



The Lincoln National Life Insurance Company
Attn: Commissions, 1300 South Clinton, Fort Wayne, IN 46802
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**ELECTRONIC FUNDS TRANSFER/DIRECT DEPOSIT AUTHORIZATION
& AGREEMENT FOR COMMISSIONS**

CONTRACT INFORMATION	
NAME: _____ _____	POLICYHOLDER # _____ OR PRODUCER ID # _____ OR PRODUCER CODE # _____
SOCIAL SECURITY # _____ (Vendor # for Treasury Use Only)	
BANK INFORMATION	
BANK NAME AND ADDRESS: _____ _____ _____ _____	ROUTING # _____ BANK ACCOUNT # _____ TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING (Select One) <input type="checkbox"/> SAVINGS
<input type="checkbox"/> WEB STATEMENT	<input type="checkbox"/> PAPER STATEMENT
<p>PLEASE ATTACH A CHECK MARKED "VOID" OR BANK DOCUMENT INDICATING YOUR FULL ACCOUNT NUMBER AND ROUTING NUMBER.</p> <p>I (we) authorize and request Lincoln Financial Group, and its subsidiaries, to make payment of any amounts owing to me (either of us) by initiating credit entries or adjustment entries to my account indicated above in the bank named above, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries or adjustment entries initiated by Lincoln Financial Group to such account without responsibility for the correctness thereof.</p> <p>It is understood that this agreement may be terminated by me (either of us) at any time by written notification to Lincoln Financial Group or BANK. Any such notification to Lincoln Financial Group shall be effective only with respect to entries initiated by Lincoln Financial Group after receipt of such notification and a reasonable opportunity to act on it. I understand that Lincoln Financial Group is required to send a notification and a reasonable opportunity to act on it. I understand that Lincoln Financial Group is required to send a notification to BANK before the first transaction. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it.</p> <p>It is also understood that this agreement shall not modify or alter the other provisions of the policy(ies) or supplementary contract which provides for any payment due me.</p> <p>ACCOUNT HOLDER SIGNATURE: _____ DATE: _____</p>	
<p>FOR LINCOLN FINANCIAL GROUP USE ONLY</p> <p>TO BE COMPLETED BY LINCOLN FINANCIAL GROUP COMMISSION REPRESENTATIVE.</p> <p>REPRESENTATIVE: _____ DATE: _____</p>	