



**Ron Viola Insurance Services, Inc.
Solutions for Life**



IMPORTANT:

Before sending your contracting back to CPS Ron Viola Insurance, please review all pages to be sure they have been completed in their entirety.

Please return these forms, along with current license copies and proof of your E&O insurance to:

**CPS Ron Viola Insurance Services, Inc.
PO Box 6250
Los Osos, CA 93412-6250**

If you prefer, you may fax it to 805-547-6423.

If you have any questions, please contact Paul Irving at 800-640-7770, ext. 19.

Thank you for your business.

Producer Authorization & Appointment Packet

Producer Checklist:

W Complete, sign and submit contracting/appointment forms:

- ☒ Fair Credit Reporting Act Disclosure & Authorization
- ☒ Preliminary Information form
- ☒ For MoneyGuard General Agents only – also submit at least 1 signed copy of the Retail Selling Agreement

W Attach copies of all applicable licenses and any additional state required forms:

- ☒ Current copy of life licenses for each state in which you are requesting appointment
- ☒ For MoneyGuard products, a health license is also required
- ☒ Certification of pre-education or continuing education requirements, as needed

W Submit appointment packet and license copies to your Managing Agency or Firm office.

Managing Agency/Firm Checklist:

W Complete and Submit Producer Endorsement Transmittal form:

- ☒ Review information submitted by Producer
- ☒ Complete hierarchy and compensation details
- ☒ Provide authorizing signature

W Verify state license and appointment guidelines:

- ☒ Confirm appropriate state appointment(s) for the Producer and or Agency, including those receiving an override
- ☒ If submitting new business at the time of initial appointment, please refer to our published State Appointment Guidelines chart to verify state requirements for restricted and non-restricted rules

W Mail or FAX the completed forms and licensing copies to Producer Services

Please keep the follow guidelines in mind when submitting paperwork on new producers:

- ☒ New appointment requests will be submitted to the appropriate state Department of Insurance by LNL based on current “restricted” and “non-restricted” appointment guidelines. For “restricted” states, LNL will submit the appointment request(s) as new producer paperwork is received. For “non-restricted” states, the appointment request is typically not submitted until the first piece of business is submitted. As state regulations change periodically, please refer to the *State Appointment Guidelines* for current state requirements.
- ☒ Lincoln Financial Distributors reserves the right to limit product line availability



The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
First Penn-Pacific Life Insurance Company

Fair Credit Reporting Act Disclosure & Authorization As required by the 1997 FCRA Sections 604(b)(2)(A) and 606(a)

**Disclosure of
Intent to Obtain
Consumer Report
And/or Investigative
Consumer Report**

The Lincoln Financial Group family of insurance companies as listed above (“Lincoln”) may obtain and use a “consumer report” or “investigative consumer report” from a “consumer reporting agency” about you when considering whether to contract with you or appoint you as a Lincoln distributor or, if you become a Lincoln distributor, when deciding whether to continue your association with Lincoln and when making other decisions regarding your association with Lincoln that directly affect you. These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. As a prospective distributor for Lincoln, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business which, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, such as Lincoln.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for credit, employment, insurance or other purposes authorized by the FCRA. If any such information is obtained through personal interviews with the consumer’s friends, neighbors, associates or with others who have knowledge about such information, such a report is an “investigative consumer report.”

If Lincoln obtains an “investigative consumer report,” you may request, in writing, that Lincoln provide you with information about the nature and scope of the investigation to be conducted. You may also request that Lincoln provide you with a copy of the Federal Trade Commission’s document entitled: “Summary of Your Rights Under the Fair Credit Reporting Act.” This document and more information about the FCRA is available on the Federal Trade Commission’s Website at www.ftc.gov.

You are also free to contact the Federal Trade Commission about your rights under FCRA as a “consumer” and to obtain more information about “consumer reports,” “investigative consumer reports,” and “consumer reporting agencies.”

