

This form allows Lincoln to collect payments from your checking or savings account for Life Insurance premium payment(s).

By checking this box, I elect to Opt Out of using an electronic funds transfer for my Policy.

Step 1 - Insured Information

Indicate for first policy:

Policy Number:

First Name:

Last Name:

Indicate policy information for second policy, if applicable:

Policy Number:

First Name:

Last Name:

Step 2 - Payment Information

Indicate for first policy:

Premium Amount: \$

Loan Payment Amount: \$

Monthly
 Quarterly
 Semi-Annually
 Annually
 One Time - Initial Premium Only

Existing Policies:

Draft Day* (01-28):

Draft Start Date: / /

Indicate for second policy:

Premium Amount: \$

Loan Payment Amount: \$

Monthly
 Quarterly
 Semi-Annually
 Annually
 One Time - Initial Premium Only

Existing Policies:

Draft Day* (01-28):

Draft Start Date: / /

Checking Account: Savings Account:

Bank or Credit Union Name:

Routing Number:

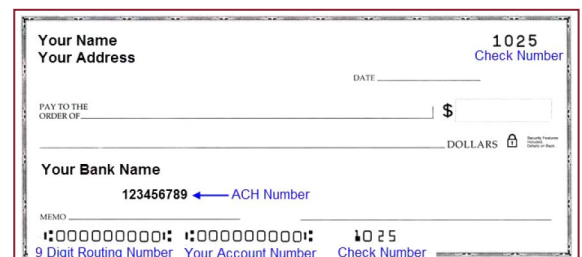
Account Number:

***New Policies. Please do not select a draft date. This date will be determined when the case is complete.**

If the draft day selected is more than 15 days after the day of the month that the policy was issued, the premium will be required to be paid in advance of the monthly policy date. This does not apply to policies with a Lapse Protection Provision.

Refer to the policy product information to determine which premium payment frequencies are available.

Use the diagram to the right to locate the routing and account numbers on your check. The check number may precede the account number and be in-between the routing and account numbers. Include any leading zeros in the account and/or routing number.



Step 3 - Payor Information

If the payor is a Corporation/ Entity or Trust, indicate the full legal name and the trustee or officer first and last name.

Corporation/Entity or Trust Name:

If the payor is an individual:

First Name:

MI:

Last Name:

Suffix:

Payor Contact Information:

Address:

City:

State:

Zip Code:

Mobile Number: - -

Email Address:

Step 4 - Authorizations and Signatures

As **Payor**, I authorize Lincoln to collect premiums via electronic funds transfer, or to affect a charge by other commercially accepted practices for the policy(ies) described above. I understand that this Authorization applies to any renewals and future changes later made in the policy and in no way affects the terms of the policy(ies) listed above.

I authorize Lincoln to change the transfer amount **without notice**, in order to maintain the policy in force in accordance with its terms up to a maximum of \$50.00 per plan, and additionally authorize the Company to increase the amount of the scheduled transfer if over \$50.00 upon my written request. **Term policies may have automatic contractual premium increases that exceed \$50.00 and you will be notified in advance of the change.**

If I change my financial institution or my account number, or wish to discontinue this agreement, I agree to give 30 days written notice to Lincoln. Notice to the financial institution without notice to Lincoln is not sufficient. Lincoln may terminate this agreement if any debit is not paid upon presentation, or upon 30 days written notice. Lincoln assumes no responsibility for bank charges, or, in the case of registered security products, for investment losses on these debits.

I certify that the information provided on this form is complete and correct:

Payor's Signature: _____

Date: / /

Print Name: _____

Title: _____

Payor Signature Requirements:

Individual Payor - Sign, print name, and date. The title is not required.

Corporation, Bank or Financial Institution Payor - One officer signature, print name, title, and date.

Trust Payor - Trustee sign, print name, title, and date.

Partnership or LLC Payor - One general/managing partner signature, print name, title, and date.

Existing Policies:

Email completed form to: CustServSupportTeam@LFG.com

Mail completed form to: Lincoln Financial
P.O. Box 21008
Greensboro, NC 27420-1008

Contact us for further assistance: 1-800-487-1485

New or Pending Policies, please return the form and direct any questions to your New Business team.

Lincoln may require a voided check or other banking document to establish or maintain this Electronic Funds Transfer Authorization. You will be notified if this additional documentation is necessary.

Visit us on the web: LincolnFinancial.com