



The Lincoln National Life Insurance Company, PO Box 2649, Omaha, NE 68103-2649
 toll free (800) 423-2765 Fax (800) 462-4660
 www.LincolnFinancial.com
 LifeClaims@lfg.com - For claims submission
 Claims@lfg.com - For direct claim status inquiries and questions on existing claims

BENEFICIARY'S STATEMENT:

Please type or print legibly—name and address as stated will appear on checks

Name _____ Sex: Male Female
 First Middle Initial Last

Beneficiary's Social Security Number or Taxpayer Identification Number _____

Date of Birth (MM/DD/YY) _____ Home Phone _____ Daytime Phone _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Name of Deceased _____ Relationship to Deceased _____

If the beneficiary is one of the following: Minor Estate Incompetent Organization Trust

Please provide contact name and phone number of the personal or legal representative of that beneficiary:

PAYMENT OPTIONS: Please select one of the following three options (One Single Check, Direct Deposit, or SecureLine Interest-Bearing Checking Account) and please also make sure to sign and date on page 3.

- One Single Check - This is the default payment option if no option is selected.**
- Direct Deposit - Complete the following information to allow the benefit amount to be directed deposited to your account.**

Bank Name _____

Address _____

Routing # _____ Bank Account # _____

Type of Account (Select One): Checking Savings

I (we) authorize and request The Lincoln National Life Insurance Company, and its subsidiaries, to make payment of any amounts owing to me (either of us) by initiating credit entries or adjustment entries to my account indicated above in the bank named above, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries or adjustment entries initiated by Lincoln Financial Group to such account without responsibility for the correctness thereof. It is understood that this agreement may be terminated by me (either of us) at any time by written notification to The Lincoln National Life Insurance Company or BANK. Any such notification to The Lincoln National Life Insurance Company shall be effective only with respect to entries initiated by The Lincoln National Life Insurance Company after receipt of such notification and a reasonable opportunity to act on it. I understand that The Lincoln National Life Insurance Company is required to send a notification and a reasonable opportunity to act on it. I understand that The Lincoln National Life Insurance Company is required to send a notification to BANK before the first transaction. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it. It is also understood that this agreement shall not modify or alter the other provisions of the policy(ies) or supplementary contract which provides for any payment due me.

Please sign on Page 3.

* If the Insured Person previously designated a payment option available under the policy, we are required to disburse funds pursuant to that designation.

SecureLine Interest-Bearing Checking Account (Not available in New York).

SecureLine is a service offered to help you manage insurance proceeds. With SecureLine, an account is established from the proceeds payable on a policy administered by a Lincoln Financial Group® company (Lincoln). Lincoln’s contractual obligation to pay those proceeds is satisfied by depositing the proceeds into your account. The Northern Trust Bank (Northern Trust) administers your account on Lincoln’s behalf and the funds supporting your account are held within Lincoln’s general account. Once your SecureLine account is opened, you will receive a personalized checkbook. If you decide you want the entire proceeds immediately, you just need to write one check for the entire balance. Otherwise you can use this account for paying expenses as they occur – while earning interest on your money. You can write as many checks as you wish. Each check must be for at least \$250 and the total of all checks written may not exceed your balance.

- **Interest Rates** – Your SecureLine account starts earning interest the day the account is opened. Interest is compounded daily and credited to your account on the last day of each month. The minimum rate credited is equal to the national average for interest-bearing checking accounts as published daily by Bloomberg, plus 1%. The Company may update that minimum rate at our discretion. The interest will be updated monthly. You can find the current interest rate that will be credited to your account at www.lfg.com by clicking on the Quick Link “File a Claim”. You begin to earn interest the day the account is opened and continue to earn interest until all the funds are withdrawn. The interest rate credited to your SecureLine account may be more or less than the rate earned on funds held in Lincoln’s general account. Consider comparing this interest rate to your bank account interest rate or consult your financial professional to compare interest rates on comparable bank or mutual fund accounts. Interest earned on your account balance may be taxable; IRS form 1099-INT will be sent in January of each year to report taxable income. You should consult your tax advisor for more information.
- **Protection Of Deposits** – Your money in your SecureLine account is protected because it is held in Lincoln’s general account and is guaranteed by the full faith and credit of the Lincoln Financial Group® company that established your account. Because your funds are not held in a federally-regulated bank, your funds are not protected by the Federal Deposit Insurance Corporate (FDIC). However, in the unlikely case of insolvency of Lincoln, your funds are protected by your state’s insurance guaranty system. Contact the National Organization of Life and Health Guaranty Associations (<http://nolhga.com>; 703-481-5206) to learn more about what limits might exist related to state insurance guaranty protection.
- **Monthly Statements** – Each month you will receive a statement showing your current balance, withdrawals, interest credited and any other activity. Cancelled checks are not returned with your statement.
- **Fees or Administrative Charges** – There are no special fees for checks and no fees for monthly checking account service. You will be charged a fee of \$15 if you stop a payment and \$10 if you present a check for payment without sufficient funds. Additional checks may be ordered at no cost. Just contact a Customer Service Representative at Northern Trust at 1-800-343-2551.
- **Minimum Balance** – Your SecureLine account will remain open until your balance drops below \$1000, at which time your account will be automatically closed and a check for the remaining funds plus interest will be mailed to you.
- **Settlement Options** - The Lincoln policy may provide you with other benefit settlement options. You may choose to withdraw the balance of your account and place it in another payment option offered by Lincoln. Contact a Customer Service Representative at 800-423-2765 for more information.
- **Inactive Accounts** - If there is no activity on your account and we have not heard from you for a prolonged period (2-7 years depending on your State’s unclaimed property act), Lincoln will write you to verify your continued interest in the account and to confirm your contact information. If you do not respond to that correspondence, the funds in your account will be reported to your State as unclaimed property in accordance with your State’s unclaimed property act.
- Louisiana Department of Insurance, PO Box 94214, Baton Rouge, LA 70804, (225) 342-1226

FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

If you are electing a Secureline Interest-Bearing Account, please complete the Beneficiary Designation section below. If there is a SecureLine Interest-Bearing Account balance remaining at the time of your death, it will be paid to the beneficiary(ies) you designate below.

PRIMARY BENEFICIARY(IES)

Primary Beneficiary’s Name and Address	Social Security Number	Relationship to You	Date of Birth	Percentage: Must equal 100%
Name: Address:				
Name: Address:				

I understand that The Lincoln National Life Insurance Company furnishes this form without waiving any defense the Company may have or admitting that any insurance is in force.

I have completed and attached the Authorization for Release of Information. A photocopy of this authorization shall be as valid as the original.

I certify, under penalty of perjury, that the Social Security Number or other Taxpayer Identification Number information listed above is correct. I understand that my signature may be used for signature verification for my SecureLine Account and other purposes.

Signature _____ **Date** _____

(Sign as you would a check as signature may be used for check verification)