**Authorization of
Applicant to Obtain
Consumer Report
and Investigative
Consumer Report**

By signing below, I hereby voluntarily authorize Lincoln to obtain “consumer reports” and/or “investigative consumer reports” about me from a “consumer reporting agency” and to consider the “consumer reports” and/or “investigative consumer reports” when considering whether to contract with or appoint me as a Lincoln distributor, and, if I become a Lincoln distributor, through the time of my affiliation with Lincoln. I further authorize all persons and entities (including, but not limited to businesses, corporations, former employers and supervisors, credit agencies, consumer reporting agencies, government agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information about me to a “consumer reporting agency” for use by Lincoln and agree to hold each harmless from all liability and responsibility for doing so. I understand that if an investigative consumer report is to be procured, upon written request, I will be given a list of the areas which will be researched and included in the report. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. My signature below confirms that I have read the information contained in this form.

Name (<i>print or type</i>) _____	Date _____
Signature _____	



***** Appointment is for BOTH Lincoln Life fixed and First Penn Term business *****

- The Lincoln National Life Insurance Company
- Lincoln Life & Annuity Company of New York
- First Penn-Pacific Life Insurance Company

Producer Preliminary Information

These forms must be completed as part of your application for an appointment to represent the LFG affiliates indicated. All questions must be answered and the information provided will be kept in confidence unless release is required by law.

Last	First	M.I.	
Name: _____		D.O.B.: _____	SSNo or TIN: _____
Agency/Firm/Broker Dealer: _____		Business phone: _____	
Business address: PO Box 6250, Los Osos, CA 93412-6250		Business fax: _____	
Current residence address: _____		Home phone: _____	
E-mail Address: _____		Lincoln Financial Advisors SA/PC #: _____	
If you have lived at your current address for less than 5 years, give your previous address.			
Address: _____			

Licensing & Registration Information:

License Type:	<input type="checkbox"/> Life	<input type="checkbox"/> Life/Health	<input type="checkbox"/> Variable	<input type="checkbox"/> LTC	<input type="checkbox"/> Other _____
NASD Registration (if any):	<input type="checkbox"/> Series 6	<input type="checkbox"/> Series 7	<input type="checkbox"/> Series 63	<input type="checkbox"/> Series 66	<input type="checkbox"/> Other _____
Clearinghouse Name & # (if any): _____					

Personal Information:

(Please provide a written explanation, including date of the event and date of discharge, for any yes answers on the reverse side of this form.)

Are you currently, or have you ever: **Yes** **No**

1. Been the subject of any customer complaint or complaint or proceeding by any securities, insurance or commodities regulatory body or organization? **Yes** **No**
2. Been suspended, expelled, fined, barred, censured, or otherwise disciplined or found to have violated any securities or commodities law or rule by any securities or commodities regulatory body or organization or employer in the commodities or insurance industry?
3. Been refused a license to sell insurance or been refused membership in any securities regulatory body or organization or had a license suspended or revoked by any Securities and/or State Insurance Department?
4. Been convicted of or pleaded nolo contendere to any felony or misdemeanor?
5. Had your contract, appointment or employment arrangement terminated or have you been permitted to resign from any insurance company or other financial services employer?
6. Been involved in a bankruptcy (personal or otherwise), had a salary garnished or had liens or judgements against you?
7. Been associated with Lincoln in any capacity?
If yes, list Lincoln Affiliate Name _____ Dates of affiliation _____

THIS SECTION DOES NOT APPLY TO BROKER DEALER APPOINTMENTS.

Direction to Pay: In consideration of my appointment by the above selected Company or Companies, I direct that all commissions payable by the Company or Companies for business written under this appointment be payable to:

Name _____ SSN/TIN _____

Signatures and Authorization:

By signing below, I certify the information given is an accurate statement of facts, the attached licenses and registrations are currently in-force and good standing, I have met all educational requirements for the states in which I am licensed and seeking appointments, and that I have fulfilled the appropriate examinations, education and training requirements. By my signature below, I also give the above selected Company or Companies permission to investigate as necessary to verify this information. I realize that this authorization, in original or copy form, is valid now or any time in the future.

