



Insurance Operations

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LincolnFinancial.com

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

General Information (Please type or print clearly.)

This section must be completed.

Policy/Certificate Number: _____

Owner Information (If Business Entity or Trust, list full legal name; Submit more pages as necessary.)

Submit additional pages as necessary for multiple owners and include information requested below.

Unless otherwise specified, the disbursement will be sent to the address below:

Full Legal Name (*First, Middle, Last*): _____

Owner Mailing Address: _____

City: _____ State: _____ Zip: _____

Social Security Number/EIN¹: _____ Date of Birth/Trust²: _____

Daytime Telephone Number: _____

Email Address: _____

Insured Information (If different from Owner)

Full Legal Name (*First, Middle, Last*): _____

Insured Mailing Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Daytime Telephone Number: _____

Email Address: _____

Payment Options (Select one) — If no selection is made, the check will be sent by regular mail.

Please select one of the following options below:

CHECK—Sent by Regular Mail.

CHECK—Sent by FedEx (Fee deducted from surrender proceeds).

ACH (Automated deposit to checking account, if available); submit a voided check. See explanation below.*

Wire (\$25.00 fee applies); submit a voided check. See explanation below.*

List "Trust" on the check for Trust owned policies. If the ACH information cannot be verified, then we will send a check to the address of record to avoid processing delays. Collaterally assigned policies are payable to the Assignee unless a Release of Assignment is completed.

*For funds to be sent via ACH or Wire, a voided check from an account set up in the policyowner's name must be submitted and verified.

1 The submission of a completed IRS Form W-9 may be required. Employer Identification Number for Trusts or Entities

2 The date the trust was established

A PAPER CHECK WILL BE MAILED IN THE FOLLOWING CASES:

- If bank information is not provided
- If a voided check or letter from your financial institution is not provided
- If the electronic payment is unable to successfully process
- Overnight checks cannot be delivered to a PO Box

If this distribution request is going to a checking account, please place your voided check over the sample below. The circled fields are required to be printed on the check.

The image shows a sample check form with the following fields and labels:

- Name and Address:** A circled field at the top left with an arrow pointing to it from a label below.
- 1001:** A circled field at the top right, labeled 'DATE:', with an arrow pointing to it from a label below.
- Printed Name and Address:** A label below the top left field.
- Routing, Account and Check Numbers:** A label below the MICR line.
- MICR Line:** A circled line at the bottom containing the numbers '00000000516 00000000269 1001'.
- Other fields:** 'PAY TO THE ORDER OF:', '\$', 'DOLLARS', and 'FOR:'.

If this distribution request is going to a savings account, you do not have a check, or your check does not meet the requirements, your financial institution can provide a letter.

The letter must include the following:

- Bank letterhead
- Account number
- Routing number
- Account ownership verification
- Type of account
- Bank employee's signature (See Signature Requirements on page 6)

By signing below, you assign, transfer and set over to Lincoln, to the extent of any loan and accrued interest thereon, all of your rights, title and interest in the Policy/Certificate together with all money that may become payable as sole security for:

A loan against the Benefit Transfer Rider (BTR) in the amount of \$ _____ or the maximum loan value your BTR will allow, if less than this amount. **This option is product specific. Please refer to your policy before making this selection.**

Fixed	Participating	Indexed (Only available to WealthAccumulate 2020, sub plan 021323 and Lincoln WealthBuilder IUL (2025))
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[illegible]

401 – S&P 500® Indexed Loan Account	<hr/>
402 – Fidelity AIM® Dividend Indexed Loan Account	<hr/>
403 – S&P 500® Fixed Bonus Indexed Loan Account	<hr/>
404 – Fidelity AIM® Dividend Indexed Loan Account – Fixed Bonus	<hr/>
405 – S&P 500® Multiplier Indexed Loan Account	<hr/>
406 – S&P 500® Performance Trigger Indexed Loan Account	<hr/>

421 – 1 Yr PtP S&P 500® Traditional ILA	_____
422 – 1 Yr PtP S&P 500® Daily Risk Control - 10% VCI ILA	_____
423 – 1 Yr PtP S&P 500® Dynamic Intraday TCA - 15% VCI ILA	_____
424 – 1 Yr PtP S&P 500® Dynamic Intraday TCA - 15% VCI ILA w/Fixed Bonus	_____
425 – 1 Yr PtP Fidelity AIM® Dividend – 5% VCI ILA w/Fixed Bonus	_____

Variable Universal Life Policies/Certificates loans will be made in proportion to the assets in each subaccount and processed accordingly, unless otherwise specified below. If Lincoln is unable to comply with your fund specific request, the loan will be made in proportion to the assets in each subaccount.

[illegible]

Converting from One Loan Option to the Other

A conversion from one loan option to the other can be done only once in a twelve-month period and only after twelve months have elapsed from the date of the most recent loan, and the entire loan must be converted. When a loan is converted, interest will be charged at the interest rate in effect for the current loan option until the date of the conversion. From the date of conversion, interest is charged at the interest rate in effect under the new loan option.

Loans reduce both the cash value and death benefit of the Policy/Certificate, and, if not repaid, could eventually lead to a premature lapse of the Policy/Certificate. Additionally, a loan may affect and/or forfeit guarantees as stated in the policy contract. Refer to your Policy's/Certificate's loan provisions for additional information.

