



Life Customer Solutions 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")

Telephone and Internet Transfer Authorization Form for Variable and Indexed UL

General Information (Please type or print clearly. This section must be completed.)

Policy/Certificate No.: _____

Owner Information (If Business Entity or Trust, list full legal name)

For multiple owners, submit more pages as necessary, include the information below.

Full Legal Name (First, Middle, Last): _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip: _____

Social Security Number/EIN*: _____ Date of Birth/Trust**: _____

Daytime Telephone Number: _____

Email Address: _____

Insured Information (If different from Owner)

Full Legal Name (First, Middle, Last): _____

Insured's Mailing Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Daytime Telephone Number: _____

Email Address: _____

Telephone and Internet Transfer Authorization (Internet transfers not available on VUL^{ONE} products)

Please only select one box.

Pursuant to the conditions on page 2; by checking either box below, I hereby authorize and direct The Lincoln National Life Insurance Company, Lincoln Life & Annuity Company of New York and its affiliates ("Lincoln") to act on telephone and internet instructions from:

- Only myself
- Myself and my Financial Representative and their Administrative Staff

Name of Financial Representative: _____

Telephone Authorization for Loans (VUL only)

- By checking this box, I hereby authorize and direct Lincoln to act on telephone instructions from me to initiate loans from the policy. I agree to the established conditions and requirements stated in the prospectuses. I agree to indemnify and hold Lincoln, its affiliates, any mutual fund managed by such affiliates, and their trustees, directors, officers, employees, and agents harmless from any and all losses (including expenses) arising from such instructions.

This authorization will be valid until revoked in writing by the policyowner or Lincoln discontinues this privilege.

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

**The date the trust was established

Telephone and Internet Transfer Authorization Conditions

In requesting the Telephone and Internet Transfer Authorization (refer to herein as "authorization"), as stated on this form, it is understood and agreed the following conditions will apply:

FOR INDEXED UNIVERSAL LIFE

Authorization allows the authorized individual(s) to: add or update Account, Premium, Matured Segment Allocations, and Standing Orders; as well as transfer policy value between the Fixed, Holding and Dollar Cost Averaging accounts.

FOR VARIABLE UNIVERSAL LIFE POLICIES

Authorization allows the authorized individual(s) to: exchange units among sub-accounts (divisions) and the General Account; change the Allocation of premiums; add, discontinue, or modify the Dollar Cost Averaging and/or Portfolio Rebalancing program.

All the restrictions, including service charges, which apply to exchange of units, Dollar Cost Averaging, Portfolio Rebalancing, and allocation of premiums, as outlined in the current Prospectus, apply to telephone internet exchanges and allocation changes.

Authorization and Signatures

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

I understand only I can authorize loans and they will be made subject to the conditions of the contract, prospectus (VUL only), and Lincoln's administrative procedures.

I must notify Lincoln, in writing, of any changes which would affect this telephone and internet authorization, including cancellation. I agree that those changes will become effective within 3 days of receipt of the written notification.

Lincoln may require, as verification, my date of birth and social security number or taxpayer identification number each time I or my Financial Representative performs any transactions listed above via telephone and internet. Should such transactions be requested by the Financial Representative, Lincoln reserves the right, but does not assume the responsibility, to confirm these transactions directly with me.

I further understand that, although these procedures have been established to reduce the risk of unauthorized exchanges or allocation changes, such a risk still exists. I agree that Lincoln is not liable for any loss arising from any telephone and internet transactions requested by me, my Financial Representative, or their Administrative Staff, provided these procedures have been followed.

I certify that no proceedings in bankruptcy or insolvency involving any of the undersigned are now pending, that the policy is not assigned to any person or entity other than the undersigned, and that the information on this form is complete and correct.

In the case of multiple owners, each owner signing this form acknowledges both owners accept and agree.

(Submit more pages as necessary.)

Owner/Trustee's/Officer's Signature

Title*

Name (print or type)

Date*

Owner/Trustee's/Officer's Signature**

Title*

Name (print or type)

Date*

Assignee/Irrevocable Beneficiary Signature (if applicable)

Title*

Name (print or type)

Date*

Assignee/Irrevocable Beneficiary Signature (if applicable)

Title*

Name (print or type)

Date*

*Record the "Date" for all signatures. Include the "Title" for corporations, partnerships, or trusts.

**For multiple owner policies, provide additional signatures on a separate page.

Signature Requirements

Owner	Signature(s) Required
Individual(s)	Signature of the Policyowner(s)
Power of Attorney (POA)	Signature of POA 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 Letters 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.