

Please check appropriate underwriting company:
☐ The Lincoln National Life Insurance Company, Service Office: PO Box 21008, Greensboro, NC 27420-1008
Lincoln Life & Annuity Company of New York, Service Office: PO Box 21008, Greensboro, NC 27420-1008
☐ First Penn-Pacific Life Insurance Company, Service Office: PO Box 21008, Greensboro, NC 27420-1008
(hereinafter referred to as the "Company")

Continuation of Details Supplement

Complete this page whenever requiring a detailed response.	Use a separate	page for each P	roposed Insured.	•	
Proposed Insured Name: (First)	/	(Middle)	/	(Last)	/_ (Suffix)
Date of Birth (mm/dd/yyyy):					
Details: (List details from question Ques. # Details:	ons answered "\	es" and please sp	ecify to which quest	ion numbers details pe	ertain.)
Each of the Undersigned decla					
I/We have read or have had read and answers in this Continuation our knowledge and belief. I/We insurance. I/We understand that may have the right to deny benef	of Details Suppagree that this (agree that this (any answers c	plement are correct Continuation of De on this Continuation	tly recorded and are etails Supplement co n of Details Supplem	full, complete and tru postitutes a part of my nent are incorrect or ur	e to the best of my/ //our application for
Signed in: Date (M	//_ M/DD/YYYY)	_			
Signature of Proposed Insured (Parent	or Guardian if unde	er 18 years of age)	Signature of Licensed Aç	gent, Financial Planner or Re	gistered Representative

Signature of Applicant/Owner/Trustee (If other than Proposed Insured) (Provide Title if owned by a Trust or a Corporation)

^{* &}quot;Policy" may be referred to as "certificate".