

Authorization for Disclosure of Information – Life Insurance Policies

Life Customer Service Contact Information

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Email: CustServSupportTeam@LFG.com LincolnFinancial.com

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

| One Form per Folicy | (Type or print clearly. Complete and return using the information above.) — Requirements One Form per Representative Only the Owner or Legally Appointed Represe can designate the Third Party to be Authorized | | | Representative | |
|--------------------------------|---|----------------------------------|-----------------------------|--------------------------|--|
| Policy* Number: | | | | | |
| Owner Information | (If Business Entity or T | Γrust, list full legal name; sub | mit additional pages as nec | essary)— Required | |
| ☐ Individual Owner: | (First) | / <u>(M.l.)</u> / | (Last) | //(Suffix) | |
| ☐ Trust/Entity Owner: | | | | | |
| Trustee/Officer: | (First) | / <u>(M.l.)</u> / | (Last) | //(Suffix) | |
| Trustee/Officer Title: | | | | | |
| Mailing Address (Street): | | | (Apt. or St | uite): | |
| (City/State/ZIP): | | | | | |
| Date of Birth/Trust Date** (mr | m/dd/yyyy): / | / SSN/TIN***: | | _ | |
| Home Phone Number: | | Cell Phone Number: | | _ | |
| Email Address: | | | | | |
| Insured Information | (If different from Own | ner) — <i>Required</i> | | | |
| Full Legal Name: | (First) | (Middle) | (Last) | // (Suffix) | |
| Mailing Address (Street): | (Apt. or Suite): | | uite): | | |
| (City/State/ZIP): | | | | | |
| Date of Birth (mm/dd/yyyy): _ | / | SSN***: | | - | |
| Home Phone Number: | | Cell Phone Number: | | - | |
| Email Address: | | | | | |

^{*}Policy may be referred to as "certificate"

^{**}The date the trust was established

^{***}The submission of a completed IRS Form W-9 may be required. Tax Identification Number for Trusts or Entities

| M | ust be an individual but cannot be any of the following: |
|----|--|
| • | Current Owner • Assigned Servicing Agent • Corporation • Trust |
| 1. | I (the undersigned) authorize Lincoln to disclose to my Representative information from Lincoln's files related to the Policy identified on this form: |
| Fι | Legal Name: / / / / / / (Suffix) |
| M | ailing Address (Street): (Apt. or Suite): |
| (C | ity/State/ZIP): |
| Da | ate of Birth (mm/dd/yyyy): / SSN: |
| Н | ome Phone Number: Cell Phone Number: |
| Er | nail Address: |
| Re | elationship to Policyowner (Financial Advisor, Relative, or Other): |
| 2. | I understand that I may revoke this Authorization at any time, except to the extent Lincoln 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 ☐ Indefinitely ☐ Other: |
| | If no option is selected above, this Authorization will remain valid for 6 months, until otherwise revoked or changed in writing by submitting another form. |
| 3. | Select the information that may be disclosed by Lincoln: (If neither box below is checked, we will default to all information.) |
| | All information as defined below, including but not limited to: |
| | • <u>Personal information</u> : including, but not limited to, names, addresses, Social Security numbers, financial and employment history. (Lincoln will not release health history or medical records). |
| | • <u>Information about transactions with Lincoln</u> : such as products purchased, account balances, payment history, policy changes, beneficiary designations, loan history. |
| | • <u>Information collected from consumer reporting agencies</u> : such as credit history, credit scores, driving or employment records. |
| | • On-line information: from on-line forms, site visitorship data and other information that Lincoln 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 account(s). I hereby release, on behalf of myself, my heirs, my assigns, administrators and executors, Lincoln, 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 this Authorization shall be considered as valid as the original. |

6. Upon Lincoln's acceptance of this Authorization, I will receive a confirmation letter.

7. If this Authorization is not accepted by Lincoln, I will receive a letter detailing any outstanding requirements.

Representative Information — Grant authorization to:

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Authorizations and Signatures

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

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

| Signature of Owner/Trustee/Officer* | / |
|--|--|
| Printed or Typed Name of Owner/Trustee/Officer | Title (Provide Title if owned by a Trust or Corporation) |
| Signature of Owner/Trustee/Officer* | |
| Printed or Typed Name of Owner/Trustee/Officer *Required | Title (Provide Title if owned by a Trust or Corporation) |

Signature Requirements

| Owner | Signature(s) Required | |
|--|---|--|
| Individual(s) | Signature of the Policyowner(s) | |
| Power of Attorney (POA) | Signature of Attorney-in-Fact 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 that the POA is still current 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. | |
| 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. | |