

The Lincoln National Life Insurance Company

Enhanced Cash Surrender Value Option Endorsement

Policy Owner(s): [Name1 and Name 2, if applicable]

Insured(s): [Name1 and Name 2, if applicable]

Policy number: [XXXXXXXX]

Offer Determination Date: [December 13, 2018]

Endorsement Effective Date: [January 14, 2019]

Offer Expiration Date: [May 31, 2019]

This Endorsement is a part of the Policy to which it is attached (the "Policy"). Except as provided below, this Endorsement is subject to the terms and conditions of the Policy. This Endorsement provides a benefit to the Policy Owner(s) ("You" or "Your") as described in the Benefit section. This Endorsement takes effect on the Endorsement Effective Date.

Benefit

You are being offered an Enhanced Cash Surrender Value Option. If You surrender or exchange Your Policy by the Offer Expiration Date, You will receive the Enhanced Cash Surrender Value as shown.

Your Policy's cash surrender value as of the Offer Determination Date	\$4,756.20
Your Enhanced Cash Surrender Value available to You until the Offer Expiration Date	\$14,6820.45

Withdrawals, loans, loan payments, or other policy coverage changes after the Offer Determination Date may invalidate this offer.

General Provisions

There is no charge for this Endorsement. Electing the Enhanced Cash Surrender Value Option is voluntary. There is no action required by You to decline this offer. Declining this offer does not affect Your Policy.

If You decide to accept this offer, any premium payments received after the Offer Determination Date will be refunded.

Termination

This Endorsement and all rights under this Endorsement will terminate upon the earlier of the Offer Expiration Date or termination of the Policy.

Signatory Section

By signing below, I/we voluntarily accept the Enhanced Cash Surrender Value offer. I/we understand that to receive the Enhanced Cash Surrender Value, I/we must complete, sign and return this form, in good order, to the Company, postmarked by the Offer Expiration Date. I/we understand the Company may require the completion and receipt of additional documentation to surrender or exchange the Policy.

Signed in _____, this _____ day of _____ (year)
(city, state) (month)

Signature of Policy Owner(s)

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