59360	54	43.79337
15	0.65989	55	46.92734
16	0.73379	56	49.94143
17	0.81615	57	53.20126
18	0.90785	58	57.27704
19	1.00807	59	61.79138
20	1.11937	60	66.81803
21	1.24009	61	72.45444
22	1.37282	62	78.82315
23	1.51760	63	79.32428
24	1.67960	64	79.82541
25	1.86059	65	80.32654
26	2.06581	66	80.82767
27	2.29970	67	81.32881
28	2.56419	68	81.82994
29	2.86213	69	82.33107
30	3.20075	70	82.83220
31	3.59698	71	83.33333
32	4.06203	72 and	0.00000
33	4.59170	later	
34	5.20124		
35	5.90381		
36	6.71414		
37	7.62422		
38	8.62787		
39	9.74208		
40	10.96898		

Policy Specifications

Policy Number MG2019S31T

Corridor Percentages Table

Death Benefit Qualification Test: Cash Value Accumulation Test

See the "Death Benefit Proceeds" provision for an explanation of how this table will be used.

<u>Insured's Attained Age</u>	<u>Corridor Percentage</u>	<u>Insured's Attained Age</u>	<u>Corridor Percentage</u>
50	350%	85	131%
51	338%	86	129%
52	327%	87	127%
53	316%	88	125%
54	305%	89	123%
55	295%	90	121%
56	286%	91	119%
57	277%	92	118%
58	268%	93	116%
59	259%	94	115%
60	251%	95	113%
61	243%	96	112%
62	236%	97	110%
63	228%	98	107%
64	221%	99	104%
65	215%	100 and later	100%
66	209%		
67	203%		
68	197%		
69	191%		
70	186%		
71	181%		
72	176%		
73	172%		
74	167%		
75	163%		
76	159%		
77	155%		
78	152%		
79	148%		
80	145%		
81	142%		
82	139%		
83	136%		
84	133%		

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Definitions

Attained Age (Age) The Insured's Issue Age plus the number of completed Policy Years that have elapsed since the Policy Date. The Insured's Attained Age increases by one on each Policy Anniversary. For purposes of this Policy, the Insured's Attained Age increase will always occur on the Policy Anniversary regardless of when the Insured's actual birthday occurs.

Beneficiary The person(s) or entity(ies) named in the application for this Policy, unless later changed as provided for by this Policy, to whom we will pay the Death Benefit Proceeds.

Cost of Insurance The monthly cost of providing life insurance under this Policy.

Date of Issue The date from which Suicide and Incontestability periods may be measured, subject to the "Suicide" and "Incontestability" provisions. The Date of Issue is shown in the Policy Specifications.

Death Benefit Proceeds The amount payable upon the Insured's death as described in the "Death Benefit Proceeds" provision.

Debt The total amount of any outstanding loans against this Policy, including loan interest accrued but not yet charged. On any day, Debt is equal to the principal of the loan plus accrued interest on the loan.

Due Proof of Death A certified copy of an official death certificate, a certified copy of a decree of a court of competent jurisdiction as to the finding of death, or any other proof of death satisfactory to us.

Evidence of Insurability Evidence satisfactory to us related to the health, lifestyle, and financial and other circumstances that may impact the insurability of the Insured.

Gross Cash Value As defined in the "Policy Value Provisions".

In Force Not terminated for any reason.

Insured The person whose life is insured under this Policy.

Irrevocable Beneficiary A Beneficiary named by you as irrevocable. Any Beneficiary that you designate as irrevocable must provide consent for you to exercise certain ownership rights as specified in this Policy.

Issue Age The Insured's age on their birthday prior to the Policy Date.

Lapse Terminate without value.

Monthly Anniversary Day The day of the month shown in the Policy Specifications on which we deduct the Monthly Deduction.

Monthly Deduction The amount deducted on each Monthly Anniversary Day from the Gross Cash Value for certain expenses and the Cost of Insurance, as described in the "Monthly Deduction" provision.

Net Premium The portion of a premium payment, after deduction of the Premium Load described in the Table of Expense Charges and Fees in the Policy Specifications, allocated to the Gross Cash Value. See the "Net Premium" provision.

Notice, Election, Request With respect to any notice, election or request to us, this term means a written form of communication satisfactory to us and received at our Service Office. We retain the right to agree in advance to accept communication by telephone or some other form of transmission, in a manner we prescribe. We will not be responsible for any action we take or allow before we receive a communication at our Service Office. With respect to any notice, election or request from us to you or any other person, this term means a written form of communication by ordinary mail to such person at the most recent address in our records. If agreed to in advance by you, we may also send communication to you by some other form of transmission.

Owner The person(s) or entity(ies) shown in the Policy Specifications who may exercise rights under this Policy, unless later changed as provided for by this Policy. If no Owner is designated in the Policy Specifications, the Insured will be the Owner.

Policy Anniversary The same month and day as the Policy Date for each succeeding year this Policy remains In Force.

Policy Date The date (as shown in the Policy Specifications) on which life insurance begins if the necessary premium has been paid. This is also the date from which Monthly Anniversary Days, Policy Anniversaries, Policy Years, Policy Months and premium due dates are determined.

Policy Month The period from one Monthly Anniversary Day up to, but not including, the next Monthly Anniversary Day.

Policy Specifications The pages of this Policy which show your benefits, premiums, costs, and other policy information.

Policy Year(s) The one year period beginning on the Policy Date and ending one day before the Policy Anniversary and each subsequent one year period beginning on a Policy Anniversary.

Example: If the Policy Date is December 10, 2019, the first Policy Year ends on December 9, 2020. The first Policy Anniversary falls on December 10, 2020.

Rate Class The Insured's classification under this Policy as shown in the Policy Specifications.

Service Office Our principal place of business as shown on Page 1.

Specified Amount The amount you chose which is used to determine the amount of death benefit and the amount of Rider and Endorsement benefits, if any. The Minimum Specified Amount allowable under this Policy and the Specified Amount at issue ("Initial Specified Amount") are shown in the Policy Specifications. The Specified Amount may be decreased as described in this Policy.

Surrender Value The Gross Cash Value on the date of surrender or partial surrender, less any Debt, less any applicable surrender charge shown in the Table of Surrender Charges in the Policy Specifications.

We, our, us The Company.

You, your The Owner(s) of this Policy.

The Contract

Entire Contract This Policy, the application for this Policy, and any Amendment(s), Endorsement(s), Rider(s), and supplemental application(s) that may be attached are the entire contract between you and us. All statements made in the application will, in the absence of fraud, be deemed representations and not warranties. We will not use any statement to contest this Policy unless it is contained in the application and a copy of the application is attached to this Policy when issued.

Changes to Contract Terms Only an authorized Officer of the Company may make or modify the terms of this Policy or any of its Amendment(s), Endorsement(s), or Rider(s). Any such changes must be provided in a Notice in order to be effective.

Non-participating This Policy is non-participating; it is not eligible for dividends.

Misstatement of Age or Sex If the date of birth or sex of the Insured is misstated, we will adjust the Death Benefit Proceeds to the amount that the Cost of Insurance deductions paid would have purchased at the correct Issue Age and sex. The Gross Cash Value will not be affected.

Incontestability Except for nonpayment of premium, this Policy will be incontestable after it has been In Force for 2 years from the earlier of the Policy Date or the Date of Issue shown in the Policy Specifications (except in the case of backdating to save age where the contestable period will be measured from the Date of Issue). This means that we will not use any material misstatement in the application to challenge a claim or contest liability after that time.

If this Policy is reinstated, the basis for contesting after reinstatement will be:

- a. limited to the remainder of the original contestable period, if any, for material misrepresentations made in the original application; and
- b. limited for a period of 2 years from the date of reinstatement for material misrepresentations made in the reinstatement application.

Ownership

Rights of Owner While the Insured is living, except as provided below and subject to any applicable state law, you may exercise all rights under this Policy including, but not limited to, the right to:

- a. return this Policy under the "30 Day Right to Examine this Policy" provision;
- b. surrender this Policy;
- c. agree with us to any change in or amendment to this Policy;
- d. transfer all your rights to another person or entity;
- e. change the Beneficiary (unless you specifically submit a Request to not reserve this right);
- f. assign this Policy;
- g. effect a loan;
- h. effect a partial surrender;
- i. effect a reinstatement; and
- j. exercise certain rights under any Riders or Endorsements which may be attached to this Policy.

You must have the consent of any assignee recorded with us to exercise your rights under this Policy. You may exercise your rights subject to the consent of any Irrevocable Beneficiary, subject to any applicable law.

Unless provided otherwise, if you are not the Insured and you die before the Insured, all your rights under this Policy will transfer and vest in your executors, administrators or assigns.

Transfer of Ownership You may transfer all your rights under this Policy by submitting a Request. The Request does not need to be signed by the Beneficiary unless you have designated an Irrevocable Beneficiary. You may revoke any transfer prior to it being recorded by us by submitting a Request. A transfer of ownership, or a revocation of transfer, will not take effect until recorded by us. Once we have recorded the transfer or revocation of transfer, unless otherwise specified by you, it will take effect as of the date of the latest signature on the Request. Any payment made or any action taken or allowed by us before we record the transfer or revocation of transfer will be without prejudice to us.

On the effective date of transfer, the transferee will become the Owner and will have all the rights and be subject to the limitations of the Owner as described under the "Rights of Owner" provision of this Policy. Unless you direct us otherwise, a transfer will not affect the interest of any Beneficiary designated prior to the effective date of transfer.

Assignment Assignment of this Policy must be submitted by Request and will take effect as of the date the assignment is signed. We will not be responsible for any action we take or allow before we receive a communication at our Service Office. We will not be responsible for the validity or sufficiency of any assignment. While an assignment is in effect, to the extent provided under the terms of the assignment, an assignment will:

- a. transfer the interest of any designated transferor; and
- b. transfer the interest of any Beneficiary, if you have reserved the right to change the Beneficiary.

Some Important Things You Should Do

- a. Provide us with any change in your mailing address in a timely manner.
- b. Pay sufficient premiums on time to keep your Policy In Force.
- c. Notify us of any change in Beneficiary.

Beneficiary

Beneficiary You may designate one Beneficiary or more than one Beneficiary. If you designate more than one Beneficiary, any Death Benefit Proceeds payable will be paid in equal shares to the survivors in the appropriate Beneficiary class, unless you submit a Request otherwise. If no Beneficiary is alive when the Death Benefit Proceeds become payable or in the absence of any Beneficiary designation, Death Benefit Proceeds will transfer and vest in you or in your executors, administrators or assigns.

Change of Beneficiary While the Insured is alive, you may change the Beneficiary by submitting a Request. Any change will take effect as of the date the Request is signed subject to any payments we make or other actions we take before we receive it. The Insured need not be living when the requested change is recorded at our Service Office; however, the requested change must be delivered to us prior to the death of the Insured. The Beneficiary does not have to sign the Request unless you have designated an Irrevocable Beneficiary. Any payment made or any action taken or allowed by us before we record the change of Beneficiary will be without prejudice to us.

Insurance Coverage and Death Benefit Provisions

Dates of Coverage The dates of coverage under this Policy will be as follows:

- a. For all coverages provided in the original application, the effective date of coverage will be the Policy Date provided the initial premium has been paid and the Policy has been accepted by you (1) while the Insured is living and (2) prior to any change in the health of the Insured or any other factor affecting insurability of the Insured as represented in the application for this Policy.
- b. For any decrease to coverage, the effective date of coverage will be the Monthly Anniversary Day on or next following the day we approve the application for the decrease to coverage, provided the Insured is living on such day.
- c. For any insurance that has been reinstated, the effective date of coverage will be the date as described in the "Reinstatement" provision.

Termination of Coverage All coverage under this Policy terminates on the first of the following to occur:

- a. a full surrender of this Policy;
- b. the Insured's death; or
- c. failure to pay the amount of premium necessary to avoid termination before the end of any applicable grace period.

No action by us after this Policy has terminated, including any Monthly Deduction made effective after termination of coverage, will constitute a reinstatement of this Policy or waiver of the termination. Any such deduction will be refunded.

Death Benefit Proceeds If the Insured dies while this Policy is In Force and upon Notice of Claim, we will pay Death Benefit Proceeds equal to the greatest of:

- a. the Specified Amount on the Insured's date of death, less any Debt, less any Death Benefit Lien as a result of a benefit payment under the Terminal Illness Acceleration of Death Benefit Rider; or
- b. an amount equal to the greater of i. or ii. below on the date of the Insured's death multiplied by the applicable percentage shown in the Corridor Percentages Table in the Policy Specifications, less any Debt, less any Death Benefit Lien, where:
 - i. equals the Gross Cash Value; and
 - ii. equals the sum of the Surrender Value plus the Return of Premium Benefit, if the Value Protection Endorsement is in Force, plus any Debt; or
- c. an amount equal to the sum of all premiums paid, less any partial surrenders including any applicable surrender charges, less any benefits paid under the Long-Term Care Benefits Rider, less any Debt, less any Death Benefit Lien; or
- d. the Residual Death Benefit Described in the Long-Term Care Benefits Rider, if that Rider is In Force on the Insured's date of death.

Notice of Claim You or someone on your behalf should provide us with Notice of Due Proof of Death within 30 days or as soon as reasonably possible after the death of the Insured.

Income Tax on Death Benefits This Policy is intended to qualify as life insurance under the Internal Revenue Code so that the Death Benefit Proceeds will not be taxable as income to the Beneficiary(ies). To do so, this Policy must qualify under the Cash Value Accumulation Test defined in the Internal Revenue Code Section 7702 and as shown in the Policy Specifications.

Suicide If the Insured commits suicide, whether sane or insane, within 2 years from the earlier of the Policy Date or the Date of Issue (except in the case of backdating to save age where the suicide exclusion period will be measured from the Date of Issue), the Death Benefit Proceeds will be limited to a refund of the premiums paid less any Debt and any partial surrenders including any applicable surrender charges.

