

The Lincoln National Life Insurance Company  
 Lincoln Life & Annuity Company of New York  
 First Penn - Pacific Life Insurance Co. (collectively "Lincoln")  
 Mail: Claim Dept. - 5310, P.O. Box 21008, Greensboro, NC 27420-1008

**Overnight Address:** Lincoln Financial Group  
 Claim Dept. - 5310  
 100 N. Greene St., Greensboro, NC 27401  
**Phone:** 800-487-1485

## ABOUT THIS DOCUMENT

Please complete and submit this form along with all required documentation identified below to make a claim for a policy(ies). Read this carefully, as you are required to provide information to file the claim and verify your beneficiary payment selection. Unless otherwise indicated in this document, the words "you," "your," "yourself," and "yours" mean the claimant(s). The words "we," "us," and "our" mean The Lincoln National Life Insurance Company, Lincoln Life & Annuity Company of New York, First Penn-Pacific Life Insurance Co. and our affiliates, collectively known as Lincoln Financial Group.

## INSTRUCTIONS — REQUIRED INFORMATION

Please use this checklist to gather and submit ALL required information with this Claimant's Statement. Failure to submit ALL required information below may cause a delay in processing your claim.

- Certified copy of Death Certificate** (raised seal) showing the insured's manner of death (Required; non-returnable)
- This **Claimant's Statement** completed and signed separately by each beneficiary (Required)

### If the following condition applies...

### Also provide the required documentation below:

<input type="checkbox"/> The insured's death occurred <b>outside</b> of the <b>United States ...</b>	<ol style="list-style-type: none"> <li>1. Report of the Death of an American Citizen Abroad</li> <li>2. Foreign Death Questionnaire</li> <li>3. Translated certified copy of the Death Certificate (raised seal)</li> </ol>
<input type="checkbox"/> The beneficiary is an <b>estate, trust, guardian corporation, partnership or assigned third party</b>	Please contact us to provide additional information and receive filing instructions.
<input type="checkbox"/> Any named beneficiary is <b>deceased...</b>	A certified copy of the death certificate (raised seal) of the deceased beneficiary.
<input type="checkbox"/> You are an <b>attorney-in-fact</b> , authorized to perform business-related transactions on behalf of the claimant under a Power of Attorney executed within the last three years...	<ol style="list-style-type: none"> <li>1. A copy of the executed Power of Attorney ("POA") document</li> <li>2. The Social Security Number ("SSN") of the person who granted you PoA. If the PoA was executed more than three years ago, additional information may be required.</li> </ol>
<input type="checkbox"/> You seek <b>Consent to transfer or a State tax waiver...</b>	A form for consent or notice is required in some states. When consent is required, the state must give approval before the death benefit can be paid. <i>If this form is required, we will provide the form to the beneficiary.</i>
<input type="checkbox"/> You are a <b>resident of a foreign country...</b>	IRS form W-8BEN. IRS form may be found at <a href="http://www.irs.gov/pub/irs-pdf/fw8ben.pdf">www.irs.gov/pub/irs-pdf/fw8ben.pdf</a>
<input type="checkbox"/> You are a <b>US citizen and a foreign resident...</b>	IRS form W-9. IRS form may be found at <a href="http://www.irs.gov/pub/irs-pdf/f29.pdf">www.irs.gov/pub/irs-pdf/f29.pdf</a>
<input type="checkbox"/> You choose <b>Electronic Funds Transfer (EFT) or Wire Deposit</b> as your payment option...	A voided check or bank instructions. <i>If the voided check or wire instructions are not received, payment will be made in the form of a single check.</i>
<input type="checkbox"/> <b>...and the beneficiary is a trust...</b>	The payment must be deposited into the trust account. <i>Please ensure the provided documentation clearly reflects the trust's association to the account. The institution must be a member of the National Automated Clearing House Association (NACHA).</i>

**Please note: We do not require you to return the policy(ies) when filing a claim. However, we do ask you to destroy the relevant policy(ies) once payment is received.**

## 1. Enter the Deceased's Information

Policy Number(s) – <i>If multiple policies, please list all:</i>		
First Name:	Middle Name:	Last Name:
Date of Birth (mm/dd/yyyy):	Date of Death (mm/dd/yyyy):	Social Security Number:

## 2. Enter your Claimant Information

First Name:	Middle Name:	Last Name:
Mailing Address:		Apt/Suite #:
City:	State:	Zip Code:
Social Security Number:		
Date of Birth (mm/dd/yyyy):	Daytime Phone:	Evening Phone:
Email Address:		
Claimant's Relationship to Decedent – Please select only one option		
<input type="checkbox"/> An individual	<input type="checkbox"/> A Trustee of a Trust	
<input type="checkbox"/> An Executor/Administrator of an Estate	<input type="checkbox"/> Charity or Corporation	
<input type="checkbox"/> On behalf of a minor child, as attorney-in-fact or as custodian or guardian	<input type="checkbox"/> Other: _____	

## 3. Select your Payment Method

**Please Note:** If the policy owner has previously designated a payment option, Lincoln is required to distribute funds pursuant to that designation. If no option is selected below, the default payment method is a single check.

