

For use with claims on policies issued by:

Aetna Life Insurance Company
Cigna Life Insurance Company
Connecticut General Life Insurance Company
First Penn-Pacific Life Insurance Company
The Lincoln National Life Insurance Company and Lincoln Life & Annuity Company of New York (collectively Lincoln)
Voya Retirement Insurance and Annuity Company

Overnight Address:
Lincoln Financial
Claim Dept. - 5310
100 North Greene Street, Greensboro, NC 27401

DISTINCTIVE PAYEE ARRANGEMENTS – Complete the applicable section below

This form provides information on what is needed if the proceeds from this policy/certificate are to be paid to someone other than an individual beneficiary. If one of the situations listed applies to you, please check that box and follow the instructions given. Return this section, with the completed Claimant's Statement.

1. Enter Insured Information

First Name:	Middle Name:	Last Name:
Policy/Certificate Number(s):		Social Security Number:

Estate

If the proceeds of this policy/certificate are to be paid to an estate, you must submit a certified copy of the executor's, personal representative's or administrator's court appointment. The Claimant's Statement must be fully completed and signed by the executor, personal representative or administrator including the estate Tax Identification Number. The decedent's Social Security Number should not be used. If a Tax Identification Number is not provided, mandatory tax withholding will be assessed.

If an executor, personal representative or administrator is not to be appointed, please contact the Clerk of Court in the county/parish of the insured's residence to obtain the proper small estate procedure.

Corporate

If the proceeds of this policy/certificate are to be paid to a corporation, the Claimant's Statement and W9 must be fully completed and signed by two officers of the corporation, including the officer's title. If only one officer signs, include a corporate resolution or similar document signed by an officer of the corporation that clearly defines who can act on behalf of the corporation.

Is the company incorporated? Yes No	Did the insured have any ownership interest in the corporation? Yes No	
Was the policy purchased for consideration? Yes No	If yes, amount of consideration: \$	Amount of premiums paid after transfer of policy: \$

Guardian – includes; minors, mentally incompetent or physically incapacitated beneficiaries

If the proceeds of this policy/certificate are to be paid to a minor, you must submit a certified copy of the court order appointing the guardian of the minor's Estate. The guardian must fully complete and sign the Claimant's Statement. Include the minor's Social Security Number on the Claimant's Statement. If no guardian has been appointed, the Company will hold the proceeds at interest until age of majority. A supplementary contract will be opened after we have received a current address and copies of the birth certificate and a Social Security Number for each minor.

If the proceeds of this policy/certificate are to be paid to a beneficiary who has been declared mentally incompetent, you must submit a certified copy of the court order appointing the guardian of the beneficiary's Estate. The guardian must complete and sign the Claimant's Statement and include the beneficiary's Social Security Number.

If the proceeds of this policy/certificate are to be paid to a beneficiary who is physically incapacitated, the beneficiary can make his or her mark on the Claimant's Statement, witnessed by two persons, including the full address of both witnesses.

Policy/Certificate Number(s):			
Trust – Please furnish the Trust's Tax Identification Number (Tax ID Number). The decedent's Social Security Number should not be used.			
Lincoln recommends that before completing this form, the Trustee consult with legal and/or tax advisors that are not only familiar with the terms of the Trust, but also the requirements and provisions of the generation skipping transfer taxes imposed by the Internal Revenue Code. This declaration may be completed by either the Trustee or an attorney that represents the Trust. The person signing this declaration on behalf of the Trust should understand that Lincoln Financial is relying on this declaration in complying with the generation skipping transfer tax withholding and reporting rules.			
Name of Trust:		Date of Trust (mm/dd/yyyy):	
Print Name of Trustee:		Trust Tax ID Number:	
If This Declaration Is Completed By An Attorney Representing The Trust, Please Print Name and Address:			
Attorney Name:			
Address:	City:	State:	Zip Code:

The Internal Revenue Code imposes a Generation Skipping Transfer ("GST") tax on transfers of property to individuals that are two or more generation below the generation of the individual making the transfer. The GST applies to both lifetime transfer and transfer at death. The GST applies to direct gifts as well as gifts to Trusts. The GST rules are very complex, and if you are not familiar with them, you should seek out and rely upon the advice of your attorney or other advisor before completing this Declaration.

The IRS requires Lincoln to report and collect the GST tax on any life insurance death benefit of \$250,000 or more. In order for Lincoln Financial to know if GST taxes should be withheld from the death benefits, we need this Declaration completed and returned to us.

–The undersigned certifies that the above identified Trust is not a generation skipping transfer Trust.

(Check this box if, for example, the only beneficiaries of the Trust are the children of the insured. This box would also be appropriate if a grandchild is a beneficiary only because his or her parent (the insured's child) has died.)

– The undersigned certifies that although the Trust is a generation skipping transfer Trust, the payment of the life insurance or annuity death proceeds is (i) excluded from the definition of a generation skipping transfer by IRC §2611(b) or (ii) is otherwise not subject to current generation skipping transfer taxes (e.g., the insured had no incidents of ownership in the policy at the time of his or her death).