Method of Payment Upon the Insured's death while the Policy is In Force, Death Benefit Proceeds may be paid in a lump sum or left with us for payment under a settlement option that we make available.

Interest on Death Benefit We will pay interest on any Death Benefit Proceeds payable only as required by applicable law. Settlement will be made within 60 days of our receipt of Due Proof of Death and proof of interest of the claimant. Interest payable on overdue payments shall never be less than the average rate of return of the State of New Jersey Cash Management Fund.

Continuation of Coverage After Insured's Attained Age 121 Unless otherwise agreed to by you and us, if this Policy is In Force at the Insured's Attained Age 121 (but not in the grace period), no further premium payments will be allowed and we will:

- a. continue to credit interest as described in the "Credited Interest Rates" provision;
- b. no longer charge Monthly Deductions under this Policy;
- c. not allow any requested decreases to the Specified Amount;
- d. allow loans and partial surrenders to be taken. Loan interest rates will apply as shown in the Policy Specifications and loan repayments can continue to be made. You may repay all or part of a loan at any time while this Policy is In Force; and
- e. continue this Policy In Force until it is surrendered or the Death Benefit Proceeds become payable.

If this Policy is in the grace period at the Insured's Attained Age 121, you will need to pay the minimum amount required to remove this Policy from the grace period in order to guarantee continuation of this Policy beyond the Insured's Attained Age 121.

With regard to the changes in benefits detailed under this provision, there is some uncertainty whether this Policy would continue to qualify as life insurance in the year the Insured reaches Attained Age 121. There is also some uncertainty whether you would be viewed as constructively receiving the Gross Cash Value at any time when this Policy's Surrender Value is equal to the death benefit. You should consult a tax advisor concerning these issues.

Changes in Insurance Coverage

Upon your Request while the Insured is living, the insurance coverage may be changed as described in this section.

Changes in insurance coverage will be effective on the Monthly Anniversary Day on or next following the date we approve your Request for the change, unless another date acceptable to us is requested.

Decreases in Specified Amount Upon your Request, the Specified Amount may be decreased prior to the Insured's Attained Age 121 subject to the Minimum Specified Amount Decrease and Maximum Number of Specified Amount Decreases per Policy Year shown in the Policy Specifications. The Specified Amount may not be decreased below the Minimum Specified Amount shown in the Policy Specifications. A surrender charge will be applied as specified in the "Surrender Provisions". Please note that we will not allow a decrease in Specified Amount below the minimum Specified Amount required to maintain the qualification of this Policy as life insurance under the Internal Revenue Code.

Policy Split Prohibition This Policy may not be split to create more than one individual life insurance policy on the life of the Insured.

Premium Provisions

Payment of Premiums The initial premium is due on the Policy Date and is payable on or before delivery of this Policy. All subsequent premium payments may be paid at any time prior to the Insured's Attained Age 121 and in any amount, subject to the following provisions. However, sufficient premium must be paid to keep this Policy In Force. Your premiums are payable in United States currency. We will provide a premium receipt signed by an officer of the Company upon Request as required by the laws of the state in which this Policy is delivered. Please see the "Planned Premiums" provision below.

Premium payments, after the first, can be made as follows:

- a. through prearranged withdrawals from a checking account or other designated account by contacting the Service Office; or
- b. sent to any premium address designated by us.

Sufficient premium payments must be paid in order to keep this Policy In Force. A change in the frequency, timing and or amount of any premium payment(s) may decrease or increase the length of time this Policy will remain In Force and additional premium payments may be required.

Planned Premiums You choose how much premium you will pay and the frequency of such payments (the "Planned Premiums"). The Planned Premium you elected is shown in the Policy Specifications. You may change the amount and frequency of premium payments, subject to the Minimum Additional Premium Payment Amount shown in the Policy Specifications and the payment modes we make available. Any change in the Planned Premiums may impact the Policy values and benefits. We will send premium reminder notices for the amounts and frequency of payments you establish.

Additional Premiums You may make additional premium payments in an amount no less than the Minimum Additional Premium Payment Amount as shown in the Policy Specifications at any time before the Insured's Attained Age 121. We reserve the right to limit the amount or frequency of any additional premium payments in accordance with the "Compliance with the Internal Revenue Code" and "Modified Endowment" provisions. We also reserve the right to require Evidence of Insurability for any premium payment that would result in an immediate increase in the difference between the death benefit and the Gross Cash Value. If Evidence of Insurability is not received, the premium, or any portion of the premium, may be returned. Any additional payment we receive will be applied as premium and not to repay any outstanding loans, unless you submit a Request otherwise.

Premium Refund at Death Any premium paid after the beginning of the Policy Month of the Insured's death will be refunded as part of the Death Benefit Proceeds, unless you submit a Request otherwise prior to our payment.

Grace Period, Continuation of Insurance and Reinstatement Provisions

Grace Period This Policy will enter the grace period if on any Monthly Anniversary Day the Gross Cash Value less Debt is less than the required Monthly Deduction due on the Monthly Anniversary Day for the current Policy Month, subject to the terms of the Value Protection Endorsement, if In Force.

We will allow a grace period of 61 days, beginning on the Monthly Anniversary Day this Policy enters the grace period, for payment of Net Premium sufficient to maintain coverage for 3 Policy Months from the date this Policy enters the grace period (this would include the cost of Monthly Deductions due and unpaid during the grace period plus an amount sufficient to restore the Gross Cash Value less Debt to cover the cost of the Monthly Deduction due on the Monthly Anniversary Day immediately following the end of the grace period). If the total amount paid to us during the grace period is not sufficient, all coverage under this Policy will Lapse. However, a greater amount will be accepted, as additional premium will be due after the end of this period to maintain coverage for additional Policy Months.

We will send Notice to you and to any assignee of record at least 31 days before the end of the grace period. The Notice will state the amount of premium as noted above. All coverage under this Policy will Lapse if you do not pay this amount on or before 61 days beginning on the date this Policy enters the grace period. If the Insured dies within the grace period, we will deduct the lesser of the amount necessary to satisfy the No-Lapse Premium Test described in the Value Protection Endorsement, if In Force, or the amount required to satisfy any overdue Monthly Deductions from the Death Benefit Proceeds.

It is important for you to review all Riders, Endorsements, and Amendments attached to your Policy carefully, especially the Value Protection Endorsement if attached to your Policy, to determine the effect on this provision.

As described in the "Loan Provisions", Debt is taken against the Gross Cash Value. Any increase in Debt, including loan interest due but not yet charged, may cause this Policy to enter the grace period.

Continuation of Insurance If premiums are discontinued on any date, the Gross Cash Value on that date will be used to provide insurance under this provision. This Policy and all Riders, Endorsements, and Amendments will continue In Force according to their terms as long as the Gross Cash Value less Debt is sufficient to cover the Monthly Deduction. If the Gross Cash Value less Debt is insufficient, this Policy will terminate according to the "Grace Period" provision except as provided for by the Value Protection Endorsement, if In Force.

Reinstatement If this Policy has Lapsed as described in the "Grace Period" provision, you may reinstate this Policy within 5 years from the date of Lapse provided:

- a. this Policy has not been surrendered;
- b. the Insured has not died since the date of Lapse;
- c. you submit a Request and an application for reinstatement while the Insured is living;
- d. you submit Evidence of Insurability;
- e. you pay Net Premium equal to the Monthly Deductions due and unpaid during the grace period;
- f. you pay enough Net Premium to keep this Policy and any reinstated Riders and Endorsements In Force for at least 2 Policy Months after the date of reinstatement; and
- g. you pay or reinstate any Debt as of the date of Lapse.

Limitations may apply to the reinstatement of any Riders and Endorsements that may be attached, as stipulated in the provisions of the Riders and Endorsements. Read your Riders and Endorsements carefully.

The Specified Amount on the date of reinstatement will equal the Specified Amount on the date of Lapse minus any Death Benefit Lien.

The Surrender Value on the date of reinstatement will equal:

- a. the Gross Cash Value at the time of Policy termination;
- b. plus any Net Premiums credited at the time of reinstatement including the amounts stated in e. and f. above;
- c. minus the surrender charge at the time of reinstatement;
- d. minus any Debt at the time of reinstatement.

In addition to the minimum required payment to keep this Policy In Force as stated in e. and f. above, we recommend that you resume your Planned Premium to provide coverage beyond the initial period following the date of reinstatement. Please contact us if you need assistance in determining an updated Planned Premium.

The reinstated Policy will be effective as of the Monthly Anniversary Day on or next following the date on which we approve the application for reinstatement. At the time of reinstatement, the surrender charge will be based on the duration from the original Policy Date as though this Policy had never Lapsed.

Policy Values Provisions

This Policy provides policy values which may be available to you for partial surrender, loans or full surrender. They are also used to calculate your Death Benefit Proceeds. The following provisions describe how these values are calculated.

Gross Cash Value The Gross Cash Value on the Policy Date will be equal to all Net Premiums paid for this Policy as of the Policy Date, minus the Monthly Deduction for the current Policy Month. On each Monthly Anniversary Day, the Gross Cash Value will equal:

- a. the Gross Cash Value as of the preceding Monthly Anniversary Day;
- b. plus all Net Premiums received since the preceding Monthly Anniversary Day;
- c. plus daily interest credited to the Gross Cash Value on each day;
- d. minus the reduction in Gross Cash Value caused by any partial surrender since the preceding Monthly Anniversary Day;
- e. minus any surrender charges due to any decrease in Specified Amount; and
- f. minus the Monthly Deduction for the current Policy Month.

On any day other than a Monthly Anniversary Day, the Gross Cash Value will be determined consistently with the above, excluding any Monthly Deductions for the current Policy Month.

Net Premium Each Net Premium will be determined by deducting the Premium Load described in the Policy Specifications from each premium paid.

Credited Interest Rates The interest rate used in the calculation of interest credited to the Gross Cash Value will never be less than the Guaranteed Minimum Interest Rate as shown in the Policy Specifications. Interest in excess of the guaranteed rate may be applied as determined by us. Such interest is referred to in this Policy as excess interest.

We will determine the interest rate in consideration of our future expectations of one or more of the following: mortality, investment earnings, persistency, general market conditions, policy funding, net amount at risk, loan utilization, capital requirements, reserve requirements and expenses (including reinsurance costs and taxes). Any change in the interest rate will not result in the distribution of prior profits or the recovery of prior losses.

Interest will be credited on any Gross Cash Value held as security for a loan at the Interest Rate Credited to Gross Cash Value Held for Loan Collateral shown in the Policy Specifications. Excess interest is not guaranteed. Interest will begin to accumulate as of the date the Net Premium is credited.

Monthly Deduction Each month, beginning with the Policy Date and on each Monthly Anniversary Day thereafter, we will deduct the Monthly Deduction from the Gross Cash Value.

The Monthly Deduction for a Policy Month equals:

- a. the Monthly Administrative Fee shown in the Table of Expense Charges and Fees in the Policy Specifications;
- b. plus the Cost of Insurance as described in the "Cost of Insurance" provision;
- c. plus the monthly cost of any additional Riders and/or benefits.

Cost of Insurance This Policy's monthly Cost of Insurance will be equal to (1) multiplied by the result of (2) minus (3), where:

- (1) is the Cost of Insurance Rate as described in the "Cost of Insurance Rates" provision;
- (2) is the death benefit for the month before reduction for any Debt and any Death Benefit Lien, divided by 1,000; and
- (3) is the Gross Cash Value at the beginning of the month after deducting the Monthly Administrative Fee, divided by 1,000.

Cost of Insurance Rates The monthly Cost of Insurance Rates are shown in the Policy Specifications, and will not change.

Basis of Values Minimum Policy Values are based on the mortality assumptions and interest rates shown in the Policy Specifications. The values of this Policy are at least equal to the minimum required by law. A detailed statement of the basis of the method used to determine policy values and reserves has been filed with the state in which this Policy is delivered.

Surrender Provisions

Surrender Upon Request, you may surrender this Policy for its Surrender Value while this Policy is In Force and the Insured is living. A surrender Request received by us within 31 days after a Policy Anniversary will be treated as a surrender on the Policy Anniversary, otherwise the surrender Request will be effective on the date we approve your Request. All coverage under this Policy will terminate upon surrender for its Surrender Value.

The Surrender Value will be paid in a lump sum unless you choose a settlement option we make available. Any deferment of payments will be subject to the "Deferment of Payments" provision.

Surrender Charges If you submit a Request for either a full surrender of this Policy or a decrease in Specified Amount, a charge will be assessed based on the Table of Surrender Charges shown in the Policy Specifications, subject to the conditions described in the provisions below.

Surrender Charge for Full Surrender Upon full surrender of this Policy, the surrender charge equals:

- a. the entire applicable amount shown in the Table of Surrender Charges in the Policy Specifications;
- b. multiplied by one minus the percentage of Initial Specified Amount for which a surrender charge was previously assessed, if any.

In no event will the charge assessed upon a full surrender exceed the current Gross Cash Value less Debt.

Charge for Decrease in Specified Amount For decreases in Specified Amount, excluding full surrender of this Policy, the surrender charge, if any, will be calculated as (1) divided by (2), then multiplied by (3), where:

- (1) is the amount of the decrease;
- (2) is the Initial Specified Amount; and
- (3) is the then applicable surrender charge shown in the Policy Specifications.

The amount of any surrender charge for a decrease in Specified Amount will be deducted from the Gross Cash Value. We may limit Requests for decreases in Specified Amount to the extent there is insufficient Surrender Value to cover the necessary charges.

Partial Surrender (Withdrawal) Upon Request, you may make a partial surrender from this Policy at any time while this Policy is In Force. The amount of the partial surrender must be equal to or greater than the Partial Surrender Minimum Amount shown in the Policy Specifications, not to exceed the Partial Surrender Maximum Amount shown in the Policy Specifications. Any deferment of payment of a partial surrender will be subject to the "Deferment of Payments" provision.

The Specified Amount remaining after the partial surrender must be equal to or greater than the Minimum Specified Amount shown in the Policy Specifications. The amount of the partial surrender will be withdrawn from the Gross Cash Value as explained below.

