

① You may use this form for new investors or to update information for existing investors. Complete only the sections that apply:

- Section A3: Individual Investors
- Section A4: Joint or Related Owners
- Section A5: Corporate, Trust or Other Entity Investors
- Section B: New Account Information
- Section C: Time Horizon and Risk Questionnaire
- Section D: Acknowledgement, Certification and Signature Page

Section A1: Financial Representative and Branch Information				
Lincoln Rep #	Branch #	Financial Representative Name	Date Rec'd in Good Order	Date Shipped to Branch

Section A2: Type of Instruction
Select One: <input type="checkbox"/> New Investor <input type="checkbox"/> Updated information for an existing Investor.

Section A3: Individual Investor Contact and Suitability Information				
First Name	Middle Name/Initial	Last Name	Social Security #	<input type="checkbox"/> OR <input type="checkbox"/> Entity ID
Date of Birth or Date of Trust	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship	① If new investor and no SSN provided, attach form L67-ID.	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership				

Residence Address (No PO Boxes)			Daytime Phone
City	State	Zip	Evening Phone

Mailing Address (if different from above)			Cell Phone
City	State	Zip	Other Phone Type

E-mail Address	Lincoln must obtain consent to provide certain documents electronically. Please review the section on Consent to Electronic Delivery in the Lincoln Investor Agreement and Disclosure Handbook (Handbook) and if you do NOT wish to receive electronic documents from Lincoln, decline by initialing here: _____
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Employer	Occupation
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Gross Annual Income: <input type="checkbox"/> \$ 0 - 24,999 <input type="checkbox"/> \$100,001 - 250,000 <input type="checkbox"/> \$ 25,000 - 50,000 <input type="checkbox"/> \$250,001 - 500,000 <input type="checkbox"/> \$ 50,001 - 100,000 <input type="checkbox"/> \$500,001 & Over	Investment Experience: <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">None</td> <td style="text-align: center;"><1 Yr</td> <td style="text-align: center;">1-5 Yrs</td> <td style="text-align: center;">>5 Yrs</td> </tr> <tr> <td>Cash/Money Markets/CDs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Mutual Funds/Stocks/Bonds</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Annuities/Insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		None	<1 Yr	1-5 Yrs	>5 Yrs	Cash/Money Markets/CDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mutual Funds/Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annuities/Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	None	<1 Yr	1-5 Yrs	>5 Yrs																	
Cash/Money Markets/CDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Mutual Funds/Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Annuities/Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	

Marginal Tax Rate: <input type="checkbox"/> 0%-15% <input type="checkbox"/> 16%-29% <input type="checkbox"/> 30%+	Risk Tolerance <input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Aggressive <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Aggressive
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Net Worth (exclude home): <input type="checkbox"/> \$ 0 - 49,999 <input type="checkbox"/> \$250,001 - 500,000 <input type="checkbox"/> \$ 50,000 - 250,000 <input type="checkbox"/> \$500,001 & Over	<input type="checkbox"/> Check here if Lincoln Investment Time Horizon and Risk Questionnaire used to determine risk level.
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Affiliations 1. Are you or an immediate family member affiliated with, or work for, a member of a stock exchange or the Financial Industry Regulatory Authority? If YES, authorization from your employer is required before we can open your account.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you or an immediate family member a senior officer, director or 10% shareholder of a publicly traded company? If YES, provide company name & address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you or an immediate family member a Politically Exposed Person, a Private Bank or a Foreign Bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Social Security #

OR

Entity ID

Section A4: Joint / Related Investor Contact and Suitability Information¹

Select One: New Investor Updated information for an existing Investor.