(Check this box if, for example, the insured established, while living, an irrevocable life insurance Trust for the benefit of his children and grandchildren, and the assets in that Trust are not included in the insured's taxable Estate under IRS rules. Even if the only beneficiaries are the insured's grandchildren, if the insured has no "incidence of ownership" in the Trust, the GST tax will not apply at the time Lincoln Financial pays the life insurance death benefit. In some cases, the insured may have been required to report and pay GST taxes (or allocate part of his or her lifetime exemption to the contributions) on prior gifts to the Trust. There are numerous special Estate tax rules that should be considered, including the rule that transfers of property within three years of the date of death can result in the transferred property being included in the individual's Estate.)

– The undersigned certifies that the above identified Trust is a generation skipping transfer Trust as that term is defined and used in the Internal Revenue Code. Attached to this statement is a true and correct copy of an allocation of all or a portion of the generation skipping transfer tax exemption (Schedule R-1 to IRS Form 706) to this Trust.

(Check this box if the payment of the death benefit is subject to the GST tax, but you wish to allocate all or a portion of the GST tax exemption to this policy. Lincoln Financial must receive a completed Schedule R-1 before any amount can be allocated to the policy death benefit. If the allocation is for less than the policy proceeds, Lincoln Financial will withhold GST taxes on the balance.)

– The undersigned certifies that the above identified Trust is a generation skipping transfer Trust as that term is defined and used in the Internal Revenue Code and that the Trust has an inclusion ratio of one (i.e., there is no exemption remaining to be allocated to this Trust). If this box is checked, Lincoln Financial will withhold generation skipping transfer taxes from the payment at the amount required by law.

(Check this box if the entire amount of the death benefit is subject to the GST tax. Lincoln Financial will withhold at the applicable rate on the entire amount.)

By signing this declaration on behalf of the Trust, the undersigned represents (1) that a full and complete inquiry as to the facts has been made, (2) that this declaration is true and correct to the best of my knowledge and belief, and (3) that this declaration is made with the specific knowledge that Lincoln Financial will rely on this statement in tax reporting.

Trustee Signature:	Date (mm/dd/yyyy):
Trustee Name (Print):	

Policy/Certificate Number(s):			
Split Dollar			
The beneficiary and the employer must come to an agreement based on the split dollar document provisions. A Claimant's Statement must be fully completed and signed by each party for their share of the proceeds, stating also the other's interest based on their mutual agreement.			
Employer's Share \$:		Title:	Date (mm/dd/yyyy):
Employer's Signature:		Tax ID #:	
Employer Address:		City:	State: Zip Code:
Beneficiary Signature:		Date (mm/dd/yyyy):	
Assignment - If the policy/certificate has been collaterally assigned, you must complete this section.			
Policy / Certificate Number(s)		Pay this amount to assignee \$	
By signing below, you agree that all claims paid under the policy(ies)/certificate(s) named may be settled by paying the indicated amount to the assignee. The balance, if any, will be paid to the beneficiary of the policy(ies)/certificate(s).			
Assignee Signature:		Title:	Date (mm/dd/yyyy):
Assignee Company Name:		Tax ID #:	
Assignee Address:		City:	State: Zip Code:
Beneficiary Signature:		Date (mm/dd/yyyy):	
Under the terms of the assignment, the assignee may have the right to collect the entire proceeds. The assignee should fully complete and sign the Claimant's Statement. If the assignee is not claiming any of the proceeds, a formal release should be furnished along with the beneficiary's fully completed Claimant's Statement.			
Family Policy/Certificate, Family Rider or Spouse/Child Rider – To be completed only if primary Insured has deceased			
If the claim is being made under a family policy/certificate, family rider or a child/spouse rider, list the full names and dates of birth of all living children born of the marriage, step-children or legally adopted children. If additional space is needed, attach a separate sheet with the requested information.			
Name:	Social Security Number:		Date of Birth (mm/dd/yyyy):

Policy/Certificate Number(s):

Children of the Insured or Born of the Marriage Split Dollar

If the proceeds of this policy/certificate are to be paid to either the children of the Insured or children born of the marriage, please provide a list of the full names, addresses, Social Security Number and Date of birth for each child living or deceased.

I, _____, hereby certify that the names, dates of birth, dates of death of all the children, including legally adopted children of _____ (Insured or Insured Parent), are as follows: *(if any child is adopted, so indicate beside the name)*

Name:	Date of Birth(mm/dd/yyyy):	Date of Death (mm/dd/yyyy):
Address:		Social Security Number:
City:	State:	Zip Code:
Name:	Date of Birth(mm/dd/yyyy):	Date of Death (mm/dd/yyyy):
Address:		Social Security Number:
City:	State:	Zip Code:
Name:	Date of Birth(mm/dd/yyyy):	Date of Death (mm/dd/yyyy):
Address:		Social Security Number:
City:	State:	Zip Code:
Name:	Date of Birth(mm/dd/yyyy):	Date of Death (mm/dd/yyyy):
Address:		Social Security Number:
City:	State:	Zip Code:
Name:	Date of Birth(mm/dd/yyyy):	Date of Death (mm/dd/yyyy):
Address:		Social Security Number:
City:	State:	Zip Code:
Name:	Date of Birth(mm/dd/yyyy):	Date of Death (mm/dd/yyyy):
Address:		Social Security Number:
City:	State:	Zip Code:

A posthumous child is to be born Yes No

I further certify that my relationship to _____, the Insured named above, is that of _____ . I understand that Lincoln may rely on the truth of the aforesaid statements in making payment under its policy or contract.

Signature:

Address:

City: State: Zip Code:

Policy/Certificate Number(s):

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.