



Life Customer Service Contact Information

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LincolnFinancial.com

The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
First Penn-Pacific Life Insurance Company
(as in your contract and hereinafter the "Company" or "Lincoln")

Life Dividend Form

General Information (Print or type clearly.)— **Required**

Complete and return by email, fax, or mail using the information above.

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)

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)

Dividend Withdrawal – If using all dividends, indicate "All" in the field beside the "Surrender" selection.

See your policy provisions for available selections.

- Surrender \$ _____ of the dividend accumulation
- Surrender \$ _____ of the cash value of additional insurance

- Apply/Receive Dividends:
- Receive a lump sum check
 - Apply to premium (specify due date) _____
 - Apply to loan
 - Maximum dividends needed to pay loan in full, if available
 - Other _____

*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

Change Dividend Option – If completing this section, select only one option.

See your policy provisions for available selections.

- Pay in lump sum each year (cash option)
- Accumulate as interest-earning dividends
- Purchase paid-up additional insurance (requires underwriting)
- Reduce premium then loan interest - (Not available for policy numbers beginning with "10")
- Reduce loan - (Not available for policy numbers beginning with "10")
- Other _____

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.** If you want to know the taxable amount prior to making this election, please contact a Customer Care 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)
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;
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.

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.)
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Signature of Owner/Trustee*

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

 Printed or Typed Name of Owner/Trustee/Officer

 Title* (Provide Title if owned by a Trust or Corporation)

X _____
Signature of Owner/Trustee*

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

 Printed or Typed Name of Owner/Trustee/Officer

 Title* (Provide Title if owned by a Trust or Corporation)

X _____
Signature of Assignee/Irrevocable Beneficiary*

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

 Printed or Typed Name of Assignee/Irrevocable Beneficiary

 Title* (Provide Title if assigned to a Trust or Corporation)

X _____
Signature of Assignee/Irrevocable Beneficiary*

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

 Printed or Typed Name of Assignee/Irrevocable Beneficiary

 Title* (Provide Title if assigned to a Trust or Corporation)

* Required

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 the Company. 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 the Company.
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 the Company.
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.