Effect of Partial Surrenders on Gross Cash Value and Specified Amount When a partial surrender is made:

1. The Gross Cash Value will be reduced by the amount of the partial surrender plus any applicable surrender charge for a decrease in Specified Amount (as explained in the "Charge for Decrease in Specified Amount" provision above); and
2. The Specified Amount will be reduced by an amount equal to:
 - a. the amount of the partial surrender;
 - b. divided by the sum of premiums paid to date;
 - c. multiplied by the Initial Specified Amount shown in the Policy Specifications.

A partial surrender will not be allowed if it would reduce the Specified Amount below the Minimum Specified Amount shown in the Policy Specifications. This reduction in Specified Amount will be treated the same as a decrease in Specified Amount as explained in the "Decreases in Specified Amount" provision.

Loan Provisions

Loans If this Policy has Surrender Value available, we will grant a loan against the Policy provided:

- a. a loan agreement is properly executed; and
- b. you make a satisfactory assignment of this Policy to us.

All loans may be subject to the "Deferment of Payments" provision.

Amount Available The loan value at any time is equal to:

- a. the then current Gross Cash Value;
- b. minus any surrender charge on the date of determination;
- c. minus any existing loan;
- d. minus accrued interest on any existing loan; and
- e. minus interest on the total outstanding loan to the end of the Policy Year.

Loan Interest Rate Charged Interest charged on loans will be at an annual rate as shown in the Policy Specifications, payable in arrears. Interest charged on a loan accrues daily and is payable annually on each Policy Anniversary or as otherwise agreed to by you and us. If you do not pay the interest when it is due, we will add the amount of interest to the loan.

Loan Repayments Debt may be repaid at any time while the Policy is In Force. The minimum loan repayment is the lesser of the Minimum Loan Repayment Amount shown in the Policy Specifications or the amount of the outstanding Debt.

Every payment to us on this Policy will be considered a premium payment unless clearly marked for loan repayment or for payment of loan interest. Loan repayments are not subject to the Premium Load as shown in the Policy Specifications.

Debt A loan against this Policy, unless repaid, will have an effect on the Surrender Value. A loan reduces the Surrender Value while repayment of a loan increases the Surrender Value. Any Debt at time of settlement will reduce the Death Benefit Proceeds payable under this Policy.

Overloan If on any Monthly Anniversary Day the Gross Cash Value less Debt is less than the required Monthly Deduction, this Policy will enter the grace period as described in the "Grace Period" provision, subject to the terms of the Value Protection Endorsement, if In Force. We will send Notice to you and to any assignee of record, at least 31 days prior to the date of termination, of the amount of premium required to prevent this Policy from Lapsing.

General Provisions

Payment of Proceeds "Proceeds" mean the amount payable:

- a. Upon the surrender of this Policy; or
- b. Upon the Insured's death.

Upon the Insured's death while this Policy is still In Force, the Proceeds payable will be the Death Benefit Proceeds. Such Death Benefit Proceeds are payable subject to receipt of Due Proof of Death of the Insured. If the Insured's death occurs within the grace period, we will deduct the lesser of the amount necessary to satisfy the No-Lapse Premium Test described in the Value Protection Endorsement, if In Force, or the amount required to satisfy any overdue Monthly Deductions from the Death Benefit Proceeds.

The Proceeds payable under this Policy are subject to the adjustments described in the following provisions:

- a. "Misstatement of Age or Sex";
- b. "Incontestability";
- c. "Suicide";
- d. "Effect of Partial Surrenders on Gross Cash Value and Specified Amount";
- e. "Grace Period";
- f. "Debt"; and
- g. "Premium Refund at Death".

We may require return of this Policy when Death Benefit Proceeds are paid. Proceeds will be paid in a lump sum unless you choose a settlement option we make available.

Deferment of Payments We may defer making a partial surrender, full surrender or loan up to 6 months after we receive your Request; however, a partial surrender or loan for payment of premiums to us will not be deferred.

Annual Report We will provide you with a report (Statement of Account) at least once a year without charge showing the activity of this Policy for the past Policy Year. This report will show:

- a. the current death benefit;
- b. the current Policy values;
- c. premiums paid, any Premium Load, and interest credited since the last report;
- d. administrative fees, Monthly Deductions, Cost of Insurance, and partial surrenders including any applicable surrender charges deducted since the last report; and
- e. outstanding Debt.

This report will also include any other information required under the laws and regulations of the state in which this Policy is delivered.

Projection of Benefits and Values Upon your Request, we will provide a projection of future death benefits and Policy values once a year without charge. Additional projections are available at any time upon Request. If you Request more than one projection in a year, we reserve the right to charge a fee not to exceed \$25 for each additional projection.

Modified Endowment Only with your Election, provided at the time of application or a later date, will this Policy be allowed to become a modified endowment contract under the Internal Revenue Code. Otherwise, if at any time the premiums paid under this Policy exceed the limit for avoiding modified endowment contract status, the excess premium will be held in a separate deposit fund, credited with interest, and will be used to pay future premium payments. The funds held in the separate deposit fund are not considered part of your Gross Cash Value; any interest may be taxable and you should consult a tax advisor if you have questions regarding this. If you instead elect to have the excess premium refunded to you, we will refund the excess premium to you with interest within sixty days after the end of the Policy Year in which the premium was received. The interest rate used on any refund or credited to the separate deposit fund created by this provision will be a rate of interest that we declare from time to time. Any interest may be taxable to you.

Compliance with the Internal Revenue Code This Policy is intended to qualify as life insurance under the Internal Revenue Code. The Death Benefit Proceeds provided by this Policy are intended to qualify for the tax treatment accorded to life insurance under Federal law. If at any time the premium paid under this Policy exceeds the amount allowable for such qualification, we will refund the premium to you with interest within 60 days after the end of the Policy Year in which the premium was received. The interest rate used on any refund will be the excess premium's pro rata rate of return on the contract until the date we notify you that the excess premium and the earnings on such excess premium have been removed from this Policy. Any interest may be taxable to you.

We reserve the right to increase the death benefit (which may result in larger charges under this Policy) or to take any other action deemed necessary to maintain this Policy's compliance with the Federal tax definition of life insurance. We also reserve the right to refuse to make any change in the Specified Amount or any other change if such change would cause this Policy to fail to qualify as life insurance under the Internal Revenue Code.

Effect of Riders and Endorsements on Policy Provisions

Effect of Riders and Endorsements on Policy Provisions If any Riders and/or Endorsements are attached to and made part of this Policy, Policy provisions and definitions may be impacted, including those concerning premiums and Policy values. **READ YOUR POLICY, RIDERS AND ENDORSEMENTS CAREFULLY.**

Settlement Options

Payment When the Insured dies while this Policy is In Force, the Death Benefit Proceeds may be paid in a lump sum or left with us for payment under a settlement option that we make available.

If the Proceeds of this Policy become payable as a death benefit, payment will be made within 60 days of receipt of Due Proof of Death of the Insured and proof of interest of the claimant.

The amount applied under an option for the benefit of any Beneficiary must be at least \$2,500. The amount of each payment under an option must be at least \$25.00.

You may make, change or revoke an Election at any time prior to the Insured's death. Following the Insured's death, a Beneficiary may elect an option if you have not elected one or if Death Benefit Proceeds are payable in one sum. A Beneficiary will always have the option to elect to receive a lump sum payment, but otherwise may make a change in payment under a settlement option you elect only if you provided for it in your Election.

A change of Beneficiary automatically cancels a previous Election of a settlement option.

If this Policy is assigned, the assignee's portion of Death Benefit Proceeds will be paid in one sum. Any balance of Death Benefit Proceeds may be applied under a settlement option.

Claims of Creditors The Death Benefit Proceeds and any income payments under this Policy will be exempt from the claims of creditors to the extent permitted by law.

SPECIMEN

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The Lincoln National Life Insurance Company

Value Protection Endorsement

This Value Protection Endorsement (“Endorsement”) provides No-Lapse protection if the No-Lapse Premium Test described below is met. This Endorsement also provides for a Return of Premium Benefit upon full surrender of the Policy, subject to the terms and conditions of the “Return of Premium Benefit” provision below. This Endorsement modifies certain terms in your Policy. **READ YOUR POLICY, RIDERS AND ENDORSMENT CAREFULLY.**

This Endorsement is a part of the Policy to which it is attached (the “Policy”). The effective date of this Endorsement is the Policy Date. Except as provided below, this Endorsement is subject to the terms and conditions of the Policy. There is no additional charge for this Endorsement.

No-Lapse Provisions

No-Lapse Premium Test If on any Monthly Anniversary Day the Gross Cash Value of the Policy less Debt is less than the Monthly Deduction described in the Policy, the Policy will not enter the grace period and Lapse as long as on that day (1) is equal to or greater than (2), where:

- (1) equals the accumulation of all premiums paid less the accumulation of any partial surrenders including any applicable surrender charges, less Debt; and
- (2) equals the accumulation of the Monthly No-Lapse Premiums due since the Policy Date as shown in the Policy Specifications.

The above accumulations are compounded by the Monthly Accumulation Factor shown in the Policy Specifications.

If the No-Lapse Premium Test is not met, you may pay additional premiums at any time while the Policy and this Endorsement are In Force in order to satisfy such test.

Monthly No-Lapse Premium The Monthly No-Lapse Premium as of the Policy Date is shown in the Policy Specifications. Any decrease in the Policy’s Specified Amount, including a decrease as a result of a partial surrender, or termination of or change to any rider attached to the Policy may decrease the Monthly No-Lapse Premium. We will notify you of any such decrease.

Any change to the Monthly No-Lapse Premium, other than as a result of a benefit paid under the Terminal Illness Acceleration of Death Benefit Rider, will decrease the Return of Premium (“ROP”) Threshold shown in the Policy Specifications proportionately.

Return of Premium Provision

Return of Premium Benefit If you request to fully surrender the Policy and do not elect to receive the Nonforfeiture Benefit (if available) under the Long-Term Care Benefits Rider, we will pay a Return of Premium Benefit equal to (1) minus (2), where:

- (1) equals the lesser of a. or b. below, multiplied by the applicable ROP Percentage shown in the Policy Specifications, less Debt, less any benefits paid under the Long-Term Care Benefits Rider, less any Death Benefit Lien, where:
 - a. is the sum of all premiums paid less any partial surrenders including any applicable surrender charges; and
 - b. is the current ROP Threshold on the date of full surrender;and
- (2) is the Surrender Value of the Policy.

If (2) is greater than (1), there will be no Return of Premium Benefit paid.

If you request to fully surrender the Policy and you elect to receive the Nonforfeiture Benefit under the Long-Term Care Benefits Rider, item (1) a. above will be:

- a. is the sum of all premiums paid less any partial surrenders including any applicable surrender charges, less the sum of Monthly Rider Charges paid for the Long-Term Care Benefits Rider; and

The Return of Premium Benefit may be funded in whole or in part by a refund of charges taken for the Long-Term Care Benefits Rider, as specified in the rider.

The ROP Percentage(s) used in the calculation of the Return of Premium Benefit and the ROP Threshold are shown in the Policy Specifications, and cannot be changed.

Effect of Endorsement on Policy

Monthly Deduction While this Endorsement is In Force, if on any Monthly Anniversary Day the Gross Cash Value of the Policy less Debt is less than the Monthly Deduction and the requirements of the No-Lapse Premium Test are met, that month's Monthly Deduction will be limited to an amount equal to the remaining Gross Cash Value immediately preceding the Monthly Deduction, less Debt.

Grace Period While this Endorsement is In Force, the premium due under the Policy's "Grace Period" provision will be an amount equal to the lesser of:

- a. the amount described in the Policy's "Grace Period" provision; or
- b. the amount necessary to satisfy the No-Lapse Premium Test as of the Monthly Anniversary Day following the grace period.

Reinstatement If the Policy to which this Endorsement is attached is reinstated within 6 months after the date of Lapse, this Endorsement will likewise be reinstated if this Endorsement was In Force at the time of Lapse. If this Endorsement is reinstated, the premium required to reinstate the Policy will be the lesser of:

- a. the amounts described in items e. and f. of the Policy's "Reinstatement" provision; or
- b. the amount necessary to satisfy the No-Lapse Premium Test as of the Monthly Anniversary Day following the date of reinstatement.

For purposes of the No-Lapse Premium Test, the Monthly No-Lapse Premium for the reinstated Policy will equal the Monthly No-Lapse Premium prior to Lapse, and will be accumulated from the original Policy Date as though the Policy had never Lapsed.

If the Long-Term Care Benefits Rider is not reinstated with the Policy, the Monthly No-Lapse Premium for the reinstated Policy will be reduced accordingly.

If the Policy's Specified Amount is reduced during reinstatement due to a Death Benefit Lien, the Monthly No-Lapse Premium for the reinstated Policy will be reduced accordingly.

This Endorsement will not be reinstated if the Policy Lapses and is reinstated more than 6 months after the date of Lapse.

Misstatement of Age or Sex While this Endorsement is In Force, this provision replaces the "Misstatement of Age or Sex" provisions in the Policy and any riders which may be attached:

If the date of birth or sex of the Insured is misstated, the benefits payable under the Policy and any attached riders will be those which produce the same accumulation of Monthly No-Lapse Premiums at the correct Issue Age and sex as of the time of discovery, subject to any Issue Age and/or Specified Amount limitations. If this misstatement is discovered while the Insured is still living, future Monthly Deductions will be charged for the correct Issue Age and sex beginning on the Monthly Anniversary Day following the date the misstatement was discovered.

The Gross Cash Value will not be affected on the date of discovery; however, additional future premiums may be required to maintain your benefits as originally intended.

General Provisions

Taxation Upon Surrender Any Return of Premium Benefit paid under this Endorsement upon full surrender of the Policy is treated, for Federal income tax purposes, as being funded in part by a return of the charges taken for the Long-Term Care Benefits Rider and in part by the value of the Policy. The return of charges taken for the Long-Term Care Benefits Rider is treated as a permitted refund of premiums described in Section 7702B(b)(2)(C), and any remaining amount as surrender of the underlying Policy.

