

University of Texas enrollment form

1. Annuitant information

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

2. Employer location/remitter

Employer location _____ Remitter number _____ - _____

3. Suitability - Complete this information for the annuitant.

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

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

Occupation _____

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

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

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

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

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

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

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

(Select one)

- Yes No

5. Allocation of contributions

(Indicate below how your contributions should be allocated. Percentages must be whole numbers and equal 100%. Enrollment will not be processed until allocations are in good order.)

Preservation of Capital

____ % Fixed Account (FIXED ACCT)
____ % LVIP Government Money Market (LN GOV MM)

Income

____ % LVIP Macquarie Bond Fund (MAC BOND)
____ % LVIP Macquarie Diversified Income Fund (MAC DVRINC)
____ % LVIP Macquarie High Yield Fund (MAC HI YLD)
____ % LVIP Mondrian Global Income Fund (GLOBAL INC)

Growth & Income

____ % American Funds Growth-Income (AMF GR&IN)
____ % LVIP BlackRock Global Allocation Fund (BLRK GL AL)
____ % LVIP Global Conservative Allocation Managed Risk (LN GLB CON)
____ % LVIP Global Moderate Allocation Managed Risk (LN GLB MOD)
____ % LVIP JPMorgan Retirement Income Fund (JPM RET IN)
____ % LVIP Macquarie Value Fund (MAC VALUE)
____ % LVIP SSGA Global Tactical Allocation Managed Volatility (SS GLB TAC)

Long Term Growth

____ % American Funds Global Growth (AMF GL GR)
____ % American Funds Growth (AMF GROW)
____ % American Funds International (AMF INT'L)
____ % Fidelity® VIP Contrafund® (FID CONTRA)
____ % LVIP BlackRock Real Estate Fund (LN BR REIT)
____ % LVIP Macquarie Mid Cap Value Fund (MAC MC VAL)
____ % LVIP Macquarie Social Awareness Fund (MAC SC AWR)
____ % LVIP SSGA S&P 500 Index (S&P 500 IN)
____ % Macquarie VIP® Small Cap Value Series(MAC SMCP V)

Maximum Capital Appreciation

____ % LVIP Franklin Templeton Multi-Factor Emerging Markets Equity Fund (FT EM MKT)
____ % LVIP Macquarie SMID Cap Core Fund (MAC SMID)
____ % LVIP T. Rowe Price Structured Mid-Cap Growth (TRP MIDCAP)

6. Beneficiary information - If additional space is needed, provide complete information in the Special instructions section.

(Percentages must be in whole numbers only. The total of percentages for primary beneficiaries and secondary beneficiaries must each equal 100%. This application will not be processed until the beneficiary information is in good order.)

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

Annuitant marital status: Married Not married

Primary Secondary Name (first, MI, last, suffix) _____

Relationship _____ Percentage _____ % Email address _____

Address _____ City _____ State _____ Zip _____

Home phone no. _____ - _____ - _____ SSN _____ - _____ - _____ Date of birth _____ / _____ / _____

Primary Secondary Name (first, MI, last, suffix) _____

Relationship _____ Percentage _____ % Email address _____

Address _____ City _____ State _____ Zip _____

Home phone no. _____ - _____ - _____ SSN _____ - _____ - _____ Date of birth _____ / _____ / _____

Primary Secondary Name (first, MI, last, suffix) _____

Relationship _____ Percentage _____ % Email address _____

Address _____ City _____ State _____ Zip _____

Home phone no. _____ - _____ - _____ SSN _____ - _____ - _____ Date of birth _____ / _____ / _____

7. Contribution

Note: Must submit separate enrollment forms for each market selected.

