Lincoln LifeGuarantee[™] SUL

A Life Insurance Illustration

Flexible Premium Adjustable Life Policy

Presented by: Richard Denmark

Financial Group*

Signature Page

For: Dennis Shasha	Karen Shasha	Initial Death Benefit:	\$7,500.000
Age: 53	54	Initial Death Benefit Opt:	Level
Sex: Male	Female	Initial Payment Mode:	Annual
Class: Standard Non-Tobacco	Standard Non-Tobacco	Riders:	ABR

Numeric Summary

		Guaranteed	Midpoint	Current
	Description	Values	Values	Values
	Lapse Year	n/a	n/a	n/a
End of Year 5, Age 58				
	Total Premium Paid	202,975	202,975	202,975
	Surrender Value	0	0	0
	Death Benefit	7,500,000	7,500,000	7,500,000
End of Year 10, Age 63				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Total Premium Paid	345,950	345,950	345,950
	Surrender Value	44,259	59.396	74,503
	Death Benefit	7,500,000	7,500,000	7,500,000
End of Year 20, Age 73			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Total Premium Paid	983,220	983.220	983,220
	Surrender Value	452,423	597,395	739,713
	Death Benefit	7,500,000	7,500,000	7,500,000
End of Year 30, Age 83			.,	1000,000
	Total Premium Paid	1,971,810	1,971.810	1,971,810
	Surrender Value	0	363.152	1,144,202
	Death Benefit	7,500,000	7,500,000	7,500,000
End of Year 17, Age 70		•		1,000,000
-	Total Premium Paid	686,643	686,643	686,643
	Surrender Value	285,035	365,512	445,170
	Death Benefit	7,500,000	7,500,000	7,500,000

NOTE: Non-guaranteed benefits and values are not guaranteed. The assumptions on which they are based are subject to change by the company. Actual results may be more or less favorable. Guaranteed Values are based on maximum cost of insurance charges and guaranteed minimum interest crediting rate.

Signature Section

I/We have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The licensed agent/representative has told me/us they are not guaranteed. I understand that this illustration is not a contract and that the terms of the policy constitute the actual agreement of coverage.

I have been advised to consult with my own tax advisors regarding the tax effects of the illustrated policy and also with respect to its valuation.

It is my intention to replace existing coverage with the coverage represented by this illustration. My insurance agent has explained the advantages and disadvantages of this exchange.

I further understand that the guarantees provided by the Coverage Protection Guarantee are directly affected by the amount and timing of premiums paid.

Date	XX Proposed Insured(s) Signature
Date	X Proposed Owner/Applicant Signature

The information above is NOT intended as legal or tax advice.

For such advice, the taxpayer should consult his or her attorney or tax advisor.

I certify that this illustration has been presented to the applicant/owner and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration. I have advised the applicant/owner to consult with tax advisors regarding the tax effects of the illustrated policy.

Date Licensed Agent/Representative Signature

LCN 200808-2019475 State: NY *This illustration is not complete without all pages.* 7/14/2009 12:32 PM



REGULATION 60 - APPENDIX 11 INSURANCE DEPARTMENT OF THE STATE OF NEW YORK DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

(1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?

YES NO

(2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?

YES ____ NO ____

(3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?

YES ____ NO ____

(4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?

YES ____ NO ____

(5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?

YES ____ NO ___

(6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?

YES _____ NO _____

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE DEPARTMENT REGULATION No. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

DATE:	SIGNATURE OF APPLICANT:	
	PRINT APPLICANT NAME:	
DATE:	SIGNATURE OF APPLICANT:	
	PRINT APPLICANT NAME:	

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION:

YES ____ NO ____

DATE: _____

SIGNATURE OF AGENT
OR BROKER: _____

PRINT AGENT OR BROKER NAME:_____