

March 28, 2022

The Lincoln National Life Insurance Company
P.O. Box 21008
Greensboro, NC 27420-1008
Phone: 855-831-7065
Email: ECSV@LFG.com

The Enhanced Cash Surrender Value option is available until:

7/31/22

Policy number:
Base coverage:

Insured:

Dear

At Lincoln Financial Group, we believe in the importance of life insurance and recognize the peace of mind it can provide. We also understand that needs can change based on the market, environment or personal events. If your financial needs have changed, we want to make sure you are aware of the Enhanced Cash Surrender Value option, which may help you meet your financial planning goals.

This option gives you the opportunity to receive more than the policy's current cash value if you decide to surrender or replace your policy to meet your current needs. We encourage you to review the enclosed guide for more details about the program and the steps required to accept the enhanced value amount, should you choose to do so. Before making a decision, we encourage you to speak with your financial professional as you consider your current needs, long-term goals, and your personal circumstances.

Please note: (f you accept the Enhanced Cash Surrender Value option)
by choosing to surrender or replace your policy, the beneficiaries will no
longer be able to collect this policy's death benefit upon the death of
the insured. If you are not interested in accepting the Enhanced Cash
Surrender Value option, you can continue coverage in your current
policy with no changes to account values, fees or charges.

The Enhanced Cash Surrender Value:

Your policy's cash surrender value as of 1/21/22: \$0.00

Your Enhanced Cash Surrender Value* available to you until 7/31/22: \$33,133.47

*Assumes no withdrawals, loans, loan payments, or other policy coverage changes are made after 1/21/22

Contact your financial professional. This option is available for a limited time. Your financial professional is aware that you have received this offer. It may be helpful to schedule a meeting to discuss this option, in order to make an informed decision.

We're here to help. If you have any questions regarding the Enhanced Cash Surrender Value option, our dedicated team of specialists is available Monday to Friday from 8:00 a.m. to 5:00 p.m. ET. Please call 855-831-7065 or email us at ECSV@LFG.com. Thank you for trusting Lincoln Financial Group for solutions that empower you to take charge of your financial future.

Sincerely,

Laura Muse

Vice President, In-Force Business Leader Lincoln Financial Group

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CC

Financial Professional: N/A Phone Number:

The Lincoln National Life Insurance Company

Enhanced Cash Surrender Value Option Endorsement

Policy Owner(s):			20	
Insured(s):				¥
Policy number:				
Offer Determination Date: 1/21/22	_			
Endorsement Effective Date: 2/28/22	-			
Offer Expiration Date: 7/31/22				
This Endorsement is a part of the Policy to which it is a is subject to the terms and conditions of the Policy. The "Your") as described in the Benefit section. This Endor	nis Endorsement	provides a benef	it to the Policy	Owner(s) ("You" or
Benefit You are being offered an Enhanced Cash Surrender Va Expiration Date, You will receive the Enhanced Cash S			xchange Your P	olicy by the Offer
Your Policy's cash surrender value as of the Offer Determination Date Your Enhanced Cash Surrender Value available to You until the Offer Expiration Date				\$ <u>0.00</u> \$ <u>33,133.47</u>
Withdrawals, loans, loan payments, or other policy cothis offer.	overage changes a	fter the Offer De	etermination Da	ate may invalidate
General Provisions There is no charge for this Endorsement. Electing the required by You to decline this offer. Declining this of			Option is volunt	ary. There is no action
If You decide to accept this offer, any premium payme	ents received afto	er the Offer Dete	rmination Date	will be refunded.
Termination This Endorsement and all rights under this Endorsement termination of the Policy.	ent will terminate	upon the earlie	r of the Offer E	xpiration Date or
Signatory Section By signing below, I/we voluntarily accept the Enhance Enhanced Cash Surrender Value, I/we must complete by the Offer Expiration Date. I/we understand the Codocumentation to surrender or exchange the Policy.	, sign and return	this form, in goo	d order, to the	Company, postmarked
Signed in	, this	day of		
Signed in(city, state)		(n	nonth)	(year)
Signature of Policy Owner(s)		Donn	is P. Glass	L
		P	resident	
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