

Annuitant/Owner

Name (print) _____

Mailing Address _____

City _____ State ZIP -

Legal (Street) Address (if different from mailing address) _____

City _____ State ZIP -

Social Security no. - - Date of Birth / /
month day year

Male Female Married Not married

E-mail address _____

Home phone no. - - Business phone no. - -

Suitability Complete this information for the Annuitant/Owner.

Annuitant/Owner'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

Annuitant/Owner's financial status is: (complete all fields unless declining suitability information.)

Number of dependents Occupation _____

Total family income \$ Estimated net worth \$

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

Does the Multi-Fund® Group Variable annuity meet your financial objectives and anticipated needs? Yes No

Allocation of Contributions

Indicate below how your contribution should be allocated. Percentage amounts must be in whole percentages and total 100%.

Preservation of Capital

- _____ % Fixed Account
_____ % Lincoln VIP Money Market

Income

- _____ % Lincoln VIP Bond
_____ % Delaware VIP High Yield

Growth & Income

- _____ % AllianceBernstein Growth & Income
_____ % American Funds Growth-Income
_____ % Delaware VIP Value
_____ % Lincoln VIP Equity-Income
_____ % Lincoln VIP Managed

Long Term Growth

- _____ % American Funds Global Growth
_____ % American Funds Growth
_____ % American Funds International
_____ % Delaware VIP Small Cap Value
_____ % DWS Equity 500 Index VIP
_____ % Fidelity VIP Contrafund
_____ % Lincoln VIP Growth and Income
_____ % Lincoln VIP International
_____ % Lincoln VIP Social Awareness
_____ % Lincoln VIP Special Opportunities
_____ % MFS Utilities

Maximum Capital Appreciation

- _____ % Alliance Bernstein VP Global Technology
_____ % Delaware VIP Trend
_____ % DWS Small Cap Index VIP
_____ % Neuberger Berman AMT Mid Cap Growth

Employer/Remitter

Remitter name _____

Remitter No. _____

Contract

Market: ORP 457 UTGRA 403(b)

Telephone/Internet Authorization *Check Yes if this option is desired*

I/We authorize and direct The Company 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 The Company.

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. I/We agree to hold harmless and indemnify The Company and 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 are effective at the close of the following business day.

Yes No

Beneficiary Designation *If additional space is needed, attach a separate sheet.*

Primary Contingent Relationship to Annuitant/Owner _____ %

Name _____
Last First Middle Initial

Social Security no. -- Date of Birth / /
month day year

Primary Contingent Relationship to Annuitant/Owner _____ %

Name _____
Last First Middle Initial

Social Security no. -- Date of Birth / /
month day year

Primary Contingent Relationship to Annuitant/Owner _____ %

Name _____
Last First Middle Initial

Social Security no. -- Date of Birth / /
month day year

Note: Your employer may keep your beneficiary designation on file. If so, you should provide all beneficiary changes to your employer.

Contribution

	ORP	457	UTGRA	403(b)	Frequency*
Employee elective deferral/salary reduction	\$		\$	\$	
Employee deferred compensation		\$		\$	
Employer	\$		\$	\$	

*Frequencies: (A) Annual (S/A) Semi-annual (Q) Quarterly (M) Monthly
 (S/M) Semi-monthly (B/W) Bi-weekly (W) Weekly

Date of Hire Annual Salary

Recurring Annual Amount Number of Payments

Indicate the months in which contributions will be skipped (maximum of 3 months.) _____

Additional Remarks

Declarations and Signatures *This enrollment form must be signed and submitted to your employer.*

By signing below, you certify that you understand the investment options available in your employer’s pension plan and that you have received a prospectus explaining the 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 Multi-Fund® Group Variable Annuity Enrollment Form.

If contributions are received by the insurer without complete and accurate information, your contributions will be allocated to the Pending Allocation Account. Once this information is received, the insurer will allocate your contributions as indicated on the form. After the third monthly notice, if the insurer has not received this information, the account value will be returned to the contractholder.

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

Signature of Annuitant _____ Date / / month day year

Representative’s Report

The representative hereby certifies that he/she witnessed the signature in the Agreement and Signatures section and that all information contained in this enrollment form is true to the best of his/her knowledge and belief.

Servicing representative’s name *(print or type)* _____

Phone no. - - Social Security no. - -

SA code PC code Split

Mail code

Representative’s name *(print or type)* _____

Phone no. - - Social Security no. - -

SA code PC code Split

Representative’s name *(print or type)* _____

Phone no. - - Social Security no. - -

SA code PC code Split

Representative’s name *(print or type)* _____

Phone no. - - Social Security no. - -

SA code PC code Split

Licensed Representative Signature _____ Date / / month day year

Send completed form to:
Lincoln Financial Group
PO Box 2340
Fort Wayne, IN 46801-2340

By Express Mail: Lincoln Financial Group
1300 South Clinton Street
Fort Wayne, IN 46802-3506