First Name	Middle Name/Initial	Last Name	Social Security #	OR	Entity ID
Date of Birth or Date of Trust	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship			

Marital Status
 Married Single Divorced Widowed Civil Union Domestic Partnership

Residence Address (No PO Boxes)			Daytime Phone
City	State	Zip	Evening Phone

Mailing Address (if different from above)			Cell Phone
City	State	Zip	Other Phone
			Type

E-mail Address

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Employer	Occupation
----------	------------

Gross Annual Income:	Investment Experience:	None	<1 Yr	1-5 Yrs	>5 Yrs
<input type="checkbox"/> \$ 0 - 24,999	<input type="checkbox"/> Cash/Money Markets/CDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$ 25,000 - 50,000	<input type="checkbox"/> Mutual Funds/Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$ 50,001 - 100,000	<input type="checkbox"/> Annuities/Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$100,001 - 250,000					
<input type="checkbox"/> \$250,001 - 500,000					
<input type="checkbox"/> \$500,001 & Over					

Marginal Tax Rate:	Risk Tolerance
<input type="checkbox"/> 0%-15% <input type="checkbox"/> 16%-29% <input type="checkbox"/> 30%+	<input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Aggressive
	<input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Aggressive

Net Worth (exclude home):	<input type="checkbox"/> Check here if Lincoln Investment Time Horizon and Risk Questionnaire used to determine risk level. (Questionnaire required for Retirement SOLUTIONS Asset Management and ALL PREMIER Investors; optional for Buy and Hold Investors)
<input type="checkbox"/> \$ 0 - 49,999	
<input type="checkbox"/> \$ 50,000 - 250,000	
<input type="checkbox"/> \$250,001 - 500,000	
<input type="checkbox"/> \$500,001 & Over	

Affiliations

- Are you or an immediate family member affiliated with, or work for, a member of a stock exchange or the Financial Industry Regulatory Authority? If YES, authorization from your employer is required before we can open your account. Yes No
- Are you or an immediate family member a senior officer, director or 10% shareholder of a publicly traded company? If YES, provide company name & address: _____ Yes No
- Are you or an immediate family member a Politically Exposed Person, a Private Bank or a Foreign Bank? Yes No

¹Related Owner Guidelines:

- **UGMA/UTMA:** Custodian is the related owner in Section A4; Minor is the Investor in Section A3.
- **529 Plan:** Beneficiary is the related owner in Section A4; Account Owner is the Investor in Section A3.
- **529 Plan Funded with UGMA/UTMA assets:** Custodian is the related owner in Section A4; Minor/Beneficiary is the Investor in Section A3.
- **Coverdell ESA:** Responsible Individual is the related owner in Section A4; Beneficiary is the Investor in Section A3.



Social Security #

OR

Entity ID

Section A5: Corporate, Trust of Other Entity Investor Information

Entity Name	Tax ID	OR	Entity ID
	<input type="text"/>		<input type="text"/>

Entity Type (Provide supporting legal proof of establishment of the entity, eg trust document, corporate resolution, plan document etc.)

Partnership C Corporation S Corporation Pension/Profit Sharing Other/Trust (specify): _____

Entity Address (No PO Boxes)			Daytime Phone
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City	State	Zip	Evening Phone
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Mailing Address (if different from above)			Cell Phone
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City	State	Zip	Other Phone	Type
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E-mail Address	Lincoln must obtain consent to provide certain documents electronically. Please review the section on Consent to Electronic Delivery in the Lincoln Investor Agreement and Disclosure Handbook (Handbook) and if you do NOT wish to receive electronic documents from Lincoln, decline by initialing here: _____
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Marginal Tax Rate:
 0%-15% 16%-29% 30%+

Individuals Authorized to Transact Business (Provide supporting legal proof of authority)

Print Name	Title	Number of signatures required:
Print Name	Title	
Print Name	Title	

Affiliations

4. Are any of the above, or an immediate family member of the above, affiliated with, or work for, a member of a stock exchange or the Financial Industry Regulatory Authority? If YES, authorization from your employer is required before we can open your account.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are any of the above, or an immediate family member of the above, a senior officer, director or 10% shareholder of a publicly traded company? If YES, provide company name & address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are any of the above, or an immediate family member of the above, a Politically Exposed Person, a Private Bank or a Foreign Bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B: Account Investment Objective

i Complete this section only if submitting this form with a Product Sponsored application for a new account type / new registration for the investor.

