



Authorization for Disclosure of Information – Life Insurance Policies

Life Customer Service Contact Information

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LincolnFinancial.com

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

General Information (Type or print clearly. Complete and return using the information above.) — Required

- One Form per Policy • One Form per Representative • Only the Owner or Legally Appointed Representative can designate the Third Party to be Authorized

Policy* Number: _____

Owner Information (If Business Entity or Trust, list full legal name; submit additional pages as necessary)— Required

Individual Owner: _____ / _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)

Trust/Entity Owner: _____

Trustee/Officer: _____ / _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)

Trustee/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: _____

Insured Information (If different from Owner) — Required

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

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

(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

Representative Information — Grant authorization to:

Must 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:

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

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

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

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

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

Email Address: _____

Relationship 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:

- Personal information: including, but not limited to, names, addresses, Social Security numbers, financial and employment history. (Lincoln will not release health history or medical records).
- Information about transactions with Lincoln: such as products purchased, account balances, payment history, policy changes, beneficiary designations, 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 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.