*Please select only one payment option:*

- Lump Sum** – If elected, please select only one of the below lump sum options. For Electronic Funds Transfer (EFT) or Wire Deposit, include a void check or wire instructions, if not received payment will be made in the form of a single check.
  - One Single Check**
  - Electronic Funds Transfer (EFT)** (Distributions will be deposited directly into your account at your financial institution)
  - Wire Deposit** (\$25 fee for domestic, except for Custodial Accounts; \$40 fee for foreign; all fees subject to change)
- Settlement Option** – Please contact me to discuss other settlement options, as described in the enclosed Settlement Options Information packet. My preferred contact method is:
  - Daytime Telephone Number
  - Evening Telephone Number
  - Email
- Secure Line® Interest – Bearing Checking Account** (Only available for payments \$50,000 or greater and not available in NY) Please review the enclosed SecureLine Information and complete required beneficiary information.

#### 4. Certify and Sign this Claimant's Statement

##### Certification – Please read carefully and check all boxes to indicate your agreement

- I understand that by furnishing a claim form, Lincoln does not waive any defense or acknowledge that there is any insurance in force or that I am the designated beneficiary. If necessary, Lincoln may ask for more information to confirm this claim.

##### I certify that:

1. The number shown on this form is my correct taxpayer identification number, or I am waiting for a number to be issued to me.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).
4. The FATCA code(s) entered on the W8BEN form(s), if any, indicating that I am exempt from FATCA reporting is correct.

\*\*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 failed to report all interest and dividends on your tax return.

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

##### Fraud Warning for New York Residents:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

- I acknowledge that I have read the FRAUD WARNINGS above and in section 5.

##### Signature – Claimant's Statement

By signing below, I certify that the information provided is complete and accurate as shown.

Claimant's Legal Name, First, MI, Last, Suffix (Please Type or Print):	
Claimant's Signature:	Date(mm/dd/yyyy):

## 5. Read State-Required Fraud Warnings

**Warning:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person, files a statement of claim containing false, incomplete or misleading information, or conceals—for the purpose of misleading—information concerning any fact material to the claim, commits a fraudulent insurance act, which may be a crime. In certain states, felony Penalties may include imprisonment, fines, denial of insurance and civil damages.

**California** – (For your protection, California law requires this to appear.) Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia** – **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Kentucky** – Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Minnesota** – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire** – Any person who, with a purpose to injure, defrauds or deceives any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in **N.H. Rev. Stat. Ann. Subsection 638:20**.

**New Jersey** – Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties.

**Pennsylvania** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico** – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

## 6. Learn more about a SecureLine® Interest-Bearing Checking Account

### What it is

SecureLine® is a service offered to help you manage insurance and annuity proceeds. It is only available for payments \$50,000 or greater, and is not available in New York.

### How it works

With SecureLine®, an account is established from the proceeds payable on a policy administered by a Lincoln company. 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. 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. Otherwise, you can use this account for paying expenses as they occur – while earning interest on your money.

Sometimes there is cash in your account that hasn't been invested. For example, you may have just deposited money into your account without giving instructions on how to invest it, or you may have received cash dividends or interest. We will automatically place – or “sweep” – that cash into one of the cash management programs listed below – also called “cash sweep programs.” Cash management programs offer different benefits and risks, including different interest rates, customer protections and insurance coverage (namely, FDIC or SIPC coverage). Some may also have certain eligibility criteria, such as minimum cash balances and specific account types.

### How we calculate interest

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%. Lincoln may increase 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](http://www.lfg.com). You begin to earn interest the same 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 the 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.

## **6. Learn more about a SecureLine® Interest-Bearing Checking Account continued**

### **Time to decide**

As long as you have money in the SecureLine® account, your right to other available settlement options is preserved until the entire balance is withdrawn or the balance drops below \$1,000. You may choose to withdraw the balance of your account and place it in a settlement option offered by Lincoln.

### **Fees or administrative charges**

There are no fees for checks and no fees for monthly checking account services. You will be charged a fee of \$15 if you stop a payment and \$10 if you present a check without sufficient funds. Your checkbook will be enclosed with your account opening packet. You may order additional checks at no cost. Just contact a Northern Trust Customer Service Representative 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.

Funds in your SecureLine® account may be reported to your State as unclaimed property if the account has had no activity for a prolonged period (2-4 years, depending on your State's unclaimed property act.)

### **Learn more**

For further information, please contact your State Department of Insurance. For Louisiana residents, contact Louisiana Department of Insurance, PO Box 94214, Baton Rouge, LA 70804, (225) 342-1226.