Check appropriate market type and complete its contribution column.	<input type="checkbox"/> ORP	<input type="checkbox"/> 457	<input type="checkbox"/> UTGRA	<input type="checkbox"/> 403(b)	Payment Frequency*
Employee elective deferral/salary reduction	\$ _____		\$ _____	\$ _____	_____
Employee deferred compensation		\$ _____			_____
Employer	\$ _____		\$ _____		_____

Recurring Annual Amount _____

*Payment Frequency:

(A) Annual(1) (S/A) Semi-annual(2) (Q) Quarterly(4) (M) Monthly(12) (S/M) Semi-monthly(24) (B/W) Bi-weekly(26) (W) Weekly(52)

8. Special instructions

9. Signatures - This enrollment form must be signed and submitted to your employer.

By signing below, you certify that you have read and understand the investment options available in your employer's pension plan and that you have received a prospectus which explains the associated expenses and charges of the options. You agree that the options selected satisfy your investment objectives and agree to the conditions provided in the Telephone/internet authorization section of the University of Texas enrollment form.

In the event there is a conflict between any other documents relating to the UTSaver DCP, the terms of the plan will control.

Residents of all states except Alabama, Arkansas, California, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia and Washington, please note: Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

For Alabama residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

For Arkansas, Louisiana, and Rhode Island residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For California residents only: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Colorado, Kentucky, Maine, and Tennessee residents only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

For District of Columbia residents only: WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Kansas residents only: Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of fraud as determined by a court of law.

For Maryland residents only: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For New Jersey residents only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For New Mexico residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For New York residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Ohio residents only: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Oklahoma residents only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For Oregon residents only: Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which may be a crime and may be subject such person to criminal and civil penalties.

For Pennsylvania residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Vermont residents only: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

For Virginia residents only: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

For Washington residents only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Check here if you are a participant and do not have a living spouse.

Check here if you have a living spouse. Spouse's date of birth _____ / _____ / _____ (mm/dd/year)

Annuitant signature _____ Date _____ / _____ / _____

10. Agent's report

Servicing agent's name (*print/type*) _____

Phone number _____ - _____ - _____ Social security number _____ - _____ - _____

SA code _____ PC code _____ Mail code _____ Split _____ %

Agent 1 name (*print/type*) _____

Phone number _____ - _____ - _____ Social security number _____ - _____ - _____

SA code _____ PC code _____ Mail code _____ Split _____ %

Agent 2 name (*print/type*) _____

Phone number _____ - _____ - _____ Social security number _____ - _____ - _____

SA code _____ PC code _____ Mail code _____ Split _____ %

Agent 3 name (*print/type*) _____

Phone number _____ - _____ - _____ Social security number _____ - _____ - _____

SA code _____ PC code _____ Mail code _____ Split _____ %

10. Agent's report (cont.)

As agent, you certify that:

- You have used only Lincoln approved sales materials in conjunction with this sale; and copies of all sales materials were left with the annuitant. Any electronically presented sales material shall be provided in printed form to the annuitant no later than at the time of contract delivery;
- You have truly and accurately recorded on this enrollment form the information supplied by the annuitant/participant;
- You have reviewed the investment objectives and financial needs of the annuitant and believe that this product is suitable for addressing those objectives and needs;
- You have witnessed the signature(s) in Section 9 and that all information contained in this enrollment form is true to the best of your knowledge and belief.
- As the Financial Professional to the Plan named above, I represent and warrant that all information provided in herein is true and accurate. I understand that no compensation will be paid and no effective date established until Lincoln has received all required forms and authorizations and such are deemed in good order. I also represent that the receipt of the compensation elected in this form by either myself or my firm is not a prohibited transaction under the Employee Retirement Income Security Act of 1974 ("ERISA"), regardless of whether the plan is subject to ERISA. I agree to hold harmless and indemnify Lincoln, its employees, agents or affiliates against all claims, actions, costs and liabilities, including attorney's fees, for acting on the representations, information and instructions provided herein.

Agent name (*print/type*) _____

Agent signature _____ Date ____/____/____

Mail to: The Lincoln National Life Insurance Company
Servicing Office - PO Box 2340
Fort Wayne, IN 46801-2340
Phone 800-454-6265
Fax 260-455-1874
LincolnFinancial.com
MultiFundForms@LFG.com

IF FAXING, do not mail in originals.

Multi-Fund® group variable annuity is issued on contract form number 28890TX by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc., Radnor, PA, a broker-dealer. **Contractual obligations are subject to the claims-paying ability of The Lincoln National Life Insurance Company.**

Limitations and exclusions may apply.