



Certification of Trustee Powers—Existing Life Insurance Policies

Life and Annuity Operations

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

Use this form to certify the existence of the Trust, and the identity and powers of the Trustee(s). Also complete this form in the event that there are modifications to the Trust. (Ex. Trustee change or addition)

Please read this entire form and complete all fields before signing. Submit additional pages if necessary.

Type or print clearly. **Complete and return using the information above.**

General Information—Required

Policy or Certificate Number(s): _____

Insured Name: _____ / _____ / _____ / _____
(First) (Middle) (Last) (Suffix)

Insured SSN: _____

Trust Information—Required

Trust Type: (Select One) Irrevocable Revocable

Trust name as it appears on the Trust document: _____

Original Trust Date(mm/dd/yyyy): ____ / ____ / ____ Last Amendment Date (if any) (mm/dd/yyyy): ____ / ____ / ____

TIN (if applicable): _____ State Law Governing this Trust: _____

Mailing Address (Street): _____ (Apt. or Suite): _____

(City/State/ZIP): _____ / ____ / ____

Grantor Information—Required (Submit additional pages if necessary)

Is this a Grantor trust under Internal Revenue Code Sections 671-679? Yes No

If yes, provide living Grantor information below:

Name of Grantor: _____ / _____ / _____ / _____
(First) (Middle) (Last) (Suffix)

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

Name of Grantor: _____ / _____ / _____ / _____
(First) (Middle) (Last) (Suffix)

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

Grantor Trust Tax Information

A Grantor trust is one in which the Grantor has reserved to him/her/itself certain powers that, under current tax law, may generate a tax liability on the Grantor. Generally, these are powers that could cause the assets of the Trust to be treated as owned by the Grantor individually and not by the Trust (See, Internal Revenue Code ("Code") Sections 671-679.) If not sure, please contact your tax/legal advisor to determine whether your Trust is a Grantor trust.

- If this Trust has a Tax Identification Number (TIN), any taxable distributions from the contract/certificate to the Trust will be reported to the Trust and the Internal Revenue Service ("IRS") using the name and TIN of the Trust.
- If this Trust does not have an TIN and is a Grantor trust, any taxable distributions will be reported to the Grantor and the IRS using the Grantor's name and Social Security Number.
- The Grantor or Trustee of a Grantor trust will be required to complete IRS Form W-9 or IRS Form W-8BEN using the Grantors name and Social Security Number. This will indicate a Grantor trust is filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))
- If the Trust should cease to be a Grantor trust, the Trustee and/or Grantor will immediately give written notification, including a TIN on an IRS Form W-9, to Lincoln.

Trustee Information—Required

Transaction requests must be authorized by (Select One): All Trustees Majority of Trustees Any One Trustee
 Only Specified Named Trustee(s) (provide name(s) below):

Full Legal Name: _____ / _____ / _____ / _____
(First) (Middle) (Last) (Suffix)

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

Phone Number: _____ - _____ - _____ SSN/TIN: _____

Email Address: _____

Additional Trustee Information

Additional Trustee Full Legal Name: _____ / _____ / _____ / _____
(First) (Middle) (Last) (Suffix)

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

Phone Number: _____ - _____ - _____ SSN/TIN: _____

Email Address: _____

Additional Trustee Information

If the Trust has more than three Trustees, submit additional pages providing Trustee names, addresses, signatures, and dates.

Additional Trustee Full Legal Name: _____ / _____ / _____ / _____
(First) (Middle) (Last) (Suffix)

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

Phone Number: _____ - _____ - _____ SSN/TIN: _____

Email Address: _____

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.

Certification and Signatures

By signing below, the undersigned Trustee(s) acknowledge and certify the following:

- I/We have the authority and power under the Trust and applicable law to exercise all ownership rights, privileges, options, and benefits under the policy(ies) and/or certificate(s) listed above, and understand and agree that Lincoln is not obligated to verify that the Trust is in effect or that I am acting within the authority granted to me under the terms of the Trust;
- I/We agree to indemnify and hold harmless Lincoln from any and all liability, including attorney's fees Lincoln may incur by acting upon instructions reasonably believed by Lincoln to be valid instructions originating from me/us with respect to any life insurance policy or certificate, and from all other acts related to such policy(ies) or certificate(s);
- The Trust is currently in effect and has not been revoked, modified or amended in any manner that would cause the representations in this certification to be incorrect;
- This certification is being signed by all currently acting trustees of the Trust. I/We agree to inform Lincoln in writing of any change of Trustee(s) or any event that alters the information contained in this certification. (Please provide supporting written documentation such as a death certificate or Trustee resignation and an Appointment of Successor Trustee.)
- I/We understand that, to the extent Lincoln is in receipt of part or of all the Trust instrument, Lincoln's representatives are not responsible to read the instrument or to have knowledge of its terms, and will rely solely on the representations made above with respect to the Trust. In addition, knowledge of the terms of the Trust instrument may not be inferred solely from the fact that the Trust instrument is being held by Lincoln.
- I/We understand that Lincoln reserves the right to require the full Trust document and any subsequent amendments and/or restatements.

I/We certify that the information provided on this form is complete and correct. (Provide additional signatures on a separate page.)

X

Signature of Trustee*

_____/_____/_____
Date (MM/DD/YYYY)*

Printed or Typed Name of Trustee

Title*

X

Signature of Trustee*

_____/_____/_____
Date (MM/DD/YYYY)*

Printed or Typed Name of Trustee

Title*

X

Signature of Trustee*

_____/_____/_____
Date (MM/DD/YYYY)*

Printed or Typed Name of Trustee

Title*

* Required