Producer (Applicant) _____ Date _____



The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
First Penn-Pacific Life Insurance Company

Additional Information or Instructions:

The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York *
350 Church Street, MPC-4
Hartford, CT 06103-1106
(800) 238-6252 voice
(860) 466-2504

Lincoln Retirement
Lincoln Life & Annuity Company of New York*
P.O.Box 7833, 5H39
Fort Wayne, IN 46801-7833
(800) 331-4949 voice
(260) 455-1267 fax

First Penn-Pacific Life Insurance Company
10 North Martingale Road
Schaumburg, IL 60173-7833
(877) 378-7366 voice
(847) 466-3157 fax

**Lincoln Life & Annuity Company of New York issues are based on product line. Annuity Information should be sent to the Ft. Wayne, IN office and Life Information should be sent to the Hartford, CT office.*

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

BROKER AGREEMENT

AGREEMENT by and between The Lincoln National Life Insurance Company, ("Lincoln Life"), an insurance company organized and existing under the laws of the State of Indiana, and

----- (the "Broker")

WHEREAS, Lincoln Life is the issuer of insurance products (the "Policies"), which are more particularly described in this Agreement in Schedule A1/B1 hereto, as may be amended by Lincoln Life at any time; and,

WHEREAS, Lincoln Life proposes to have the Broker sell the Policies;

NOW THEREFORE, in consideration of the foregoing and the mutual promises herein contained, the parties hereto agree as follows:

1. Appointment of the Broker. Lincoln Life hereby appoints the Broker to solicit sales of the Policies in all jurisdictions in which the Policies may legally be issued.

The Broker agrees that its authority is limited to the solicitation and marketing of the Policies in accordance with this Agreement and that the Broker shall not have authority to make, alter, modify or discharge any contract or extend any provision thereof, or extend the time for payment of premiums or waive any forfeiture or guarantee dividends, or estimate future interest, mortality or expense factors except through the use of authorized illustrations and projections approved by Lincoln Life, or deliver any contract unless the applicant is at the time of delivery in good health and insurable condition, or incur any debts or liability against Lincoln Life.

Nothing in this Agreement shall create or be construed to create any exclusive authority to represent Lincoln Life or to effect sales of policies with respect to a specific geographic territory or otherwise.

2. The Policies. The Policies issued by Lincoln Life to which this Agreement applies are listed in Schedule A1/B1. Schedule A1/B1 may be amended from time to time by Lincoln Life. Lincoln Life in its sole discretion and without notice to the Broker, may suspend sales of any Policies or may amend any policies or contracts evidencing such Policies.

3. Licensing. The Broker shall at all times when performing functions under this Agreement, be validly licensed in the states and other local jurisdictions that require such licensing or registration in connection with the Broker's sales activities. Lincoln Life will, at its option and in its sole discretion, pay state insurance agent appointment fees and any renewals thereof during the term of this Agreement, and the Broker shall be responsible for the payment of all resident and non-resident state insurance license fees and any renewals thereof, as may be necessary to sell or solicit the sale of Lincoln Life Policies.

4. Compliance. The Broker agrees to comply with all applicable state and federal laws and with all rules and regulations of the regulatory agencies having jurisdiction with respect to the sales of the Policies.

5. Sales Practices. The Broker shall be responsible for offering the Policies for sale in accordance with all Lincoln Life rules and procedures then in effect. All applications for Policies shall be made on application forms supplied by Lincoln Life and all payments collected by the Broker shall be remitted promptly in full, without deduction or setoff, together with such application forms and any other required documentation, including temporary insurance agreements, directly to Lincoln Life at the address indicated on such application or to such other address as Lincoln Life may, from time to time, designate in writing. The Broker shall review all such applications for completeness and suitability. Checks in payment on any Policy shall be drawn to the order of "The Lincoln National Life Insurance Company." All applications are subject to acceptance or rejection by Lincoln Life at its sole discretion. All records of information obtained hereunder by the Broker shall not be disclosed or used except as expressly authorized herein, and the Broker will keep such records and information confidential, to be disclosed only as authorized or if expressly required by federal or state regulatory authorities.