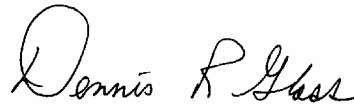
The full surrender of your Policy and the exercise of this Return of Premium Benefit may result in a taxable event. You should consult a qualified tax advisor before surrendering your Policy and receiving the Return of Premium Benefit.

Termination This Endorsement will terminate on the date the Policy terminates for any reason.

If the Policy Lapses and is reinstated within 6 months after the date of Lapse, this Endorsement will likewise be reinstated if this Endorsement was In Force at the time of Lapse.

This Endorsement will not be reinstated if the Policy Lapses and is reinstated more than 6 months after the date of Lapse.

The Lincoln National Life Insurance Company



President

SPECIMEN

The Lincoln National Life Insurance Company

Terminal Illness Acceleration of Death Benefit Rider

THE BENEFIT PAID UNDER THIS RIDER IS INTENDED TO BE TREATED AS AN ACCELERATED DEATH BENEFIT UNDER SECTION 101(g)(1) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "CODE"). THE COMPANY CONSIDERS THE BENEFIT PAID UNDER THIS RIDER TO BE ELIGIBLE FOR EXCLUSION FROM INCOME UNDER SECTION 101(a) OF THE CODE TO THE EXTENT THAT ALL APPLICABLE QUALIFICATION REQUIREMENTS UNDER THE CODE ARE MET. IF A BENEFIT IS PAID AND ALL APPLICABLE QUALIFICATION REQUIREMENTS ARE NOT MET, THE BENEFIT MAY CONSTITUTE TAXABLE INCOME TO THE RECIPIENT. THE TAX TREATMENT OF ACCELERATED DEATH BENEFITS MAY CHANGE, AND YOU SHOULD ALWAYS CONSULT AND RELY ON THE ADVICE OF A QUALIFIED TAX ADVISOR.

This Terminal Illness Acceleration of Death Benefit Rider ("Rider") is a part of the Policy to which it is attached (the "Policy"). The effective date of this Rider is the Policy Date. Except as provided below, this Rider is subject to the terms and conditions of the Policy.

The benefit under this Rider is paid by accelerating a portion of the Policy's death benefit. The Death Benefit Proceeds and Surrender Value under your Policy and the Return of Premium Benefit under the Value Protection Endorsement will be reduced if you receive a benefit under this Rider, as described in the "Effect of Benefit Payment" section. The Administrative Fee described in the "Administrative Fee" provision will be deducted from the benefit payment.

YOU CANNOT RECEIVE A BENEFIT UNDER BOTH THIS RIDER AND UNDER THE LONG-TERM CARE BENEFITS RIDER ("LTCBR"). Receipt of a benefit under this Rider will automatically terminate the LTCBR, and receipt of benefits under the LTCBR will automatically terminate this Rider, as described in the "Effect of Benefit Payment on Long-Term Care Benefits Rider" and "Termination of Rider" provisions. READ YOUR POLICY AND RIDERS CAREFULLY AND IN THEIR ENTIRETY.

Terminal Illness Benefit Subject to the terms and conditions of this Rider, you may Request a one time accelerated death benefit payment ("Benefit Payment") if the Insured is diagnosed by a physician as being Terminally Ill while the Policy and this Rider are In Force.

"Terminally Ill" ("Terminal Illness") means the Insured's life expectancy is reduced to 12 months or less due to a medical condition.

Administrative Fee We will deduct an Administrative Fee of \$250.00 from the requested Benefit Payment amount. The remainder of the Benefit Payment amount will be paid to you.

Limitations on Benefit Payment

Limitations on Benefit Payment Amount The Benefit Payment amount payable under this Rider, excluding any Administrative Fee, may not be less than 25% of an amount equal to the greater of (1) or (2), minus (3), where:

- (1) equals the Policy's Specified Amount;
- (2) equals the Policy's Gross Cash Value; and
- (3) equals Debt.

The Benefit Payment amount requested under this Rider, excluding any Administrative Fee, may not be more than 75% of an amount equal to (1) minus (2), where:

- (1) equals the Policy's Specified Amount; and
- (2) equals Debt.

The maximum amount that may be accelerated under this Rider is \$250,000. If 25% of the amount calculated above is greater than \$250,000, the Benefit Payment under this Rider will be limited to \$250,000.

This benefit will be paid only once and will be paid as a lump sum. If you Request less than the maximum benefit, the remainder will not be available at a later date.

Residual Death Benefit Any Residual Death Benefit available under the Long-Term Care Benefits Rider may not be accelerated.

Conditions for Eligibility for Benefit Payment

You are eligible to receive a Benefit Payment under this Rider if the Policy and this Rider are In Force when all of the following requirements are met:

- a. The Specified Amount on the date of your Request to receive a Benefit Payment under this Rider must be greater than Debt.
- b. A physician must provide a statement In Writing acceptable to us that the Insured is Terminally Ill. The physician's statement must include the diagnosis of the Insured's medical condition.
- c. The Terminal Illness must not be the result of an intentionally self-inflicted injury or attempted suicide, while sane or insane, within 2 years from the earlier of the Policy Date or the Date of Issue.
- d. If we deem it necessary, we complete, at our expense, an assessment of the Insured to confirm that the Insured is Terminally Ill. Such assessment may include examination or test by a physician of our choice and receipt of copies of any relevant medical records from any health care provider involved in the Insured's care. If there is a difference in opinion between the Insured's physician and our physician regarding whether the Insured is Terminally Ill, we will require that a third opinion be obtained from a physician acceptable to us and you. This opinion will be at our expense and will be mutually binding.
- e. We must receive consent In Writing of any assignee and any Irrevocable Beneficiary of record named under the Policy to make such payment.
- f. The Insured is living at the time all of the above requirements are met.

Payment of an accelerated death benefit is due immediately on the date we approve all documentation necessary to satisfy the Conditions for Eligibility for Benefit Payment. The Benefit Payment will be paid to you (the Owner), or to your estate while the Insured is living, unless the benefit has been otherwise assigned or designated by you.

If the Insured dies after you Request a Benefit Payment under this Rider but before such Benefit Payment is received, the Request will be automatically cancelled and any Death Benefit Proceeds payable will be paid pursuant to the Policy.

Effect of Benefit Payment

Death Benefit Lien A Benefit Payment under this Rider will result in a lien ("Death Benefit Lien") being established against the Policy's Death Benefit Proceeds. The Death Benefit Lien at any point in time will equal the amount of the Benefit Payment plus any accrued interest as described below.

Interest on Death Benefit Lien Interest will accrue daily on the Death Benefit Lien. Interest will be charged at a rate equal to the Loan Interest Rate Charged shown in the Policy Specifications. Interest will not accrue on the Death Benefit Lien once such lien equals the Policy's net amount at risk.

Effect of Death Benefit Lien on Death Benefit Proceeds Any Death Benefit Proceeds payable will be reduced by the Death Benefit Lien.

Effect of Death Benefit Lien on Surrender Value The Policy's Surrender Value will be reduced by an amount equal to (1) divided by (2), then multiplied by (3), where:

- (1) is the Gross Cash Value immediately preceding the Benefit Payment;
- (2) is the Specified Amount immediately preceding the Benefit Payment; and
- (3) is the Death Benefit Lien.

Effect of Death Benefit Lien on Return of Premium Benefit Any Return of Premium Benefit payable will be reduced by the Death Benefit Lien, as described in the Value Protection Endorsement's "Return of Premium Benefit" provision.

Effect of Benefit Payment on Long-Term Care Benefits Rider A Benefit Payment under this Rider will automatically terminate the Long-Term Care Benefits Rider as of the date of the Benefit Payment.

Planned Premiums The Planned Premium shown in the Policy Specifications will continue to be payable on the Policy after a Benefit Payment has been made under this Rider.

General Rider Information

Recovery from Terminal Illness In the event the Insured recovers from the diagnosed Terminal Illness:

- a. We will not attempt to recover any benefit paid under this Rider.
- b. The Long-Term Care Benefits Rider which automatically terminated as a result of a Benefit Payment made under this Rider will not be reinstated.

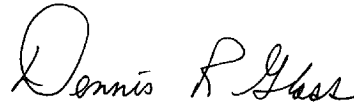
Reinstatement of Rider If the Policy to which this Rider is attached is reinstated, this Rider will likewise be reinstated if this Rider was In Force at the time of Lapse.

If you receive a Benefit Payment under this Rider prior to the date of Lapse and the Policy is subsequently reinstated, this Rider will not be reinstated. The Specified Amount of the reinstated Policy will be reduced as described in the Policy's "Reinstatement" provision.

Termination of Rider This Rider and all rights provided under it terminate automatically upon the earliest of:

- a. the date we receive your Request to return the Policy under the Policy's "30 Day Right To Examine" provision;
- b. the date the Policy terminates or is surrendered for its Surrender Value;
- c. the date you receive a benefit payment under the Long-Term Care Benefits Rider; or
- d. the date the Insured dies, which will cause the Death Benefit Proceeds to become payable under the Policy.

The Lincoln National Life Insurance Company



President

SPECIMEN

The Lincoln National Life Insurance Company

Long-Term Care Benefits Rider

This Long-Term Care Benefits Rider (“Rider”) is a long-term care insurance rider that provides benefits for the following Qualified Long-Term Care Services as described in the “Covered Services” section of this Rider: Adult Day Care Services, Assisted Living Facility Services, Bed Reservation, Care Planning Services, Caregiver Training, Home Health Care Services, Hospice Services, Nursing Home Care Services, Respite Care Services, Alternative Care Services, Non-Continual Services, and Transitional Care Assistance. All Covered Services are subject to the terms and conditions of this Rider.

This Rider is a part of the Policy to which it is attached (the “Policy”). The effective date of this Rider is the Policy Date. Except as provided in this Rider, this Rider is subject to the terms and conditions of the Policy. We agree to provide the benefits described in this Rider for Qualified Long-Term Care Services received by the Insured in accordance with all the terms and conditions of this Rider.

Benefits under this Rider are first paid by accelerating the Policy’s Specified Amount until the Specified Amount has been reduced to zero, as described in the “Impact of Rider and Rider Benefit Payments on Policy” section. Certain values under your Policy will be reduced if you receive benefits under this Rider, as described in the “Impact of Rider and Rider Benefit Payments on Policy” section. **YOU CANNOT RECEIVE BENEFITS UNDER BOTH THIS RIDER AND UNDER THE TERMINAL ILLNESS ACCELERATION OF DEATH BENEFIT RIDER (“TIR”).** Receipt of benefits under this Rider will automatically terminate the TIR, and receipt of benefits under the TIR will automatically terminate this Rider, as described in the “Impact of Rider and Rider Benefit Payments on Policy” section and the “Termination of Rider” provision. **READ YOUR POLICY AND RIDERS CAREFULLY AND IN THEIR ENTIRETY.**

30 Day Right to Examine This Rider You may return this Rider for any reason to the insurance agent through whom it was purchased, to any other insurance agent of the Company, or to us at the Service Office Mailing Address shown on the cover of your Policy within 30 days after its receipt. If returned, this Rider will be considered void from the Policy Date and we will refund directly to you all charges deducted for this Rider within 30 days of the return.

TAXATION This Rider is intended to be a qualified long-term care insurance policy under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

CAUTION The issuance of this Rider is based on the responses to the questions on your application for this Rider and the Policy to which it is attached. A copy of your application is attached to your Policy. If any answers in your application are incorrect or untrue, we have the right to deny benefits or rescind this Rider. The best time to clear up any questions as to the accuracy of any answers in your application is now, before a claim arises. If, for any reason, any answers are incorrect, contact us at the Service Office Mailing Address shown on the cover of your Policy.

NOTICE TO BUYER This Rider may not cover all of the costs associated with long-term care incurred by the Insured during the period of coverage. The buyer is advised to carefully review all Policy and Rider limitations. **THIS RIDER IS NOT A MEDICARE SUPPLEMENT PRODUCT.**

Renewability This Rider is non-cancelable. We cannot change any of the terms of this Rider on our own and cannot increase the Monthly Rider Charge. This Rider will remain In Force for as long as the Policy remains In Force, subject to the “Termination of Rider” and “Incontestability” provisions.

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Definitions

This Rider uses terms found in the Policy. Those terms have the same meaning as in the Policy unless we have indicated a change. The Rider also contains terms that are not used in the Policy. Such terms may be defined within the sentences where they appear or may be found in the "Definitions" section below.

Activities of Daily Living The 6 Activities of Daily Living are:

- a. **Bathing:** The Insured's ability to wash himself or herself in a tub or shower (including the task of getting into or out of the tub or shower), or else to wash himself or herself by sponge bath.
- b. **Continence:** The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the Insured's ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
- c. **Dressing:** The Insured's ability to put on and take off all essential items of clothing and any necessary braces, fasteners or artificial limbs.
- d. **Eating:** The Insured's ability to feed himself or herself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- e. **Toileting:** The Insured's ability to get to and from the toilet, get on and off the toilet, and perform personal hygiene associated with the use of the toilet.
- f. **Transferring:** The Insured's ability to get into or out of a typical bed, chair, or wheelchair.

Assisted Living Facility A facility (or a distinctly separate section of a facility) which is licensed or certified to operate as an Assisted Living Facility under the laws of the state or jurisdiction in which it is located and provides care for Chronically Ill individuals in exchange for monetary compensation. If the state or jurisdiction in which the facility operates does not license or certify Assisted Living Facilities, then the facility must meet all of the following criteria in order to qualify as an Assisted Living Facility under this Rider:

- a. it must maintain daily records of all care and services provided to each Chronically Ill resident (including the Insured, who must be a full-time resident of the facility);
- b. it must provide room, board, housekeeping, linens, laundry, and all of the services required to support the personal, residential and safety needs of its residents;
- c. it must be in the business of providing, and must actually provide, Substantial Assistance and Substantial Supervision to its residents in a custodial setting;
- d. it must provide care to the Insured under the direction of a licensed physician and pursuant to the Insured's Plan of Care;
- e. it must have full-time on-site staff capable of providing care 24 hours per day, 7 days per week;
- f. it must have formal written procedures for obtaining appropriate aid in the event of a medical emergency; and
- g. it must have a licensed physician on staff and available at all times in person or on call.

