



Life Client Solutions Contact Information

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

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

Email: CustServSupportTeam@LFG.com

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")

Lost Policy Agreement—Life Insurance Policies

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

Complete a separate form for each policy unless the current owner and insured are the same on all policies.

Policy/Certificate No.: _____

Issued by (the Company): _____ Date of Issue (if known): _____

Insured Information

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

Insured's Mailing Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Daytime Telephone Number: _____

Email Address: _____

Owner Information (If different from Insured. Submit more pages as necessary.)

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: _____

Policy Request

Choose one—If not designated, a Duplicate Certificate will be provided

- Full Duplicate Policy—\$25.00 Administrative Fee; make check payable to the appropriate company. The fee cannot be paid by the agent.
- Lost Policy Certificate—No Charge

* 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

Authorizations and Signature(s)

Each of the undersigned hereby certifies each policy, contract and any attached amendment or endorsements specified on this form has been lost or destroyed, and requests the Company to issue a duplicate copy of each such policy, contract and amendment, or a lost policy certificate as evidence of the coverage. Each of the undersigned agrees that if the lost policy, contract and amendment is later found, the duplicate policy, contract and amendment or lost policy certificate will be surrendered to the insurance company for cancellation.

Each of the undersigned further represents that no transfer or assignment of any policy, contract and amendment specified above has been made, except to the assignee, if any, whose signature appears below, and that no other person has any interest in any policy, contract and amendment specified above, and each agrees to indemnify and hold the insurance company harmless from any and all loss or injury it may sustain resulting directly or indirectly from or out of the issuance or existence of a duplicate copy of any such policy, contract and amendment or lost policy certificate, or by reason of any error or omission in the preparation of such items.

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

I certify that I am legally competent to make this agreement, that the policy/certificate is not now assigned to any person or entity other than the undersigned, and that no proceedings in bankruptcy or insolvency involving any of the undersigned are now pending. I certify that the information provided on this form is complete and correct. (Submit more pages as necessary.)

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

Title*

Name (print or type)

Date*

Owner's/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*

Form Review

In addition to the Signature Requirements table on the next page, please review the completed document and confirm that the items below are included or attached **if applicable**:

- Policy/Certificate number
- Joint Owner's information and signature
- Irrevocable Beneficiary's signature, date, and Title
- Title beside Trustee signature and Trust documentation or Certification of Trustee Powers
- Dates for all signatures
- Corrections, erasures, or alterations initialed and dated by current policy owner, including the new submission dates

* 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 – Digital/Electronic signatures will not be accepted
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 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/Minor	Signature of Custodian or Guardian with title. We require the court order, Letter of Guardianship or UGMA/UTMA paperwork 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.
Trust	Signature of all trustee(s) with title along with the completed Certification of Trustee Powers form AN07086.
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.

Instructions

- Use this form to request duplicate copy or a certificate evidencing the coverage of a life insurance policy and amendment to a policy that has been lost or destroyed.
- Use complete names (John J. Smith **NOT** J.J. Smith).
- Signatures as required as follows:
 - Owner—Present owner of the policy and all additional owners must sign.
 - Partnership—If a partnership owns the policy, include the signature of each partner.
 - Corporation — If a corporation owns the policy, the signature of two corporate officers' other than the **Insured, Assignee, or Beneficiary** (with title indicated) is required.
 - Other — If there is an **Absolute Assignee, a Revocable or Irrevocable Beneficiary**, or other party claiming an interest, he or she must also sign.
- If current owner is deceased and a contingent owner has been previously designated, send a copy of the current owner's death certificate, and the contingent owner may request a duplicate copy or certificate of the policy.
- If current owner is deceased and no previous contingent owner has been designated, then send when requesting a duplicate copy or certificate of the life insurance policy;
 - a copy of the current owner's death certificate
 - a copy of the appointment of Executor/Executrix/Administrator/Administratrix
 - Appointee may sign the Lost Policy Agreement form
 - If no appointee, due to no estate, the requestor must obtain a SMALL ESTATE AFFIDAVIT and send it to us together with the signed Lost Policy/Agreement form.