The Broker shall keep thorough and correct records and books of account of all transactions covered by this Agreement and shall preserve and hold all documents, correspondence and records that come into the Broker's possession or control relating to the Policies as long as the Policies remain in force. Lincoln Life and the Broker shall promptly notify the other of any customer complaint or notice of regulatory investigation that may involve either party to this Agreement. Such notification shall not be a condition precedent to indemnification as provided for in this Agreement.

6. Sales Promotion Materials and Advertising. "Sales Promotion Material" and "Advertising" are defined as material designed to create public interest in the Policies, or to induce the public to purchase, increase, modify, reinstate or retain a Policy, including:

(a) printed and published material, audiovisual material, descriptive literature used in direct mail, newspapers, magazines, radio and television scripts, billboards, and similar displays;

(b) descriptive literature and sales aids of all kinds, including circulars, leaflets, booklets, depictions, illustrations and form letters, whether in the form of computer software or printed materials;

(c) material used for training and education which is designed to be used or is used to induce the public to purchase, increase, modify, reinstate, or retain a Policy.

The Broker shall be provided with illustrations relating to the Policies and such other material as Lincoln Life determines to be necessary or desirable for use in connection with sales of the Policies. No sales promotion materials or any advertising relating to the Policies shall be used by the Broker unless the specific item has been approved in writing by Lincoln Life .

In addition, the Broker shall not print, publish or distribute any advertisement, circular or any document relating to Lincoln Life unless such advertisement, circular or document shall have been approved in writing by Lincoln Life .

7. Company Property. The Broker agrees that all policyholder files, records and premium accounts are the property of Lincoln Life , and may be audited or inspected as Lincoln Life may require. All computer software containing the rates and values of products issued by Lincoln Life, all Lincoln Life rate books, computer printouts, forms, policies, brochures, sales promotion materials, whether in hard copy or computer format, containing the name/logo of Lincoln Life or any affiliated company are furnished to the Broker in confidence, and the Broker agrees to refrain from reproducing, publishing or disclosing such material other than in the ordinary course of business. The Broker further agrees that all such property shall be returned to Lincoln Life upon demand or upon termination of this Agreement.

8. Compensation.

(a) Commissions. Sales commissions payable to the Broker in connection with sales of the Policies shall be paid by Lincoln Life to the Broker in accordance with the provision set forth in Schedule A1/B1. Lincoln Life will provide the Broker with a copy of the current schedule of sales commissions. Commissions shall accrue only after issuance and delivery of the contract, after the due date of the premium and after the premium is received by Lincoln Life . Commissions on premiums paid in advance shall accrue only on the regular premium due dates of such premiums. No commissions shall be payable on account of waived premiums or on interest or loan payments collected. Upon termination of this Agreement, all commissions payable on premiums received by Lincoln Life up to the date of termination, and on premiums received for renewal years for Policies in force prior to the date of termination, shall be paid in accordance with the provisions of Schedule A1/B1.

(b) Lincoln Life Refund of Premiums. Lincoln Life , in its sole and absolute discretion, may reject any applications or payments remitted through the Broker and may refund an applicant's payments to the applicant. In the event such refunds are made and if the Broker has received compensation including any amounts paid as an expense reimbursement allowance (ERA), including renewal commissions, based on an applicant's payment that is refunded, the Broker shall promptly repay such compensation to Lincoln Life . If repayment is not promptly made, Lincoln Life may at its sole option deduct any amounts due Lincoln Life from the Broker from future commissions otherwise payable to the Broker. This provision shall survive termination of this Agreement.

(c) Changes to Commission Schedule. Lincoln Life may change the schedule of sales commissions at any time. Any such change shall apply to compensation due on applications received by Lincoln Life after the effective date of such change.

(d) Restrictions.