An Assisted Living Facility is **not**: a hospital (including sub-acute care and rehabilitation hospital); a clinic; a facility operated primarily for the treatment of alcoholism, drug addiction, or Mental or Nervous Disorders; a Nursing Home; an independent living facility or unit; a hospice; the Insured's or any other individual's Home; or any other facility or residential setting, except as specifically described in the criteria above, that caters to or exists for the purpose of providing or facilitating care for elderly or physically or mentally infirm individuals in exchange for monetary compensation, whether such facility or setting is licensed or unlicensed.

If a facility has multiple licenses, a portion, wing, ward or unit of such facility will qualify as an Assisted Living Facility under this Rider only if it is primarily engaged in providing care and services that meet all of the criteria stated above and the Insured is confined to such portion, wing, ward or unit of the facility.

Care Planning Agency An agency or organization which is primarily engaged in providing care planning on behalf of its clients. The agency or organization must be licensed as a Care Planning Agency by the appropriate licensing agency in the state or jurisdiction in which care is to be received, if the state or jurisdiction licenses such agencies. If the state or jurisdiction does not license Care Planning Agencies, then the agency must meet **all** of the following criteria in order to qualify as a Care Planning Agency under this Rider:

- a. it must operate at least 5 days per week for a minimum of 8 hours per day;
- b. it must have an employee on call to provide emergency care planning assistance during non-operating hours;
- c. it must have at least one full-time nurse and one full-time social worker on staff; and
- d. it must maintain a daily written record for each client of all services provided.

Chronically Ill (Chronic Illness) A state of health where the Insured:

- a. is unable to perform (without Substantial Assistance from another individual) at least 2 Activities of Daily Living:
 1. for a period of at least 90 days; and
 2. as a result of loss of functional capacity; or
- b. requires Substantial Supervision to protect the Insured from threats to health and safety caused by a Severe Cognitive Impairment.

The term "Chronically Ill" shall not include an Insured who otherwise meets the requirements stated above unless, within the preceding 12 month period, a Licensed Health Care Practitioner has certified that the Insured meets the requirements of this provision.

Covered Services The Qualified Long-Term Care Services covered by this Rider. These services are listed in the "Covered Services" section of this Rider.

Current LTC Benefit Limit The amount of LTC Benefit Limit available under this Rider after the Policy Date. The Current LTC Benefit Limit is equal to the Initial LTC Benefit Limit shown in the Policy Specifications adjusted as described in the following provisions: "Benefits Available", "Optional Inflation Protection", "Right to Reduce LTC Duration", and "Impact of Policy Transactions on Rider Benefits".

Current Maximum Monthly LTC Benefit The amount of Maximum Monthly LTC Benefit available each calendar month under this Rider after the Policy Date. The Current Maximum Monthly LTC Benefit is equal to the Initial Maximum Monthly LTC Benefit shown in the Policy Specifications adjusted as described in the following provisions: "Benefits Available", "Optional Inflation Protection", and "Impact of Policy Transactions on Rider Benefits".

Hands-on Assistance Physical assistance by another person without which the Insured would be unable to perform an Activity of Daily Living.

Home An individual's primary and permanent residence. "Home" does **not** include: a Nursing Home; an Assisted Living Facility; an Alzheimer's facility; an adult day care center; a hospital facility; a hospice; a facility operated primarily for the treatment of alcoholism, drug addiction, or Mental or Nervous Disorders; or any other facility or residential setting that caters to or exists for the purpose of providing or facilitating care for elderly or physically or mentally infirm individuals in exchange for monetary compensation, whether such facility or setting is licensed or unlicensed, except as follows:

The independent living area, ward, wing, apartment, house, or other space of a facility that meets the definition of an Assisted Living Facility or Nursing Home under this Rider by virtue of its licensure or otherwise, shall be deemed to be the Insured's Home for purposes of this Rider, provided such independent living area is the Insured's primary and permanent residence.

Home Health Care Qualified Long-Term Care Services covered by this Rider which are provided to a Chronically Ill individual in his or her Home in exchange for monetary compensation, including: professional nursing care by or under the supervision of a registered nurse or other licensed nurse; care by a certified home health aide; and therapeutic care services by an occupational, physical or respiratory therapist licensed or certified under the laws of the state or jurisdiction in which care is received.

Home Health Care Agency An entity that is in the business of providing Home Health Care. The entity must meet at least one of the following three criteria in order to qualify as a Home Health Care Agency under this Rider:

- a. it must be licensed or certified as a Home Health Care Agency in the state or jurisdiction in which Home Health Care Services are provided to the Chronically Ill Insured;
- b. it must be accredited as a Home Health Care Agency or as a provider of Home Health Care by the National League of Nursing, American Public Health Association, or Joint Commission on Accreditation of Health Care Organizations or their successor organization; or
- c. it must be certified by Medicare as a Home Health Care Agency.

If an entity does not meet one or more of the three criteria described above, it will still qualify as a Home Health Care Agency under this Rider provided **all** of the following conditions are satisfied:

- a. the entity and the Insured's individual care provider must both be primarily engaged in the business of providing Home Health Care in exchange for monetary compensation;
- b. the Insured's individual care provider must have an ongoing, regular and formal business relationship with the entity, such as that of employee or independent contractor;
- c. the Insured's individual care provider must be licensed or certified as one of the following in the state or jurisdiction in which care is provided:
 1. registered nurse;
 2. licensed practical nurse;
 3. licensed vocational nurse;
 4. occupational therapist;
 5. physical therapist;
 6. licensed or certified social worker;
 7. certified home health aide; or
 8. certified nursing assistant;
- d. the entity must maintain daily records of all services provided to the Insured;
- e. the Insured's individual care provider must have appropriate training and experience to provide the care prescribed in the Insured's Plan of Care; and
- f. the entity and the Insured's individual care provider must provide care under formal, written policies and procedures which are developed, reviewed and executed by a group of Licensed Health Care Practitioners and other professionals, including at least one licensed physician and one licensed nurse.

Immediate Family Member "Immediate Family Member" means:

- a. the Insured;
- b. the Spouse, children, brothers, sisters, and parents of the Insured; or
- c. a person who shares living expenses with any of the above.

For purposes of this Rider, "Spouse" means the legally married spouse, or the partner in a civil union, domestic partnership, or common law marriage, as recognized by laws of the State of Issue or the state in which care is received.

In Writing, Written See “Notice, Election, Request”.

Independent Licensed Health Care Practitioner A Licensed Health Care Practitioner as defined in this Rider who is not an employee of the Company and who is not compensated in any manner that is linked to the outcome of his or her assessment of the Insured.

Initial LTC Benefit Limit On the Policy Date, the maximum amount available under this Rider to reimburse the costs incurred by the Insured for Covered Services. The Initial LTC Benefit Limit is shown in the Policy Specifications. This amount may increase or decrease after the Policy Date (“Current LTC Benefit Limit”) as provided in the Rider.

Initial Maximum Monthly LTC Benefit On the Policy Date, the maximum dollar amount available each calendar month under this Rider to reimburse the costs incurred by the Insured for Covered Services. The Initial Maximum Monthly LTC Benefit is shown in the Policy Specifications. This amount may increase or decrease after the Policy Date (“Current Maximum Monthly LTC Benefit”) as provided in the Rider.

Informal Caregiver A person who is not employed by a Home Health Care Agency and who is not the Insured’s Spouse who provides Qualified Long-Term Care Services to the Insured in the Insured’s Home. Such services must be prescribed in the Plan of Care by a Licensed Health Care Practitioner in accordance with the “Transitional Care Assistance” provision.

Insured The person named in the Policy Specifications who may receive Covered Services under this Rider.

Licensed Health Care Practitioner A physician, as defined in Section 1861(r)(1) of the Social Security Act, a registered professional nurse, licensed social worker, or other individual who meets such requirements as may be prescribed by the United States Secretary of the Treasury. The health care practitioner must be acting within the scope of his or her license when providing any Covered Service or performing necessary functions or actions under this Rider. For purposes of this Rider, the Licensed Health Care Practitioner cannot be an Immediate Family Member.

LTC Duration The period of coverage you chose at issue. The LTC Duration as of the Policy Date is shown in the Policy Specifications. The LTC Duration may be reduced upon your Request as described in the “Right to Reduce LTC Duration” provision.

Maintenance or Personal Care Services Any care for which the primary purpose is the provision of necessary assistance to help the Insured perform the Activities of Daily Living while Chronically III. This includes protection from threats to his or her health and safety due to a Severe Cognitive Impairment.

Medicaid Title XIX of the Federal Social Security Act, as amended.

Medicare Title XVIII of the Federal Social Security Act, as amended.

Mental or Nervous Disorders Neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder including, but not limited to, anxiety or depression.

Notice, Election, Request May also be referred to as “In Writing”, “Written”, or “Written Request”. With respect to any notice, election or request to us, this term means a written form of communication satisfactory to us and received at our Service Office. We retain the right to agree in advance to accept communication by telephone or some other form of transmission, in a manner we prescribe. We will not be responsible for any action we take or allow before we receive a communication at our Service Office. With respect to any notice, election or request from us to you or any other person, this term means a written form of communication by ordinary mail to such person at the most recent address in our records. If agreed to in advance by you, we may also send communication to you by some other form of transmission.

Nursing Home A facility or distinctly separate area, section or wing of a hospital or other institution which is licensed or certified to operate as a Nursing Home under the laws of the state or jurisdiction in which it is located and does so in exchange for monetary compensation. If the state or jurisdiction does not license or certify Nursing Homes, then the facility must meet all of the following criteria in order to qualify as a Nursing Home under this Rider:

- a. it must provide nursing care in exchange for monetary compensation. Such care must be provided 24 hours per day, 7 days per week under a formal, written program of policies and procedures which are developed, reviewed and executed by a group of Licensed Health Care Practitioners and other professionals, including at least one licensed physician and one licensed nurse;

- b. it must employ or contract with a licensed physician who is available in person or on call at all times to furnish medical care in case of emergency;
- c. it must have at least one professional nurse who is a full time employee of the facility and who is present at the facility at least 30 hours per week;
- d. it must have a professional nurse on duty or on call at all times;
- e. it must maintain written daily clinical records for all residents (including the Insured, who must be a full-time resident); and
- f. it must have appropriate written policies and procedures for handling and administering medications and biologicals to residents.

A Nursing Home is **not**: a hospital (including sub-acute care and rehabilitation hospital); a clinic; a facility operated primarily for the treatment of alcoholism, drug addiction, or Mental or Nervous Disorders; an Assisted Living Facility or adult residential care facility; an independent living facility or unit; a hospice; the Insured's or any other individual's Home; or any other facility or residential setting, except as specifically described in the criteria above, that caters to or exists for the purpose of providing or facilitating care for elderly or physically or mentally infirm individuals in exchange for monetary compensation, whether such facility or setting is licensed or unlicensed.

Plan of Care A Written document which is prescribed by a Licensed Health Care Practitioner which outlines the individualized medical treatment (including medication and therapy) and non-medical assistance and services which are prescribed for the Insured because the Insured is Chronically III. The Plan of Care must specify the agency or facility that will provide the prescribed care; the type, frequency, and duration of all medication, therapy, and services required by the Insured; and the identity and title of the provider who is to perform each service. The Plan of Care must also describe the likelihood of improvement or deterioration of the Insured's condition within the next 12 months from the date the Plan of Care was prepared, and must state all supporting evidence upon which the Licensed Health Care Practitioner who has developed the Plan of Care has based his or her evaluation, conclusions and prognosis. Such supporting evidence may include documents and other information relevant to the certification that the Insured is Chronically III.

Only the Qualified Long-Term Care Services listed in the Covered Services section of this Rider will be covered under this Rider. Additionally, Covered Services prescribed in a Plan of Care must be necessary and appropriate to the care needs of the Chronically III Insured and must be tailored to specifically address those care needs. We may seek clarification for or seek to modify a Plan of Care in which the prescribed services are not necessary, appropriate and tailored to the care needs of the Chronically III Insured. A Plan of Care may not be developed by an Immediate Family Member.

Pre-Existing Condition A condition of the Insured for which medical advice or treatment was recommended by, or received from, any provider of health, psychological or other care services within 6 months preceding the Date of Issue or the date this Rider is reinstated (unless the Insured was Chronically III on the date of Lapse, as described in the "Reinstatement of Rider" provision).

Qualified Long-Term Care Services Services that meet the requirements of Section 7702B(c)(1) of the Internal Revenue Code of 1986, as amended, as follows: necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care Services, which are:

- a. required by the Insured because he or she is Chronically III; and
- b. provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Severe Cognitive Impairment Severe deterioration or severe loss in the Insured's intellectual capacity that is measured and confirmed by clinical evidence and standardized tests that reliably identify and measure severe impairment in the following areas:

- a. the Insured's short- or long-term memory;
- b. the Insured's orientation as to person (such as who they are), place (such as their location), and time (such as day, date, and year); and
- c. the Insured's deductive or abstract reasoning, including judgment as it relates to safety awareness.

The need for Substantial Supervision due to the presence of a Severe Cognitive Impairment must also be established by such clinical evidence and standardized tests.

State of Issue The jurisdiction in which the Policy and this Rider were delivered or issued for delivery.

Substantial Assistance Hands-on Assistance, or the presence of another person within arm's reach, which is necessary to assist the Chronically Ill Insured with the performance of an Activity of Daily Living by physical intervention, and to prevent injury to the Insured while the Insured is performing an Activity of Daily Living.

Substantial Supervision Continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person who is physically present with the Chronically Ill Insured that is necessary to protect the Insured from death or serious threats to the Insured's health or safety arising from the Insured's Severe Cognitive Impairment.