**Please re-enter Policy Number(s)**

*If multiple policies, please list all*

**SecureLine® Interest-Bearing Checking Account – Beneficiary(ies) designation**

If you are electing a SecureLine® Interest-Bearing Checking Account, please complete the beneficiary designation section below. *Please note: An account in the name of a legal entity, i.e., a corporation, a trust, etc., cannot elect a beneficiary for this account. 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, in the form of a lump sum check.*

**SecureLine® Account – Beneficiary 1**

First Name:		Middle Name:	Last Name:
Relationship:	Percentage:	Gender:	
Permanent Address:		Apt/Suite #:	
City:	State:	Zip Code:	Social Security # (SSN) or Tax ID # (TIN):
Date of Birth (mm/dd/yyyy):	Daytime Phone:	Evening Phone:	Email Address:

**SecureLine® Account – Beneficiary 2**

First Name:		Middle Name:	Last Name:
Relationship:	Percentage:	Gender:	
Permanent Address:		Apt/Suite #:	
City:	State:	Zip Code:	Social Security # (SSN) or Tax ID # (TIN):
Date of Birth (mm/dd/yyyy):	Daytime Phone:	Evening Phone:	Email Address:

**SecureLine® Account – Certifications**

- I certify 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.

**SecureLine® Account – Signatures**

Claimant's Legal Name, First, MI, Last, Suffix (Please Type or Print):	
Claimant's Signature:	Date(mm/dd/yyyy):

The Lincoln Financial Group companies\* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. We do not sell your personal information to third parties. This Notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. You do not need to take any action because of this Notice, but you do have certain rights as described below.

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### Information We May Collect And Use

We collect personal information about you to help us identify you as our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; to analyze in order to enhance our products and services; or to tell you about our products or services we believe you may want and use; and as otherwise permitted by law. The type of personal information we collect depends on the products or services you request and may include the following:

- **Information from you:** When you submit your application or other forms, you give us information such as your name, address, Social Security number; and your financial, health, and employment history.
- **Information about your transactions:** We maintain information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.
- **Information from outside our family of companies:** If you are purchasing insurance products, we may collect information from consumer reporting agencies such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information, such as medical information from other individuals or businesses.
- **Information from your employer:** If your employer purchases group products from us, we may obtain information about you from your employer in order to enroll you in the plan.

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### How We Use Your Personal Information

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you have requested; provide customer service; to analyze in order to enhance our products and services; and inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information we obtain from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, regulatory authorities and law enforcement officials, and to other non-affiliated or affiliated parties as permitted by law. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**



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## Security of Information

We have an important responsibility to keep your information safe. We use safeguards to protect your information from unauthorized disclosure. Our employees are authorized to access your information only when they need it to provide you with products, services, or to maintain your accounts. Employees who have access to your personal information are required to keep it confidential. Employees are required to complete privacy training annually.

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## Your Rights Regarding Your Personal Information

**Access:** We want to make sure we have accurate information about you. Upon written request we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you request a copy of the information, we may charge you a fee for copying and mailing costs. In very limited circumstances, your request may be denied. You may then request that the denial be reviewed.

**Accuracy of Information:** If you feel the personal information we have about you is inaccurate or incomplete, you may ask us to amend the information. Your request must be in writing and must include the reason you are requesting the change. We will respond within 30 business days. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior 7 years. If your requested change is denied, we will provide you with reasons for the denial. You may write to request the denial be reviewed. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request.

**Accounting of Disclosures:** If applicable, you may request an accounting of disclosures made of your medical information, except for disclosures:

- For purposes of payment activities or company operations;
- To the individual who is the subject of the personal information or to that individual's personal representative;
- To persons involved in your health care;
- For notification for disaster relief purposes;
- For national security or intelligence purposes;
- To law enforcement officials or correctional institutions;
- Included in a limited data set; or
- For which an authorization is required.

You may request an accounting of disclosures for a time period of less than six years from the date of your request.

**Basis for Adverse Underwriting Decision:** You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate, or terminate your coverage.

Your state may provide for additional privacy protections under applicable laws. We will protect your information in accordance with these additional protections.

Questions about your personal information should be directed to:

Lincoln Financial Group  
Attn: Enterprise Compliance and Ethics  
Corporate Privacy Office, 7C-01  
1300 S. Clinton St.  
Fort Wayne, IN 46802

**Please include all policy/contract/account numbers with your correspondence.**

\*This information applies to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company  
Lincoln Financial Group Trust Company, Inc.  
Lincoln Investment Advisors Corporation  
Lincoln Financial Distributors, Inc.

Lincoln Life & Annuity Company of New York  
Lincoln Retirement Services Company, LLC  
Lincoln Variable Insurance Products Trust  
The Lincoln National Life Insurance Company