

Contact Information**Life Insurance Claims**

Mail: Dept. 5310, P.O. Box 21008, Greensboro, NC 27420-1008

Phone: 800-487-1485

Annuity Claims

P.O. Box 7880, Fort Wayne, IN 46801-7880

Phone: 800-454-6265

LincolnFinancial.com

The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
First Penn-Pacific Life Insurance Company
(as in your contract and hereinafter the "Company")

General Information: (Please type or print clearly.) All sections must be completed.

- One Form per Policy/Certificate/Contract
- One Form per Representative
- Only the Claimant/Beneficiary, Owner or legally appointed representative can designate the Third Party

Policy/Certificate/Contract Number: _____ Issued by (the Company): _____

Insured Information: (Insured's information must match policy record.)Full Legal Name: _____ / _____ / _____ / _____
(First) (Middle) (Last) (Suffix)

Social Security Number: _____ Date of Birth (mm/dd/yyyy): ____ / ____ / ____

Date of Death (mm/dd/yyyy): ____ / ____ / ____

Claimant/Beneficiary or Owner Information: (Claimant's/Beneficiary's/Owner's information must match policy record.)☐ Individual Owner: _____ / _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)☐ Trust/Entity Owner: _____Trustee/Officer: _____ / _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)

Officer Title: _____

Mailing Address (Street): _____ (Apt. or Suite): _____
(City/State/ZIP): _____ / _____ / _____

Date of Birth/Trust Date* (mm/dd/yyyy): ____ / ____ / ____ SSN/TIN**: _____

Home Phone Number: _____ - _____ - _____ Cell Phone Number: _____ - _____ - _____

Email Address: _____

Representative Information: Must be an individual and cannot be any of the following: Current Owner, Assigned Servicing Agent, Corporation or Trust.

1. I (the undersigned) authorize the Company to disclose to my Representative information from the Company's files related to the Policy/Certificate/Contract identified on this form:

Name of Authorized Representative: _____ / _____ / _____ / _____
(First) (Middle) (Last) (Suffix)Mailing Address (Street): _____ (Apt. or Suite): _____
(City/State/ZIP): _____ / _____ / _____Relationship to Beneficiary/Owner (Financial Advisor, Relative or Other): _____
(Cannot be Assigned Servicing Agent)

Daytime Telephone Number: _____ - _____ - _____

Email Address: _____

2. I understand that I may revoke this Authorization at any time, except to the extent the Company has already taken action in reliance on it. Unless I revoke this Authorization sooner, it shall remain valid from the date of signature for one of the following:

(Selection Required) ☐ One-time ☐ 6 months ☐ 1 year ☐ 24 months ☐ Other: _____

If no option is selected, the default will be One-Time.

3. Select the information that may be disclosed by the Company:

☐ **All Information as defined below, including but not limited to:**

- Claim information: including, but not limited to, death benefit amount, payment breakdown, and rollover amount.
- Insured information: including but not limited to, names, addresses, Social Security numbers, financial and employment history.
- Information about transactions with the Company: such as products purchased, account balances, payment history, policy changes, beneficiary designations or loan history.
- Information collected from consumer reporting agencies: such as credit history, credit scores, driving or employment records.
- On-line information: from on-line forms, site visitorship data and other information that the Company may have obtained through its web sites.

☐ **Limited information as listed in the space below:**

4. I understand that any information disclosed to my Representative may no longer be protected by federal or state law and may be used by the Representative for purposes unrelated to my Company accounts(s). I hereby release, on behalf of myself, my heirs, my assigns, administrators and executors, the Company, its employees, officers, directors, shareholders, successors and assigns, from any and all losses, damages, liability, expenses or any other monetary expenditures incurred by reason or upon account of a disclosure pursuant to this Authorization.
5. A copy of the Authorization shall be considered as valid as the original.
6. Upon acceptance of this authorization form, we will provide a confirmation letter to the Claimant/Beneficiary, Owner or legally appointed representative.
7. If this authorization form is not accepted, a letter detailing any outstanding requirements will be provided to the Claimant/Beneficiary, Owner or legally appointed representative.

Authorization and Signatures

To ensure that this document has been signed properly, please refer to the Signature Requirements table on the following page.

I certify that I am legally competent to make this agreement, that the policy/certificate/contract is not now assigned to any person or entity other than the undersigned, and that no proceedings in bankruptcy or insolvency involving any of the undersigned are now pending. I certify that the information provided on this form is complete and correct. (Submit more pages as necessary.)

Claimant's/Beneficiary's/Owner's Signature

Title*

Printed or Typed Name of Claimant/Beneficiary/Owner

_____/_____/_____
Date (mm/dd/yyyy)

Claimant's/Beneficiary's/Owner's Signature

Title*

Printed or Typed Name of Claimant/Beneficiary/Owner

_____/_____/_____
Date (mm/dd/yyyy)

* "Title" required for corporations, partnerships or trusts.

Signature Requirements

Beneficiary/Owner	Signature(s) Required – Digital/Electronic signatures will not be accepted
Individual	Signature of the Beneficiary
Estate	Signature of Executor/Executrix/Administrator with title. We require a copy of the court document naming the Executor/Executrix/Administrator to be on file with Lincoln. Signature Example: John Doe, Executor.
Power of Attorney (POA)	Signature of POA with title. We require a copy of the POA document to be on file with Lincoln. If the POA is more than 3 years old, we require an affidavit to accompany the request. Signature Example: John Doe, Attorney-in-Fact for Jane Doe.
Conservator or Guardian	Signature of Conservator or Guardian with title. We require Letter(s) of Conservatorship or Letter(s) of Guardianship of the Estate to be on file with Lincoln. Signature Example: John Doe, Guardian for the Estate of Jane Doe.
Custodian/Minor	Signature of Custodian or Guardian with title. We require the court order, Letter of Guardianship or UGMA/UTMA paperwork to be on file with Lincoln. Signature Example: John Doe, custodian for Jane Doe under CA/UTMA.
Corporation, Bank or Financial Institution	Signature of an officer with title, and a corporate resolution which names all officers authorized to sign on behalf of the corporation; OR two officer's signatures, with title, without corporate resolution.
Trust	Signature of all trustee(s) with title along with the completed Certification of Trustee Powers form or Trust documentation.
Partnership or LLC	Signature of one general/managing partner with title and a copy of the Partnership agreement for Partnerships; or one managing member's signature with title and a copy of the operating agreement for LLC's.
Signed by an "X"	Signature notarized, if the signor is unable to sign and must sign with an "X".
Stamped signatures	We will not knowingly accept a stamped signature.
All other interested parties	Please contact us to verify signatures needed.
Titles	If you are signing the form in any capacity other than as an individual an appropriate title is required.

Form Review

In addition to the Signature Requirements table on this page, please review the completed document and confirm that the items below are included or attached if applicable:

- Policy/Certificate number
- Title beside Trustee signature and Trust documentation or Certification of Trustee Powers
- Title beside Officer signature and Corporate Resolution or similar document
- Dates for all signatures
- Corrections, erasures, or alterations initialed and dated by the claimant/beneficiary, including the new submission dates