We, our, us The Lincoln National Life Insurance Company.

You, your The Owner(s) of this Policy.

Rider Charge

Monthly Deduction The Monthly Rider Charge is part of the Monthly Deduction described in the Policy.

Monthly Rider Charge The Monthly Rider Charge as of the Policy Date is shown in the Policy Specifications.

The Monthly Rider Charge will be deducted on each Monthly Anniversary Day beginning with the Policy Date until the earlier of:

- a. the time period shown in the Policy Specifications; or
- b. the Monthly Anniversary Day following the date that both the Policy's Specified Amount and the Return of Premium Benefit under the Value Protection Endorsement have been reduced to zero.

The Monthly Rider Charge at issue is calculated based on the Insured's Issue Age, sex, rate class, LTC Duration, Initial LTC Benefit Limit, and Optional Inflation Protection option shown in the Policy Specifications.

The following Policy and Rider transactions will reduce the Monthly Rider Charge as of the Monthly Anniversary Day on or next following the date the transaction is effective:

- a. a requested decrease to the Policy's Specified Amount (this does not include a decrease to the Specified Amount as a result of receiving benefits under this Rider);
- b. a partial surrender (withdrawal); and
- c. reduction of the LTC Duration.

Limitations or Conditions on Eligibility for Benefits

Benefit Conditions The following Benefit Conditions must be met to qualify for benefits under this Rider:

- a. The total benefits paid to date under this Rider must not have reduced the Current LTC Benefit Limit to zero.
- b. The Insured must be Chronically Ill as defined in this Rider, due to either being unable to perform (without Substantial Assistance from another individual) at least 2 Activities of Daily Living for a period of at least 90 days as a result of loss of functional capacity, or requiring Substantial Supervision to protect the Insured from threats to health and safety caused by Severe Cognitive Impairment.
- c. A Licensed Health Care Practitioner who has personally examined the Insured must certify to us that the Insured is Chronically Ill and that the Chronic Illness is expected to continue for at least 90 days. We reserve the right to verify that the Insured is, in fact, Chronically Ill and to evaluate the veracity of any certification made by any Licensed Health Care Practitioner as a precondition to the payment of benefits under this Rider.
- d. A Licensed Health Care Practitioner who has personally examined the Insured must develop and prescribe a Plan of Care In Writing in accordance with this Rider's definition of "Plan of Care". The Insured must receive the Covered Services prescribed under the Plan of Care while this Rider is In Force. We will not pay benefits for Covered Services beyond or in excess of those prescribed in the Plan of Care. Covered Services prescribed in the Plan of Care must be necessary and appropriate to the care needs of the Insured, and must be tailored to specifically address those care needs, in order to be covered under this Rider.

- e. At least once every 12 months after a Licensed Health Care Practitioner initially certifies that the Insured is Chronically Ill, and for as long as the Insured continues to be Chronically Ill, a Licensed Health Care Practitioner must again:
1. certify to us that the Insured is Chronically Ill and that the Insured's Chronic Illness is expected to continue for at least 90 days. Such certification is subject to verification by us; and
 2. either prescribe a new Plan of Care, or reconfirm the existing Plan of Care.

Once we confirm that the Insured has been certified as Chronically Ill for an expected period of at least 90 days, certification may not be rescinded and additional certifications may not be performed until after the expiration of the 90 day period.

At your Request, we will provide, at our expense, an Independent Licensed Health Care Practitioner to perform the assessment(s), certification and/or recertifications noted above and to develop and prescribe the Insured's Plan of Care. The assessment shall be performed promptly and the resulting certification, if any, will be completed as quickly as possible to ensure that benefits payable under this Rider, if any, are not unreasonably delayed.

Benefits will be paid under this Rider for as long as:

- a. the Benefit Conditions of this Rider are met;
- b. the requirements of the "Claims" section of this Rider are satisfied;
- c. any claim is either:
 - (i) for reimbursement of costs incurred by the Insured for Covered Services which are Qualified Long-Term Care Services prescribed in the Plan of Care and which have not already been reimbursed by us; or
 - (ii) for payment of Transitional Care Assistance Benefits for days on which the Insured received Transitional Care Assistance only (meaning that the Insured did **not** receive any other Covered Service or combination of Covered Services on that same calendar day); and
- d. this Rider remains In Force. This condition does not apply to benefits received under the "Benefits After Lapse" or "Nonforfeiture Benefit" provisions.

If we determine that the Insured no longer meets the requirements of being Chronically Ill, all benefit payments will stop. Should the Insured later be recertified as being Chronically Ill and meet all conditions for the payment of benefits under this Rider, benefit payments will resume subject to the Current LTC Benefit Limit.

There is no deductible period or elimination period which must be satisfied in order to be eligible for benefits under this Rider.

Long-Term Care Benefits

Benefits Available Subject to the terms and conditions of this Rider, we will pay an amount not to exceed the Current Maximum Monthly LTC Benefit no less frequently than once each calendar month until the Current LTC Benefit Limit equals zero:

- a. To reimburse costs incurred by the Insured for any Covered Service (other than Transitional Care Assistance) or combination of Covered Services; and/or
- b. to pay the daily Transitional Care Assistance Benefit described in the "Covered Services" section of this Rider and shown in the Policy Specifications.

With the exception of Caregiver Training, any amounts paid in a calendar month for Transitional Care Assistance and/or to reimburse any other Covered Service or combination of Covered Services will reduce that month's Current Maximum Monthly LTC Benefit and the Current LTC Benefit Limit dollar for dollar. Benefits paid for Caregiver Training do not reduce the Current Maximum Monthly LTC Benefit or Current LTC Benefit Limit.

While the Benefit Conditions of this Rider are met and this Rider is In Force, benefits under this Rider will continue as long as the Current LTC Benefit Limit is greater than zero.

In any calendar month in which you are eligible to receive benefits under this Rider, the maximum amount available is equal to the least of:

- a. an amount equal to (i) plus (ii), where:
 - (i) equals the sum of costs incurred by the Insured for Covered Services for the calendar month which have not already been reimbursed by us; and
 - (ii) equals the daily Transitional Care Assistance Benefit shown in the Policy Specifications multiplied by the number of days in the calendar month in which Transitional Care Assistance was received;
- b. the amount you Request;
- c. the Current Maximum Monthly LTC Benefit; or
- d. the Current LTC Benefit Limit.

Any benefit paid under this Rider will be first used to repay a portion of any outstanding Debt under the Policy, as described in the "Reduction of Benefit Payments Due to Debt" provision.

This Rider will pay benefits for Covered Services received in a state or jurisdiction other than the State of Issue if benefits would have been paid in the State of Issue, irrespective of any differences in facility licensing, certification, or registration requirements (or similar requirements) between the State of Issue and the state or jurisdiction in which care is received.

Lincoln Concierge Care Coordination Lincoln Concierge Care Coordination is a resource available to you and the Insured to assist in finding care providers and community resources related to care needs. Lincoln Concierge Care Coordination is not required to be used in order to be eligible for benefits under this Rider. You or the Insured may contact a Long-Term Care Claims Specialist at any time for more information regarding this service. The Long-Term Care Claims Specialist's toll-free number is shown in the Policy Specifications.

International Benefits If the Insured is confined to a Nursing Home or Assisted Living Facility outside of the United States or its territories and possessions (collectively, "United States"), the amount payable each calendar month to reimburse costs incurred by the Insured for such Nursing Home Care Services or Assisted Living Facility Services and which have not already been reimbursed by us is limited to the Current Maximum Monthly LTC Benefit Amount.

International Benefits are limited to no more than a total of 36 months while this Rider is In Force.

No benefits are payable for Covered Services, other than Nursing Home Care Services or Assisted Living Facility Services, that are received outside of the United States.

Any benefits payable under this "International Benefits" provision are subject to the following terms and conditions:

- a. Benefits are not payable under this provision if it is prohibited by the laws, rules, regulations or orders of the United States Government and its officials, or sanctions established by the United States Department of the Treasury's Office of Foreign Asset Control, its successor organization, or any authorized agency or department of the United States.
- b. Benefits for Covered Services received within the United States which are otherwise provided under this Rider are not payable while benefits are being paid for Nursing Home Care Services or Assisted Living Facility Services under this provision.
- c. We must receive proof In Writing satisfactory to us that the Insured is confined in a Nursing Home or Assisted Living Facility outside of the United States and has met all of the Benefit Conditions of the Rider and this provision. Such proof and all supporting documentation must be furnished in English at no expense to us.
- d. Payments will be made in United States currency at the then-current exchange rate as published by Bloomberg L.P. or its successors, or an equivalent service of our choice. We will not cover the cost of currency exchanges or conversions, wire transfers, administrative fees, or other fees, costs, taxes, customs, duties, services or expenses of any kind arising from or relating to the Insured's receipt of care in any country other than the United States, unless such costs would necessarily have been incurred and covered under this Rider if the Insured had received care within the United States instead of a foreign country.
- e. While benefits are being paid under this provision, we reserve the right to verify as often as we deem necessary and appropriate that all of the Benefit Conditions and other criteria for eligibility for benefits under the Rider and this provision have been satisfied.

Optional Inflation Protection The Optional Inflation Protection option, if any, in effect on the Policy Date is shown in the Policy Specifications. Unless you have rejected Optional Inflation Protection on the application for this Rider, we will recalculate the Current LTC Benefit Limit based on the Optional Inflation Protection option selected:

- a. on each Policy Anniversary; and
- b. any time the Current LTC Benefit Limit changes as described in the “Impact of Policy Transactions on Rider Benefits” and “Right to Reduce LTC Duration” provisions.

An Optional Inflation Protection increase in the Current LTC Benefit Limit will increase the Current Maximum Monthly LTC Benefit proportionately.

Optional Inflation Protection increases will continue without regard to the Insured’s Attained Age, claim status, claim history, or length of time the Insured has been covered under this Rider as long as the following conditions are satisfied:

- a. the Current LTC Benefit Limit is greater than zero; and
- b. this Rider remains In Force.

Right to Reduce LTC Duration Upon your Request, the LTC Duration shown in the Policy Specifications may be reduced at any time after the second Policy Year to a shorter LTC Duration we make available. You may Request to reduce the LTC Duration only once while this Rider is In Force. Once reduced, you cannot Request to increase or further decrease the LTC Duration. Reducing the LTC Duration will reduce the Current LTC Benefit Limit in effect as of the date of the Request, but will not reduce the Current Maximum Monthly LTC Benefit.

Covered Services

If the Insured has met all of the Benefit Conditions listed in the “Limitations or Conditions on Eligibility for Benefits” section of this Rider, the following Covered Services may be available for reimbursement or payment to the extent that such services are prescribed in the Insured’s Plan of Care and are Qualified Long-Term Care Services as defined in this Rider, subject to the terms and conditions of this Rider and the Policy to which it is attached.

Adult Day Care Services Care provided by a state licensed or certified program, for 6 or more individuals, providing social or health-related services, or both, during the day in a community group setting for the purpose of supporting frail, impaired, elderly or other disabled adults who can benefit from care in a group setting outside the Home.

Assisted Living Facility Services Qualified Long-Term Care Services, including room and board, provided to the Insured while he or she is confined to an Assisted Living Facility.

Bed Reservation The expense incurred by the Insured to reserve the Insured’s bed in a Nursing Home while he or she is temporarily absent during a stay in a Nursing Home and is charged to reserve accommodations. The temporary absence can be for any reason with the exception of discharge. This includes, but is not limited to, a hospital stay or spending holidays or other time with family.

This benefit is limited to no more than a total of 30 days each calendar year. The amount payable for Bed Reservation cannot exceed 1/30th of the Current Maximum Monthly LTC Benefit for each day that the bed is reserved.

Care Planning Services Services provided for the Insured by a Care Planning Agency under the direction of a Licensed Health Care Practitioner. Care Planning Services may include:

- a. evaluation of the circumstances in the Insured’s Home which relate to his or her ability to live independently;
- b. evaluation of the Insured’s Chronic Illness and the level of assistance needed for each Activity of Daily Living;
- c. preparation of a Plan of Care for the Insured in coordination with the Licensed Health Care Practitioner;
- d. coordination and monitoring of the Covered Services provided to the Insured; and
- e. monitoring any changes in the Insured’s functional and/or cognitive abilities, and updating the Plan of Care accordingly.

Caregiver Training Training given to the Insured’s unpaid caregiver to provide him or her with the knowledge and skills necessary to care for the Chronically Ill Insured. Such training must be provided by a properly accredited medical or instructional institution or by an individual, such as a licensed nurse, who is qualified to provide such training, and must be reasonable in scope, duration and cost, given the Chronically Ill Insured’s health condition and expected care needs.

Caregivers who qualify to receive Caregiver Training under this provision must not be eligible or paid care providers under other Covered Services provisions of this Rider.

The total amount payable for Caregiver Training while this Rider is In Force is limited to no more than the Lifetime Caregiver Training Benefit Limit shown in the Policy Specifications.

Caregiver Training may include:

- a. the proper use and care of therapeutic devices or disposable medical aids, including, but not limited to, catheters, colostomy bags, or suctioning tubes;
- b. the performance of care-giving procedures such as changing wound dressings or repositioning the Insured in bed; or
- c. other therapeutic or care-giving procedures needed to enable the Chronically Ill Insured to continue to reside in his or her Home.

Home Health Care Services Covered Home Health Care services which are prescribed in the Insured's Plan of Care and which are provided by a Home Health Care Agency to the Chronically Ill Insured at the Insured's Home in exchange for monetary compensation, including part-time and intermittent skilled nursing services, Substantial Assistance with the Activities of Daily Living, and Substantial Supervision required due to a Severe Cognitive Impairment.

Hospice Services Services given to provide palliative care to alleviate the physical, emotional, social, and spiritual discomforts of the Insured who is in the terminal phases of life. Hospice Services must be provided by an organization that meets Federal certification requirements as a hospice, or is licensed, certified or registered to provide such care according to the laws of the state or jurisdiction in which it operates.