- (i) The Broker agrees that Broker shall not, in violation of any state insurance law or regulation: (1) rebate or offer to rebate all or any part of a premium on a Policy; (2) withhold any premium on a Policy; (3) rebate or offer to rebate all or any part of a commission paid or payable upon the sale of a Policy; or (4) promote fee splitting or commission sharing arrangements. Violation of such laws or regulations shall be grounds for termination of this Agreement by Lincoln Life.
- (ii) If the Broker shall at any time induce or endeavor to induce any owner of a policy to relinquish the policy except under circumstances where there are reasonable grounds for believing that the policy, contract or certificate is not suitable for such person, any and all compensation due the agent so acting shall cease and terminate.
- (iii) Nothing in this Agreement shall be construed as giving the Broker the right to incur any indebtedness on behalf of Lincoln Life . Lincoln Life is hereby authorized to set off liabilities of the Broker against any and all amounts otherwise payable to the Broker by Lincoln Life.
- (iv) Lincoln Life shall not be obligated to recognize any assignment of commissions by the Broker until the original assignment or a certified copy thereof is delivered at its home office, nor does Lincoln Life assume any responsibility for or guarantee the validity or sufficiency of any assignment.

9. Indemnification.

(a) Lincoln Life shall indemnify and hold the Broker and each director and officer of and any person controlling the Broker harmless from any losses, claims, damages or liabilities (or actions in respect thereto), including reasonable attorneys' fees resulting from negligent, fraudulent or unauthorized acts or omissions by Lincoln Life or its employees.

(b) The Broker shall indemnify and hold Lincoln Life harmless from any and all costs, expenses, losses, claims, damages or liabilities (or actions in respect thereof), including reasonable attorneys' fees, resulting from any negligent, fraudulent or unauthorized acts or omissions by the Broker.

(c) The Broker shall indemnify and hold Lincoln Life harmless from any costs, expenses, losses, claims, damages or liabilities (or actions in respect thereof), including reasonable attorneys' fees, which arise out of or are based upon any unauthorized use of sales materials or advertising or any oral or written misrepresentations or any unlawful sales practices with respect to the Policies by the Broker.

The foregoing indemnities described in paragraph 9 (b) and (c) shall, upon the same terms and conditions, extend to and inure to the benefit of each director and officer of and any person controlling, Lincoln Life. The foregoing indemnities shall not extend to losses, claims, damages or liabilities (or actions in respect thereto) arising out of death claims or claims related to the mortality risks of the Policies.

10. E & O Coverage. The Broker shall maintain errors and omissions insurance in an amount and with a company satisfactory to Lincoln Life . Lincoln Life may require evidence satisfactory to it that such coverage is in force, and the Broker shall give Lincoln Life prompt written notice of any notice of cancellation or change of coverage.

11. Independent Contractors. The Broker is an independent contractor with respect to Lincoln Life , and nothing in this Agreement shall create or be construed to create the relationship of employer and employee between Lincoln Life and the Broker. The Broker shall, in its sole discretion, select the persons from whom it will solicit applications for Policies, as well as the time, manner and place of solicitation.

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

By: _____

Its: _____

Date: _____

BROKER

Name of Firm

Name of Individual and Title (Please Print)

X

Signature

Date: _____

SCHEDULES A-1/B-1

Life Brokerage Schedule of Compensation (Subject to Availability and State Variations Thereof)

<u>Individual Universal Life Products</u>	<u>Issue Ages</u>	<u>Year 1</u>	<u>Years 2 - 10</u>
<u>LUL-III/LULLPR/LULLPRII/LULDB</u>	All Ages	50.0	2.5
	Excess Premium	2.5	2.5
	Riders	2.5	For the benefit period
LULLPRII w/Flex Rider/ LULLPRII Trust Series ¹ w/Flex Rider	All Ages	30.0	2.5
	Excess Premium	2.5	2.5
	Riders	2.5	
LULLPRII/LULDB Trust Series ¹	All Ages	50.0	2.5
	Excess Premium	2.5	2.5
	Riders	2.5	For the benefit period
LUL Flex/LUL Flex Trust Series ¹	All Ages	30.0	2.5
	Excess Premium	2.5	2.5
	Riders	2.5	
<u>Survivor Universal Life Products</u>			
<u>LSULLPR/LSULLPRII/LSULLPRIII/ LSULDB</u>	All Ages	50.0	2.5
	Excess Premium	2.5	2.5
	Riders	2.5	
LSULLPRIII w/Flex Rider/ LSULLPRIII Trust Series ¹ w/Flex Rider	All Ages	30.0	2.5
	Excess Premium	2.5	2.5
	Riders	2.5	
LSULLPRIII/LSULDB Trust Series ¹	All Ages	50.0	2.5
	Excess Premium	2.5	2.5
	Riders	2.5	
<u>Individual Whole Life</u>			
<u>WL-I / WL-Icv</u>	<Age 70	50.0	2.5
	71 - 75	45.0	2.5
	76 - 82	42.5	2.5
	83 - 85	37.5	2.5
	Riders	2.0	2.0
<u>Survivor Whole Life</u>			
<u>SWL-I</u>	<Age 75	50.0	2.5
	76 - 80	45.0	2.5
	81 - 85	35.0	2.5
	Riders	2.0	2.0
<u>Term</u>			
<u>Level Term 10/15</u>	20-75	45.0	0.0

