



**Life Customer Service Contact Information**

Mail: PO Box 21008, Greensboro, NC 27420-1008

Phone: 800-487-1485 Fax: 800-819-1987

Email: [CustServSupportTeam@LFG.com](mailto:CustServSupportTeam@LFG.com)

[LincolnFinancial.com](http://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")

## Policy / Certificate Loan Agreement

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### General Information (Please type or print clearly.)

This section must be completed.

Policy/Certificate No.: \_\_\_\_\_

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### Owner Information (If Business Entity or Trust, list full legal name; Submit more pages as necessary.)

Submit additional pages as necessary for multiple owners and include information requested below.

Unless otherwise specified, the disbursement will be sent to the address below:

Full Legal Name (First, Middle, Last): \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number/EIN\*: \_\_\_\_\_ Date of Birth/Trust\*\*: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Insured Information (If different from Owner)

Full Legal Name (First, Middle, Last): \_\_\_\_\_

Insured Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Payment Options (Select one) — If no selection is made, the check will be sent by regular mail.

Please select one of the following options below:

- CHECK—Sent by Regular Mail
- CHECK—Sent by FedEx (Fee deducted from surrender proceeds)
- ACH (Automated deposit to checking account, if available); submit a voided check. See explanation below.\*
- Wire (\$25.00 fee applies); submit a voided check. See explanation below.\*

List "Trust" on the check for Trust owned policies. If the ACH information cannot be verified, then we will send a check to the address of record to avoid processing delays. Collaterally assigned policies are payable to the Assignee unless a Release of Assignment is completed.

\*For funds to be sent via ACH or Wire, a voided check from an account set up in the policyowner's name must be submitted and verified.

\*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

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**Loan Request** (Please check only one box)

By signing below, you assign, transfer and set over to the Company, to the extent of any loan and accrued interest thereon, all of your rights, title and interest in the Policy/Certificate together with all money that may become payable as sole security for:

- A loan in the amount of \$ \_\_\_\_\_ or the maximum loan value your Policy/Certificate will allow, if less than this amount.  
 Maximum loan available

Some Indexed Universal Life products may offer the choice of "Fixed" or "Participating" loans. Check the appropriate box below to indicate your selection. If no selection is made, the loan will be taken as a "Participating" loan.

- Fixed       Participating

**This option is product specific. Please refer to your policy before making a selection. Fund specific withdrawals are not available on policies beginning with the letter "F".**

Variable Universal Life Policies/Certificates loans will be made in proportion to the assets in each subaccount and processed accordingly, unless otherwise specified below. If the Company is unable to comply with your fund specific request, the loan will be made in proportion to the assets in each subaccount.

**Subaccount Amount** **% of Loan Amount (Total must equal 100%)**

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**Loans reduce both the cash value and death benefit of the Policy/Certificate, and, if not repaid, could eventually lead to a premature lapse of the Policy/Certificate. Additionally, a loan may affect and/or forfeit guarantees as stated in the policy contract. Refer to your Policy's/Certificate's loan provisions for additional information.**

**The Company's payment of funds in compliance with this loan request discharges us from any liability related to the loan's effect on the Policy's/Certificate's performance.**

**Special Instructions:** \_\_\_\_\_

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**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. Tax withholding is not available for withdrawals applied as loan repayments.** 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); and**
- 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; and**
- 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.

## Authorization and Signatures

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

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. (Submit more pages as necessary.)

### CONTRACT OWNER'S SIGNATURE

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

Name (print or type)

Title\*

MM DD YYYY

Date\*

### CONTRACT OWNER'S SIGNATURE

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

Name (print or type)

Title\*

MM DD YYYY

Date\*

### ASSIGNEE'S SIGNATURE

Assignee/Irrevocable Beneficiary Signature (if applicable)

Name (print or type)

Title\*

MM DD YYYY

Date\*

### ASSIGNEE'S SIGNATURE

Assignee/Irrevocable Beneficiary Signature (if applicable)

Name (print or type)

Title\*

MM DD YYYY

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. <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 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.