Nursing Home Care Services Qualified Long-Term Care Services, including room and board, provided to the Insured while he or she is confined to a Nursing Home.

Respite Care Services Short-term care services provided for the Insured in an institution, in the Insured's Home, or in a community-based program to provide temporary relief for the Insured's unpaid caregiver while the caregiver is unavailable to provide care (such as while the Insured's caregiver is on vacation).

This benefit is limited to no more than a total of 21 days each calendar year. The amount payable for each day of Respite Care Services cannot exceed 1/30th of the Current Maximum Monthly LTC Benefit.

Alternative Care Services Qualified Long-Term Care Services that are not covered under any of the above provisions, but which are prescribed in the Insured's Plan of Care and which the Insured, the Insured's Licensed Health Care Practitioner and we mutually agree would be the most appropriate and cost-effective way to meet the Insured's long-term care needs. Any such agreement must be In Writing in order to take effect, and must be signed by us and the Insured as a precondition to the payment of benefits under this provision. Any such Written agreement will be implemented for the specific and defined period of time that is stated in the Written agreement, and will be subject to periodic reconsideration and renewal by us, at our discretion. Alternative Care Services, and any Written agreement describing the Alternative Care Services that we agree to cover, are subject to all terms and conditions of this Rider.

Our denial of Alternative Care Services under this provision does not affect your right to seek benefits for other Covered Services under this Rider. Alternative Care Services must be provided as an alternative to services otherwise covered by this Rider, meaning you cannot receive benefits under any other provision of this Rider while the Insured is receiving Alternative Care Services under this provision.

Non-Continual Services Services which are received by the Insured on a non-recurring basis (such as expenses for durable medical equipment or for modifications to the Insured's Home to accommodate a wheelchair or other device), which are prescribed in the Insured's Plan of Care, and which the Insured, the Insured's Licensed Health Care Practitioner and we mutually agree would be the most appropriate and cost effective way to meet the Insured's long-term care needs. Any such agreement must be In Writing in order to take effect, and must be signed by us and the Insured as a precondition to the payment of benefits under this provision. Non-Continual Services, and any Written agreement describing the Non-Continual Services that we agree to cover, are subject to all terms and conditions of this Rider.

Our denial of Non-Continual Services under this provision does not affect your right to seek benefits for other Covered Services under this Rider.

The total amount payable for Non-Continual Services in any calendar year cannot exceed the Current Maximum Monthly LTC Benefit.

Transitional Care Assistance Qualified Long-Term Care Services that are not covered under any of the above provisions which are provided in the Home by an Informal Caregiver and prescribed in the Insured's Plan of Care, and which the Insured, the Insured's Licensed Health Care Practitioner and we mutually agree would be an appropriate way to meet the Insured's long-term care needs. The amount payable for each day of Transitional Care Assistance ("Transitional Care Assistance Benefit") and the maximum number of benefit days available under this Rider are shown in the Policy Specifications.

Transitional Care Assistance Benefits are available during the first 12 months in which benefits for any Covered Service are paid under this Rider. Covered Services are often received on an intermittent basis; therefore, these 12 months do not need to be consecutive months.

To receive Transitional Care Assistance Benefits, the Insured must be receiving benefits under this Rider for Home Health Care Services and/or Adult Day Care Services for at least 2 days of any week in which Transitional Care Assistance Benefits are requested. Transitional Care Assistance Benefits are available only on days when no other Covered Services are being reimbursed.

Our denial of Transitional Care Assistance Benefits under this provision does not affect your right to seek benefits for other Covered Services under this Rider. We will not pay benefits under this provision received prior to our receipt of Notice of claim.

Limitations and Exclusions

This Rider will not provide benefits for:

- a. treatment or care due to alcoholism or drug addiction;
- b. treatment arising out of an attempt (whether sane, mentally or psychologically impaired or insane) at suicide or an intentionally self-inflicted injury;
- c. treatment provided in a Veteran's Administration or government facility, unless the Insured or the Insured's estate is charged for the confinement or services or unless otherwise required by law;
- d. loss to the extent that benefits are payable under any of the following:
 1. Medicare or any other governmental programs (except Medicaid);
 2. state or Federal workers' compensation laws;
 3. employer's liability laws;
 4. occupational disease laws; and
 5. any motor vehicle no-fault laws;
- e. confinement or care received outside the United States or its territories and possessions, other than benefits for Nursing Home Care Services and Assisted Living Facility Services as described in the "International Benefits" provision;
- f. services provided by a facility or an agency that does not meet the Rider definition for such facility or agency as described in the "Covered Services" section of this Rider, except as provided in the "Alternative Care Services" provision above;

- g. services provided by an Immediate Family Member, except as provided in the “Transitional Care Assistance” provision above, unless:
 - 1. the Immediate Family Member is a regular employee of the service or care provider furnishing the service or care;
 - 2. the service or care provider receives the payment for the service or care; and
 - 3. the Immediate Family Member receives no compensation other than the normal compensation for an employee in his or her job category;
 and
- h. services for which no charge is or would normally be made in the absence of insurance.

Impact of Policy Transactions on Rider Benefits

Decrease to Policy Specified Amount If the Policy’s Specified Amount decreases either by Request or as a result of a partial surrender (withdrawal) under the Policy, the Current LTC Benefit Limit will be recalculated from the Policy Date to equal the sum of (1) plus (2), multiplied by (3), then divided by (4), then minus (5), where:

- (1) is the Current LTC Benefit Limit immediately prior to the decrease;
- (2) is an amount equal to the sum of all benefits paid under this Rider prior to the decrease, other than benefits paid for Caregiver Training;
- (3) is the Policy’s decreased Specified Amount;
- (4) is the Policy’s Specified Amount immediately prior to the decrease; and
- (5) is an amount equal to the sum of all benefits paid under this Rider prior to the decrease, other than benefits paid for Caregiver Training.

This change to the Current LTC Benefit Limit will reduce the Current Maximum Monthly LTC Benefit proportionately.

Impact of Debt on Benefit Payments

Reduction of Benefit Payments Due to Debt A benefit paid under this Rider will be first used to repay a portion of any outstanding Debt under the Policy.

The portion to be repaid will equal the sum of (1) plus (2), divided by (3), then multiplied by (4), where:

- (1) is the balance in the Collateral Account;
- (2) is any accrued loan interest not yet charged;
- (3) is the Policy’s Specified Amount immediately prior to the benefit payment; and
- (4) is the amount of the benefit payment prior to the reduction to repay Debt.

If there is value in the Collateral Account, the Collateral Account will be reduced by the amount of the benefit payment used to repay Debt.

Impact of Rider and Rider Benefit Payments on Policy

Monthly Deduction While the Policy and this Rider are In Force, the Monthly Deduction described in the Policy will continue to be deducted from the Policy’s Gross Cash Value until the earlier of:

- a. the Insured’s Attained Age 121; or
- b. the Monthly Anniversary Day on or next following the date the Policy’s Specified Amount and the Return of Premium Benefit under the Value Protection Endorsement have been reduced to zero.

Specified Amount While the Policy’s Specified Amount is greater than zero, benefit payments under this Rider for any Covered Service or combination of Covered Services (other than Caregiver Training) will reduce the Policy’s Specified Amount dollar for dollar.

Policy Values While either the Policy's Specified Amount or the Return of Premium Benefit under the Value Protection Endorsement is greater than zero, benefit payments under this Rider will reduce the Policy's Gross Cash Value and Surrender Value by an amount equal to (1) multiplied by (2), divided by (3), where:

- (1) is the Policy's Gross Cash Value immediately prior to the benefit payment;
- (2) is the amount of the benefit payment including the amount, if any, used to repay Debt; and
- (3) is the greater of the Policy's Specified Amount or the Return of Premium Benefit under the Value Protection Endorsement immediately prior to the benefit payment.

Terminal Illness Acceleration of Death Benefit Rider YOU CANNOT RECEIVE BENEFITS UNDER BOTH THIS RIDER AND UNDER THE TERMINAL ILLNESS ACCELERATION OF DEATH BENEFIT RIDER ("TIR"). Receipt of a benefit under this Rider will be considered a request to terminate the TIR. Likewise, receipt of a benefit under the TIR will be considered a request to terminate this Rider, as described in the TIR.

Residual Death Benefit If this Rider is In Force on the date the Insured dies, the Residual Death Benefit described below will be in effect when determining the Death Benefit Proceeds under the Policy.

The Residual Death Benefit at issue is equal to 5% of the Initial Specified Amount shown in the Policy Specifications or \$10,000, whichever is less. If the Specified Amount is reduced as a result of a partial surrender or a requested Specified Amount decrease, the Residual Death Benefit is also reduced to equal 5% of the reduced Specified Amount. Debt will decrease the Residual Death Benefit by an amount equal to 5% of the Debt. Repayment of Debt will increase the Residual Death Benefit by an amount equal to 5% of the repayment.

No Death Benefit Proceeds are payable under the Policy if expenses for Covered Services have been reimbursed under the "Benefits After Lapse" provision.

Availability of Policy Death Benefit Proceeds If the Insured dies while receiving benefits under this Rider, we reserve the right to withhold payment of any Death Benefit Proceeds that would otherwise be payable until we have verified that we have received all remaining claims for Covered Services. Any Death Benefit Proceeds not paid within 60 days of our receipt of Due Proof of Death and proof of interest of the claimant will include interest as provided in the Policy's "Interest on Death Benefit" provision.

Lapse and Lapse Protection

Grace Period The Policy and this Rider will enter the grace period as described in the Policy's "Grace Period" provision, subject to the "No-Lapse Provisions" in the Value Protection Endorsement.

If the Policy and Rider enter the grace period, we will send the Notice required by the Policy's "Grace Period" provision to you and to your designee, if any, at least 30 days before the effective date of the Lapse or termination by first class United States mail, postage prepaid, at the address provided by you for the purpose of receiving Notice of Lapse or termination. Notice will not be given until 30 days after a premium is due and unpaid. Notice will be deemed to have been given as of 5 days after the date of mailing. The Policy and this Rider will remain In Force to the end of the grace period.

You have the right to change your designee at any time by providing us with a Request for such change. We will notify you no less often than once every two Policy Years of your right to change this designation.

Benefits After Lapse If the Policy Lapses, terminating this Rider while the Insured is receiving benefits for any Covered Service(s) under this Rider, we will continue to reimburse costs incurred for such services subject to the terms and conditions of this Rider if receipt of the Covered Service(s) began while this Rider was In Force and continues without interruption after the Policy and Rider terminate.

Benefits under this provision will continue to be paid subject to the terms and conditions of this Rider, including the requirements of the "Limitations or Conditions on Eligibility for Benefits" section, until the earliest of:

- a. the date the Insured is no longer receiving benefits for the Covered Services(s) being received on the date of Lapse;
- b. the date the Current LTC Benefit Limit has been reduced to zero; or
- c. the date the Insured dies.

No Death Benefit Proceeds are payable under the Policy if costs for Covered Services have been reimbursed under this provision.

Nonforfeiture Benefit After the Policy and this Rider have been In Force for 3 Policy Years and subject to the terms and conditions of this Rider and the limitations and conditions outlined below, this provision will cover eligible claims for Covered Services up to the LTC Nonforfeiture Benefit Limit described below which begin at any time after this Rider has Lapsed or terminated for any reason other than full surrender of the Policy.

If you request a full surrender of the Policy, you may elect to receive the Nonforfeiture Benefit under this provision if this Rider is In Force at the time of surrender. **Such election will reduce any Return of Premium Benefit available under the Value Protection Endorsement, as described in that endorsement.**

The Nonforfeiture Benefit under this provision will continue as paid-up long-term care coverage until the earlier of:

- a. the death of the Insured; or
- b. the date the LTC Nonforfeiture Benefit Limit has been reduced to zero.

The LTC Nonforfeiture Benefit Limit will be an amount equal to the greater of:

- a. one month's Current Maximum Monthly LTC Benefit as of the date this Rider Lapses or terminates; or
- b. an amount equal to the sum of Monthly Rider Charges paid for this Rider.

The Maximum Monthly LTC Nonforfeiture Benefit will be an amount equal to the Current Maximum Monthly LTC Benefit as of the date this Rider Lapses or terminates, and will not change. The LTC Nonforfeiture Benefit Limit and the Maximum Monthly LTC Nonforfeiture Benefit are not subject to inflation protection increases.

Benefits are not payable under this provision until benefits, if any, under the "Benefits After Lapse" provision are no longer in effect.

The sum of any benefits paid under the "Benefits After Lapse" provision plus any benefits paid under this "Nonforfeiture Benefit" provision will not exceed the Current LTC Benefit Limit on the date this Rider Lapsed or terminated.

Reinstatement of Rider If the Policy to which this Rider is attached is reinstated within 6 months after the date of Lapse, this Rider may also be reinstated according to the terms and conditions of the Policy's "Reinstatement" provision if this Rider was In Force at the time of Lapse. The reinstatement of the Policy and this Rider will be subject to satisfactory evidence of insurability. After reinstatement, this Rider will only provide benefits for Covered Services which begin on or after the date of reinstatement, subject to the terms and conditions of this Rider.

If, however, the Insured was Chronically Ill when this Rider Lapsed, you may Request to reinstate the Policy and this Rider without evidence of insurability within 6 months after the date of Lapse, regardless of the Attained Age of the Insured on the date of Lapse, by submitting a Written statement from a Licensed Health Care Practitioner certifying that the Insured was Chronically Ill on the date of Lapse. After reinstatement, this Rider will provide benefits for Covered Services received at any time since the Policy Date, including Covered Services received during the period of Lapse, subject to the terms and conditions of this Rider.

This Rider will not be reinstated if the Policy Lapses and is reinstated more than 6 months after the date of Lapse.