Select One: (Detailed definitions are available in the Lincoln Investor Agreement and Disclosure Handbook)

RA: Retirement Accumulation ES: Educational Savings CI: Current Income AA: Asset Accumulation SP: Speculation

If no objective is selected, Lincoln assumes Retirement Accumulation (RA) for Retirement account types, Educational Savings (ES) for 529 and Education IRA accounts; Asset Accumulation for all other account types.

Related Owner Guidelines:

- **UGMA/UTMA:** Custodian is the related owner in Section A4; Minor is the Investor in Section A3.
- **529 Plan:** Beneficiary is the related owner in Section A4; Account Owner is the Investor in Section A3.
- **529 Plan Funded with UGMA/UTMA assets:** Custodian is the related owner in Section A4; Minor/Beneficiary is the Investor in Section A3.
- **Coverdell ESA:** Responsible Individual is the related owner in Section A4; Beneficiary is the Investor in Section A3.



Section C: Time Horizon and Risk Questionnaire

① This Risk Questionnaire is required for all individual participants in a Lincoln Asset Management Program and is an optional "Best Practice" tool for buy and hold investors. It is not required for non-individual corporate, trust or other entity investors.

To help determine your willingness to accept financial risk in your overall portfolio, please read the question, choose your answer and circle the value in the far right hand column; add the values to give you a total score. ANSWER ALL OF THE FOLLOWING:

I would first consult with my financial representative prior to making an investment decision OR I prefer to make my own investment decisions.

Time Horizon	1. Given your current financial situation and age, when do you expect to begin spending these assets?	a. Less than 2 years b. Between 2 to 5 years c. Between 6 to 10 years d. More than 10 years	0 2 4 6																												
	2. Once you begin spending these assets, how do you expect to use these proceeds?	a. Spend all within a 2 year period or take a lump sum distribution b. Spend all over 2 to 5 years c. Spend for basic income needs - taking systematic/frequent withdrawals d. Spend as discretionary income - taking withdrawals as needed e. Do not plan to spend; want to pass on to beneficiaries or gift to charities	0 2 4 6 8																												
Risk Tolerance	3. Looking at the following hypothetical example, which investment would you choose? <i>These are hypothetical returns and are for illustration purposes only. Time horizon assumes a minimum investment of ten years. Ninety-five percent of the time returns typically fall within the top and bottom range of returns. In order to realize the average return, you would potentially experience not only a gain equivalent to the top range of return but also a loss equivalent to the bottom range of return in a single year.</i>																														
		<table border="1"> <thead> <tr> <th colspan="3">Range of Returns</th> </tr> <tr> <th></th> <th>High</th> <th>Average</th> <th>Low</th> </tr> </thead> <tbody> <tr> <td>Investment A</td> <td>8%</td> <td>4%</td> <td>0%</td> </tr> <tr> <td>Investment B</td> <td>16%</td> <td>6%</td> <td>-9%</td> </tr> <tr> <td>Investment C</td> <td>24%</td> <td>8%</td> <td>-16%</td> </tr> <tr> <td>Investment D</td> <td>33%</td> <td>10%</td> <td>-24%</td> </tr> <tr> <td>Investment E</td> <td>42%</td> <td>12%</td> <td>-33%</td> </tr> </tbody> </table>	Range of Returns				High	Average	Low	Investment A	8%	4%	0%	Investment B	16%	6%	-9%	Investment C	24%	8%	-16%	Investment D	33%	10%	-24%	Investment E	42%	12%	-33%	a. Investment A b. Investment B c. Investment C d. Investment D e. Investment E	0 4 6 8 12
	Range of Returns																														
	High	Average	Low																												
Investment A	8%	4%	0%																												
Investment B	16%	6%	-9%																												
Investment C	24%	8%	-16%																												
Investment D	33%	10%	-24%																												
Investment E	42%	12%	-33%																												
	4. What would you do if your selected investment from Question #3 experienced the return listed in the "Low" column?	a. I selected Investment A. b. Sell the investment; I cannot tolerate losses. c. Consider making changes to my investment(s). d. Maintain my current investment(s) because I understand there are fluctuations in the market. e. Consider the decline as an investment opportunity and add to my account.	0 1 4 8 12																												
	5. With which statement do you identify the most?	a. Even if my investment goal is many years away, I'd rather accept a lower rate of return than put my investment at risk. b. I prefer that the majority of my portfolio be invested in lower-risk investments. c. I would accept more risk in an effort to achieve potentially higher long-term returns. d. I would accept a maximum risk/loss of principal for the potential long-term maximum return.	1 4 8 12																												
Investment Experience	6. Which statement best describes your experience as an investor?	a. I have little savings and am new to investing. b. I have savings, Certificates of Deposit (CDs) or fixed annuity experience, no variable return experience. c. I may own some/all of B, but have been investing in mutual funds, stocks, bonds or other variable investments for 1 to 3 years. d. I may own some/all of B, but have been investing in mutual funds, stocks, bonds or other variable investments for 3 to 10 years. e. I may own some/all of B, but have been investing in mutual funds, stocks, bonds or other variable investments for more than 10 years.	0 1 4 6 10																												
			Total Score*																												

