Lincoln Financial Group®

Client Services, MIR1
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Variable Universal Life Asset Rebalancing Request Form

General Information

Asset rebalancing is **not available for policies beginning with **"23"** or the letter **"F"**.*

Policy/Certificate No.*: Issued by (the Company)

Insured's Name

Owner's Name

Social Security Number/Tax ID #

Owner's Address

City, State, ZIP

Daytime Telephone No.: E-mail Address:

Rebalancing Election Options

You are not eligible to participate in Asset Rebalancing if you have Dollar Cost Averaging. Select only one rebalancing option and frequency:

☐ Start new asset rebalancing ☐ Change existing asset rebalancing
☐ End existing asset rebalancing

Frequency:

☐ One time rebalancing (Done only once on the date this form is received in good order)
☐ Annual ☐ Semi-annual ☐ Quarterly

Requested changes will be effective upon receipt of this form, in good order, at the administrative office of this company, prior to market close. Changes received after market close will be effective the following business day. Improperly completed forms will be returned. Rebalancing will occur as requested in the "Frequency" section above.

Asset Rebalancing Allocation Instructions

Use this section to indicate what you would like to rebalance. Please refer to the prospectus for proper fund names, limitations and restrictions.

Indicate the percentage you want to allocate to each fund using whole percentages. The total of all percentages must equal 100%. Fixed account is not subject to rebalancing.

Sub-Account name	%
Total of Sub-Account =	100%

Agreement and Signatures

**Complete if a corporation, partnership, or trust.*

Two officer's signatures are required for corporate-owned policies/certificates.

By signing below, I/we certify that I agree to the changes shown above and confirm that I have received current prospectuses/disclosure booklets and that I have read the conditions above. I also certify that I have reviewed the information I provided and it correctly reflects my intended changes.

Owner's Signature Title*

Owner's Name Date

Owner's Signature Title*

Owner's Name Date

This request is subject to the provisions and conditions of the policy. The Company may require additional information or requirements.

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