



Power Of Attorney Affidavit

Annuity Customer Service Contact Information

Email: AnnuityForms@lfg.com

Online Service: LincolnFinancial.com

Fax: 260 455-6310

The Lincoln National Life Insurance Company (Company, Lincoln)
Lincoln Life & Annuity Company of New York (Company, Lincoln)

Overnight: 1301 S. Harrison St., Fort Wayne IN 46802-3425
Mail: PO Box 2348, Fort Wayne IN 46801-2348

Contract Information

Contract Number: _____

Contract Owner's Name: _____

Social Security Number (Last four digits): XXX-XX- Date of Birth: _____

Home Telephone Number: _____ Mobile Telephone Number: _____

Email Address: _____

Important Information

This form must be notarized on or after the date of the Attorney-in-Fact's signature.

- This form certifies that the Power of Attorney document on file for the annuity contract indicated above is still valid
- This form is required in addition to the Power of Attorney document
- The "Principal" is the person granting the power to the "Attorney-in-Fact."
- The "Attorney-in-Fact" is the person to whom the Power of Attorney is granted, sometimes referred to as "Agent."
- This form must be notarized by a US Notary. A Notary stamp from a Foreign Country will not be accepted
- This form is only valid for three years. After three years a new form will need to be submitted.

Power of Attorney Information

To the best of my knowledge, the Power of Attorney document executed by ("the Principal"):

on (effective date of Power of Attorney document): _____ naming me as Attorney-in-Fact is still valid and has not been revoked, modified, or altered by the Principal or by the operation of law. To the best of my knowledge, no guardianship or conservatorship is pending or in effect.

Further, the Principal is still living and currently resides at:

Attorney-in-Fact's Printed Name: _____

Attorney-in-Fact's Signature: _____ Date: _____

Attorney-in-Fact's Telephone Number: _____

Attorney-in-Fact's Address: _____

Notary Public Information

(Seal)

Before me the undersigned, a Notary Public for: _____ County, State of, _____

personally appeared (Attorney-in-Fact) _____

and he/she being first duly sworn upon his/her oath, says that the facts alleged in the foregoing document are true.

Signed and sealed on (today's date) _____

Notary Public: _____

My Commission Expires: _____