Claims

Assistance with Filing a Claim Assistance may be provided by a Long-Term Care Claims Specialist who is available to answer questions about Rider benefits and to explain how to file a claim. You, your legal representative, or the Insured's Licensed Health Care Practitioner, if the Insured has authorized such legal representative or Licensed Health Care Practitioner to speak with us, may contact the Long-Term Care Claims Specialist at any time to:

- a. discuss which types of care may be covered under this Rider;
- b. determine in advance if a particular provider of a Covered Service, such as a Nursing Home or a Home Health Care Agency, meets Rider conditions; or
- c. discuss the process for filing a claim, and obtain the necessary forms.

The Long-Term Care Claims Specialist's toll-free number is shown in the Policy Specifications.

The claims process involves four steps:

1. **Start the Process, Notice of Claim:** You must provide us with Notice of your intent to file a claim.
2. **Claim Forms and Other Information:** Once you have notified us of your intent to file a claim, we will provide the forms you need to complete. You must return the completed, signed forms to us at the address provided on the forms.
3. **Evaluation of Claim:** We will review the claim forms and other proofs of loss that we have requested and you have provided to verify that all conditions under the Rider have been met.
4. **Payment of Claims:** If we determine that the claim is eligible for payment, we will pay the claim directly to you, or if requested, directly to the service provider. Claim payments under this Rider will be made no less frequently than once per calendar month.

Start the Process, Notice of Claim To start the claim submission process, you or your representative can contact us either by phone at the number shown on the cover of your Policy, or In Writing at the Service Office address shown on the cover of your Policy, to provide us with the following:

- your name;
- the Insured's name;
- the Policy number; and
- the address to which our claim form packet should be sent.

You should provide us with Notice of an anticipated claim as soon as possible. We must receive Notice by phone or In Writing within 60 days after the date the covered loss starts, or, if later, as soon as reasonably possible. Claims submitted more than 60 days after the date on which a covered loss starts may be subject to additional review and may take longer to process. If you are unable to give us Notice of your own claim, your legal representative may act on your behalf, provided that we have on file the Power of Attorney or authorization In Writing to release information to such legal representative. You will not be deemed to have opened a claim with us until we receive your completed claim forms.

Claim Forms and Other Information Once you start the claim submission process, we will provide you with a claim form packet. The packet, and all other forms, information and submissions we require in connection with the claims process, may be sought by us in a paper, electronic or other format, at our reasonable discretion; however, paper forms will always be made available. You must return the claim forms and other information we request completed in their entirety. This will open your claim and will allow us to begin the process of determining the Insured's eligibility for the payment of benefits. Please read the forms carefully. Answer all questions and send all required information to the address provided on the forms.

If the claim form packet has not been received by you within 15 days after you have provided us with Notice by phone or In Writing of your desire to open a new claim, proof of loss can be filed without the claim forms by providing us details of the claim In Writing, including the occurrence, the character and the extent of the loss for which claim is made. Details should include, but may not be limited to, the list of Covered Services for which benefits are being claimed; the names and addresses of the Insured's Licensed Health Care Practitioner(s); the facility or other location where care was provided to the Insured; the Insured's diagnosis; and the dates, periods of time on each date, and services provided on each date for which benefits are being claimed. This notification must be sent to us within the time period stated in the "Proof of Loss" provision.

Evaluation of Claim After our receipt of all information from you, we will verify if the Insured has met all of the Benefit Conditions listed in the "Limitations or Conditions on Eligibility for Benefits" section of this Rider and that the Covered Services for which you are seeking payment are Qualified Long-Term Care Services that are prescribed in the Plan of Care, and that the Insured meets all other terms and conditions for the payment of benefits under this Rider.

Physical Examinations We at our own expense shall have the right to have the Insured examined as often as reasonably necessary while a claim is pending.

Confirmation of Eligibility At least once every 12 months from the date on which your claim is opened, we reserve the right to verify that the Insured and the Insured's care providers meet all eligibility requirements of this Rider. Our review and verification may include requests for, and consideration of, all information concerning your claim, including, but not limited to, the Insured's medical records and in-person physical, psychological or other examination or assessment by a Licensed Health Care Practitioner of our choice. We may also review your claim for other purposes attendant to the claims process, such as avoiding fraud, waste and abuse. Such review, examination or assessment would be performed at our expense.

At least once every 12 months following the date on which your claim is opened, the Insured must be reassessed by his or her Licensed Health Care Practitioner, who must certify to us that the Insured remains Chronically III.

Fraud Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Proof of Loss We must receive Notice of proof of loss within 30 days following the end of each calendar month in which benefits are sought. Proof of loss includes all information reasonably determined by us to be necessary and appropriate to our evaluation of any aspect of your claim. Proof of loss may also include information requested by us for the purpose of avoiding fraud, waste and abuse. We will not reduce or deny a claim for being late if proof of loss is filed as soon as reasonably possible. You and any care providers utilized by the Insured shall have a duty to cooperate with us in the submission of proof of loss and through the claims process generally. It shall be your duty to ensure the cooperation of the Insured's care provider(s), which shall be a precondition to the payment of benefits under this Rider. Unless you are deemed to be legally incompetent, the required proof of loss must always be given to us no later than 1 year after the date of the loss.

We reserve the right to seek proof of loss in the format we reasonably deem to be appropriate, including, but not limited to, completion of paper forms or submission of information via electronic mail, via a website, via mobile device application, or via such other format, platform or tool as we deem appropriate.

We will deem your proof of loss to have been submitted to us once in each calendar month in which you claim for benefits under this Rider, even if you provide us with proof of loss more often than monthly. Our receipt of your monthly proof of loss submission will trigger our monthly obligation to pay benefits under the "Time of Payment of Claims" provision below, subject to all terms and conditions of this Rider.

Time of Payment of Claims If we determine that a claim is eligible for payment, we will pay the claim directly to you no less frequently than once each calendar month. Upon your Request, we may pay benefits directly to the Insured's care provider. This request should be submitted no later than the time your proof of loss is submitted.

For any calendar month in which benefits under this Rider are being paid, we will send you a monthly statement showing the amount of benefits paid, the change, if any, to the Policy's Death Benefit and other Policy values caused by the benefit payment, and the Current LTC Benefit Limit, if any.

Claim Review and Appeal After our receipt of all information we require to evaluate your claim, we will inform you In Writing if your claim or any part of your claim is denied, and provide you with an explanation In Writing of the reasons for the denial as soon as reasonably possible. If you do not agree with our claim decision, you have the right to appeal our decision. We will provide you with information regarding the process for internal and, if applicable in the State of Issue, external review of benefit determinations and resolving benefit disputes.

Any Request to appeal should be made In Writing and must include any and all information you believe necessary to our consideration of the appeal. Your Request to appeal should be sent to the Service Office Mailing Address shown on the cover of your Policy. If you are unable to participate in this appeal process, your legal representative may act on your behalf.

Legal Actions You cannot sue or initiate any legal action or proceeding against us until 60 days following the date on which you submitted complete proof of loss to us In Writing as required by this Rider, or any longer period as may be required by the applicable laws in the State of Issue. You cannot sue or initiate any legal action or proceeding against us after the greater of:

- a. the shortest applicable statute of limitation or other limit of time permitted by the laws of the State of Issue; or
- b. 3 years from the date on which complete proof of loss is submitted to us In Writing.

General Rider Information

Termination of Rider This Rider and all rights under it will terminate upon the earliest of the following:

- a. the date we receive your Request to return the Policy or this Rider under the "30 Day Right to Examine" provision;
- b. the date we receive your Request to terminate this Rider;
- c. the date we approve your Request to fully surrender the Policy;
- d. the date the Policy Lapses;

- e. the date you receive a benefit under the Terminal Illness Acceleration of Death Benefit Rider; or
- f. the date the Insured dies, which will cause the Death Benefit Proceeds to become payable under the Policy.

The Monthly Rider Charge deducted for this Rider on the Monthly Anniversary Day immediately preceding the date the Policy and/or this Rider terminate will be returned as a credit to the Policy. If the Policy and/or this Rider terminate on a Monthly Anniversary Day, no Monthly Rider Charges will be credited to the Policy.

Misstatement of Age or Sex If the date of birth or the sex of the Insured is misstated, Rider benefits will be those that the Monthly Rider Charges paid would have purchased at the correct Issue Age and sex.

Incontestability A misstatement by you or by the Insured in any application for the Policy or this Rider may be used to void and rescind this Rider. For a Rider that has been In Force for less than 6 months, we may take this action only if the misstatement was material to the issuance of this Rider. For a Rider that has been In Force for at least 6 months but less than 24 months, we may take this action only if the misstatement was material to both the issuance of this Rider and the claim for which benefits are being sought. After this Rider has been In Force for 24 months, we can take this action only if we can show that the Insured knowingly and intentionally misrepresented relevant facts relating to his or her health. No benefits will be paid under this Rider if it is voided.

Suicide If at any time this Rider was attached to the Policy, and the Insured, while sane or insane, commits suicide within 2 years from the earlier of the Policy Date or the Date of Issue (except in the case of backdating to save age where the suicide exclusion period will be measured from the Date of Issue), or the date the Policy and this Rider are reinstated, the Death Benefit Proceeds payable will be the amount described in the Policy's "Suicide" provision, less the amount of any payments made for Covered Services under this Rider.

Pre-existing Conditions Not Excluded We will not deny benefits for Pre-Existing Conditions. This provision does not preclude us from exercising other remedies available at law, in equity or in contract because of misrepresentations.

Return of Premium Benefit A portion of any Return of Premium Benefit under the Value Protection Endorsement will be equal to the total charges assessed for this Rider from the Policy Date to the date of full surrender.

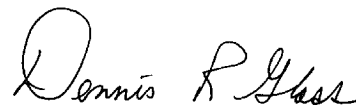
Conformity With State Statutes If on the Policy Date any provision of this Rider is in conflict with the statutes of the State of Issue, such provision is automatically amended to meet the minimum requirements of such statutes.

Conformity With Federal Statutes If any provision of this Rider is found not be in compliance with Federal statutes that determine if a policy is a qualified long-term care insurance policy under Federal law, we will amend the Rider if required to do so to meet the minimum requirements necessary to comply with the Federal laws, rules, and regulations. We will provide you with a copy of such amendment. You may reject any such amendment of this Rider by providing us with Notice that you reject it; however, rejection of the changes contained in the amendment may adversely affect the tax qualified status of this Rider and any benefits received under it. You should consult a qualified tax advisor before deciding to reject such an amendment.

Right to Recovery If we make benefit payments in a total amount which is, at any time, in excess of the benefits properly payable under this Rider, we shall have the right to recover such excess payments from:

- a. any person or persons to, for, or with respect to whom, such payments were made; and
- b. any entity or organization which should have made such payments.

The Lincoln National Life Insurance Company



President

The Lincoln National Life Insurance Company
Service Office: 350 Church Street Hartford, CT 06103-1106

NEW JERSEY LIFE INSURANCE MANDATORY CIVIL UNIONS ENDORSEMENT

PURPOSE

This endorsement is part of the policy, certificate and/or riders and endorsements to which it is attached and is intended to provide benefits for parties to a civil union. New Jersey law requires that insurance coverage offered to married persons and their families be made available to parties of a civil union and their families. In order to receive benefits in accordance with this endorsement, the civil union must have been established in the state of New Jersey according to New Jersey law, or be a same sex relationship validly established under the law of another state or foreign nation that provides substantially all of the rights and benefits of marriage.

GENERAL DEFINITIONS, TERMS, CONDITIONS AND PROVISIONS

The general definitions, terms, conditions and any other provisions of the policy, certificate and/or riders and endorsements to which this mandatory endorsement is attached are hereby amended and superseded as follows:

Terms that refer to a marital relationship, or that may be construed to mean or refer to a marital relationship, such as "marriage," "spouse," "husband," "wife," "dependent," "next of kin," "relative," "beneficiary," "survivor," "immediate family" and any other such terms include the relationship created by a civil union.

Terms that mean or refer to family relationships arising from a marriage, such as "family," "immediate family," "dependent," "children," "next of kin," "relative," "beneficiary," "survivor" and any other such terms include family relationships created by a civil union.

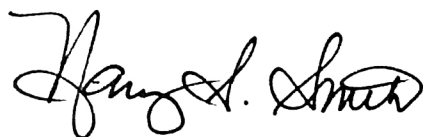
Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage," "divorce decree," "termination of marriage" and any other such terms include the inception or dissolution of a civil union.

"Dependent" means a spouse, a party to a civil union, and/or a child or children (natural, stepchild, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

"Child or covered child" means a child (natural, stepchild, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

CAUTIONARY DISCLOSURE

THIS ENDORSEMENT IS ISSUED TO MEET THE REQUIREMENTS OF NEW JERSEY LAW AS EXPLAINED IN THE "PURPOSE" PARAGRAPH OF THE ENDORSEMENT. THE FEDERAL GOVERNMENT OR ANOTHER STATE GOVERNMENT MAY NOT RECOGNIZE THE BENEFITS GRANTED UNDER THIS ENDORSEMENT. FOR EXAMPLE, THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 KNOWN AS "ERISA", A FEDERAL LAW, CONTROLS THE EMPLOYER/EMPLOYEE RELATIONSHIP WITH REGARD TO DETERMINING ELIGIBILITY FOR ENROLLMENT IN PRIVATE EMPLOYER WELFARE BENEFIT PLANS. THE INTERNAL REVENUE CODE, ALSO A FEDERAL LAW, CONTROLS THE TREATMENT OF LIFE INSURANCE PREMIUMS FOR FEDERAL TAX PURPOSES. YOU ARE ADVISED TO SEEK EXPERT ADVICE TO DETERMINE YOUR RIGHTS UNDER THIS POLICY OR CERTIFICATE.



Secretary

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SPECIMEN

SPECIMEN

The Lincoln National Life Insurance Company

INDIVIDUAL FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY

Death Benefit Proceeds are payable upon the death of the Insured while this Policy is In Force; the Death Benefit Proceeds may be decreased. The Surrender Value is payable upon surrender of this Policy. Planned Premium payments and additional Riders and/or benefits are shown in the Policy Specifications. Flexible premium payments may be made to the earlier of the Insured's Attained Age 121 or the Insured's death. This Policy is non-participating; it is not eligible for dividends.