1. The Trust Series is not available in all jurisdictions and are only available through an effective Adoption and Participation Agreement.

Product: LSUL-IV

Table 1 (a)

<u>Product</u>	<u>Issue Ages</u>	<u>Year 1</u>	<u>Years 2-10</u>
LSUL-IV	All Ages	50.0	2.5
(Survivor Universal Life)	Excess Premium	2.5	2.5
	Riders	2.5	

(a) 60 days after State approval of LSULDB, Table 1 compensation will be replaced Table 2 compensation for LSUL-IV.

Table 2 (a)

<u>Product</u>	<u>Issue Ages</u>	<u>Year 1</u>	<u>Years 2-10</u>
LSUL-IV	All Ages	30.0	2.5
(Survivor Universal Life)	Excess Premium	2.5	2.5
	Riders	2.5	

(a) Upon State approval plus 60 days of LSULDB, Table 2 compensation will apply to LSUL-IV and the product will only be available under limited circumstances. Please contact your Lincoln Representative.

Product: MoneyGuard & MG LS, FLEX I, FLEX II

<u>Product</u>	<u>Issue Ages</u>	<u>Year 1 Target</u>	<u>Years 2-10</u>	<u>Years 11-99 Non Vested</u>
		<u>% of New Premium</u>	<u>% of accumulated cash value</u>	<u>% of accumulated cash value</u>
MoneyGuard	All Ages	8.00%	Not Applicable	Not Applicable
MG LS	Excess Premium	Not Applicable	Not Applicable	Not Applicable
Flex I	All Ages	65.00%	2.50%	2.50%
	Excess Premium	2.50%	2.50%	2.50%
Flex II	All Ages	84.50%	2.50%	2.50%
	Excess Premium	2.50%	2.50%	2.50%

All Products - Notes:

- No commissions will be paid on any policies that have been placed on waiver of premium, on interest or on policy loan payments.
- Policy replacements - the Company will determine the amount of compensation to be paid, if any, where policy changes, replacements (including replacement of policies issued by affiliates for products listed in this schedule) or reinstatements are involved.
- Compensation with respect to policies issued with an Accounting Value Rider may be subject to deferral, in accordance with company rules, and may be forfeited if such policy is surrendered or lapse prior to the expiration date of the rider.
- A policy surrender, lapse or face decrease may be subject to a charge back of earned commissions and ERA. Refer to existing Company policies and procedures regarding surrender/lapse policies.

Whole Life Products - Notes:

- Flat extras on whole life products are commissionable at the same rate as provided for renewals.

Universal Life Products, excluding MoneyGuard - Notes:

- Flat extras on all universal life products are not commissionable.
- On all Universal Life policies, the Company will pay the above stated commission rates up to the breakpoint (target) premium on premiums received during the first policy year. Premiums received during the first policy year above the breakpoint receive the excess rate stated above.
- In certain states, compensation for the following products (LSUL-IV, LSULLPR, LULLPR and LULDB) will automatically be reduced (60% of standard compensation up to target) if it meets the following criteria: 1) is owned by a pension or profit-sharing plan, or 2) has an illustrated face reduction of more than 35% within 5 years, or 3) is illustrated to lapse within 10 years on a current basis. Refer to existing Company policies and procedures regarding face decrease designs.