



2. It is expressly agreed that the following specific rights, while the above policy or contract remain in force, are reserved and excluded from this Collateral Assignment and do not pass by virtue hereof:
  - a. The right to collect from the Company any disability benefits payable in cash that does not reduce the amount of life insurance.
  - b. The right to designate and change the beneficiary.
  - c. The right to elect any settlement option or payment option permitted by the above policy or contract, or allowed by the Company.
  - d. The right, with the written consent of the Assignee, to collect any benefit from the Company that results from an acceleration of the death benefit.

It is expressly agreed that these reservations will not impair any of the Assignee's rights granted by this Collateral Assignment. Any designation or change of beneficiary or election of a settlement option or payment option will be made subject to this Collateral Assignment and to the secured rights of the Assignee hereunder.

3. In complying with the rights and interests of the respective parties under this Collateral Assignment, the Company may rely on the written request or directions of the Assignee without investigating (i) the reason for any action taken by the Assignee; (ii) the accuracy, validity or the amount of the indebtedness or obligation asserted; (iii) the occurrence or existence of any default by any of the respective parties; (iv) the accuracy, validity or the amount of payment to the Assignee; (v) the application to be made by the Assignee of any amounts to be paid to the Assignee; or (vi) the on-going authority of the Assignee to exercise its rights under this Collateral Assignment. In the event of any dispute between the respective parties to this Collateral Assignment (including any rights asserted by any heir or assignee of any of the respective parties), the Company shall be entitled to have the respective interests determined by the proper court, and the Company shall be reimbursed for its reasonable expenses out of any funds in its custody affected hereby.
4. It is expressly agreed by the respective parties to this Collateral Assignment that the Company is not a party to this Collateral Assignment. This Collateral Assignment is subject to, and does not modify, the terms of the policy or contract. The rights assigned by this Collateral Assignment do not impair or restrict any legal or contractual rights of the Company. The rights assigned by this Collateral Assignment are subject to all prior assignments of rights under the policy or contract.

Complete this form for the Collateral Assignment of Life insurance and Annuity contracts ONLY.

Do not use for Change of Ownership or to assign health insurance policies or benefits.

**THE COMPANY WILL NOT RECOGNIZE ANY ASSIGNMENT OF WHICH IT HAS NOT RECEIVED ANY NOTICE.**

## Authorizations and Signatures

To ensure that this document has been signed properly, please refer to the **Signature(s) Required** table.

I certify that the information provided on this form is complete and correct. (Submit more pages as necessary.)

**X**  
 \_\_\_\_\_  
 Signature of Owner/Trustee\*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date (MM/DD/YYYY)\*

\_\_\_\_\_  
 Printed or Typed Name of Owner/Trustee

\_\_\_\_\_  
 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

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

**X**  
 \_\_\_\_\_  
 Irrevocable Beneficiary Signature\*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date (MM/DD/YYYY)\*

\_\_\_\_\_  
 Printed or Typed Name of Irrevocable Beneficiary

\_\_\_\_\_  
 Title\* (Provide Title if Beneficiary is a Trust or Corporation)

\* Required, if applicable

## 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. <b>Signature Example: John Doe, Attorney-in-Fact for Jane Doe.</b>
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/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.