Lincoln's payment of funds in compliance with this loan request discharges us from any liability related to the loan's effect on the Policy's/Certificate's performance.

Special Instructions: _____

Income Tax Withholding Election — Required

The withholding tax applies only to the taxable portion, if any, of your payment, not the entire payment. **If the Policy/Certificate is a modified endowment contract, your withdrawal may be considered a taxable event. Tax withholding is not available for withdrawals applied as loan repayments.** If you want to know the taxable amount prior to making this election, please contact a Customer Representative at 800-487-1485 between the hours 8:00 a.m. – 6:00 p.m. (Eastern Time), Monday through Friday.

Withholding Information

Under federal and state laws, you may choose to not have taxes withheld from certain life insurance payments or withheld at a certain percentage or amount from such payments. For either option, you are still responsible for any income tax due on the taxable portion of the payment. You may be subject to tax penalties under the Estimated Tax Payment Rules if your payment of estimated tax and withholding, if any, are not sufficient. For Non-Resident Aliens, federal income tax will be withheld at the applicable rate unless you provide a compliant form W-8BEN or W-8BEN-E and any supporting documentation required.

Taxpayer Identification Number and Certification

Under penalties of perjury, the Owner(s) certifies that:

- 1. The Social Security Number(s) or Federal Tax Identification Number(s) provided for the Owner(s) is the correct number (or the Owner(s) is waiting for a number to be issued); and**
- 2. The Owner(s) is not subject to backup withholding either because (a) the Owner(s) is exempt from backup withholding, or (b) the Owner(s) has not been notified by the Internal Revenue Service (IRS) that the Owner(s) is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Owner(s) that he or she is no longer subject to backup withholding; and**
- 3. The Owner(s) is a U.S. citizen or other U.S. person; and**
- 4. The FATCA code(s) entered on this form (if any) indicating that the Owner(s) is exempt from FATCA reporting is correct.**

Exemption from FATCA reporting code (if any) _____

Certification instructions – 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.

Make your Tax Election below by checking the appropriate box:

We recommend that you contact your tax advisor before making any tax withholding elections to answer any questions that you may have regarding your state's withholding laws.

If you do not make an election, or if you do not furnish us with your Social Security number or Tax Identification number, we will withhold 10% for Federal Income Tax and any appropriate State Income Tax from the taxable portion of your payment. If a withholding election is made that is contrary to IRS or State requirements, then the IRS or State requirements will be applied.

Choose to Withhold

I want to have Federal Income Tax withheld at _____ % or \$ _____.

I want to have Federal Income Tax **and** State Income Tax (if state mandated) withheld.

I want to have State Income Tax withheld, but not at the mandated rate; withhold _____ % or \$ _____.

Choose Not to Withhold

I do NOT want to have Federal Income Tax or State Income Tax withheld.

California Policyholders

California Long Term Care (LTC) Policies issued on or after 01/01/2021 have the right to receive a numerical demonstration of the estimated effect of the loan payment on any applicable remaining policy values.

For Variable LTC Policies, an illustration must be sent to you and will require your response approving the loan. The loan request will be deemed incomplete until your response is received.

For Non-Variable LTC Policies, you may choose to receive an illustration prior to receiving your distribution. Selecting this option will deem the loan application incomplete until a response is received approving the loan. This may cause delays in processing. If you do not select this option, an illustration will be sent at the time of disbursement, under separate cover, and no additional approval will be required.

I elect to receive an illustration prior to proceeding with the loan request.

Fraud Warning

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.

Authorization and Signatures

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

Record the "Date" for all signatures. Include the "Title" for corporations, partnerships, or trusts.

For multiple owner policies, provide additional signatures on a separate page.

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

CONTRACT OWNER'S SIGNATURE

Owner's/Trustee's/Officer's Signature

Name (print or type)

Title

MM DD YYYY

Date

CONTRACT OWNER'S SIGNATURE

Owner's/Trustee's/Officer's Signature

Name (print or type)

Title

MM DD YYYY

Date

ASSIGNEE'S SIGNATURE

Assignee/Irrevocable Beneficiary Signature (if applicable)

Name (print or type)

Title

MM DD YYYY

Date

ASSIGNEE'S SIGNATURE

Assignee/Irrevocable Beneficiary Signature (if applicable)

Name (print or type)

Title

MM DD YYYY

Date

Signature Requirements – Required signatures must be dated within 6 months of receipt by Lincoln.

Owner	Signature(s) Required
Individual(s)	Signature of the Policyowner(s)
Power of Attorney (POA)	Signature of POA with title. We require a copy of the POA document to be on file with Lincoln. 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 Letters of Guardianship of the Estate to be on file with Lincoln.
Custodian of Minor	Signature of Custodian with title. We require a court order, or other documentation evidencing an appointment as Custodian under a state Uniform Transfers [Gifts] to Minors Act, to be on file with Lincoln.
Corporation, Bank or Financial Institution	Signature of one 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.
Pension Plan	Signature of the Pension Plan Administrator and a copy of Plan documents naming the Administrator.
Trust	Signature of all trustee(s) with title along with the completed Certification of Trustee Powers form.
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 LLCs.
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	Contact customer service to verify signature(s) needed.
Titles	If you are signing the form in any capacity other than as an individual an appropriate title is required.