Total Score	① Use your total score to determine your Risk Profile and check one. However, if you wish to disregard the results, indicate the risk level that you feel is in line with your personal risk tolerance. In doing so, you understand that you may be assuming more or less risk than is appropriate for you.	
	*Score	Overall Risk
	<input type="checkbox"/> 0-15	Conservative: Stability of principal with little or no price volatility.
	<input type="checkbox"/> 15-28	Moderately Conservative: Safety of principal with minimal price volatility.
	<input type="checkbox"/> 28-37	Moderate: Moderate growth with some probability of price volatility or loss of principal to achieve potentially higher returns.
	<input type="checkbox"/> 37-48	Moderately Aggressive: Higher than average growth potential with increased probability of price volatility or loss of principal to achieve potentially higher returns.
	<input type="checkbox"/> 49+	Aggressive: High growth potential with high probability of price volatility or loss of principal to achieve potentially higher returns.
Notes	Additional notes regarding overall risk, if any:	



Social Security #

OR

Entity ID

Section D: Acknowledgement & Taxpayer Certification

① All owners/parties to the account must review the information in this section and sign below.

Financial Institution Disclosure:

If your investment is being purchased in a financial institution (bank or credit union), note that investment products are:

- not insured by the FDIC, the National Credit Union Share Insurance Fund (NCUSIF) or any other government agency;
- not deposits or other obligations of the financial institution and are not guaranteed by the financial institution or any affiliated entity; and
- subject to investment risks, including possible loss of principal investment.

Anti-Money Laundering (AML) Verification:

To help the government fight the funding of terrorism and money laundering, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. Therefore, Lincoln will verify my personal financial information, such as name, address, date of birth and other information for identification purposes, with an independent consumer reporting agency. Lincoln may refuse or restrict transactions or request further information or evidentiary documentation during the verification process.

Taxpayer Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Note: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Receipt of Disclosure Booklet:

I acknowledge that I have received, read and understand the full disclosures provided in the Lincoln Investor Agreement and Disclosure Handbook (Handbook).

Acknowledgements:

I acknowledge the following: (i) the information provided herein will be used to help determine a suitable investment strategy. (ii) I have received the prospectuses and fee schedules for the anticipated investments. (iii) I agree to be bound by the current TERMS AND CONDITIONS of the Handbook as well as those amended from time to time in the future; (iv) I understand the Handbook contains pertinent disclosures and agreements between Lincoln, Pershing LLC and me, **including Lincoln's and Pershing LLC's Pre-dispute Arbitration Clause beginning in section I, on page 1, of the Handbook.**

Signature Required	Primary Investor /Authorized Individual Signature	Date	Joint Investor /Authorized individual Signature	Date

For Lincoln Investment Representative Use Only

I verify that I have reviewed with my investor all the information on this document and the Lincoln Investment INVESTOR AGREEMENT AND DISCLOSURE HANDBOOK ("Handbook").

Signature Required	Representative's Signature	Date

