



Please check appropriate underwriting company:
 The Lincoln National Life Insurance Company
 Lincoln Life & Annuity Company of New York
 Group Protection Service Center
 (hereinafter referred to as "the Company")

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

Complete policy information for all policies to which this authorization will apply:

Policy Number	Insured's Name	Premium Amount	Loan Repayment Amount	Optional Premium Amount

Check box if address should be changed.

Print Accountholder Name and Address Below:

Bank or Credit Union Information:

Accountholder Name	Bank or Credit Union Name
Address	Address
City State Zip	City State Zip
Phone	Account Number

- Checking Account (ATTACH VOID CHECK)
 Savings Account (ATTACH WITHDRAWAL SLIP)

Routing Number: _____
 (This is the 9-digit number at the bottom of your check)

Withdraw monthly bank draft on _____ (day of each month - Day 01 thru 28 if available). *This does not apply to policies that include a Lapse Protection Guarantee (see details on back of form). The day selected, if more than 15 days after the premium's due date, will require the premium to be paid prior to the due date.*

Authorization:

I authorize the Company to collect premiums via electronic funds transfer, or to effect a charge by any other commercially accepted practice in connection with the policy(ies)/certificate(s) described above. The attached voided check/withdrawal slip shows the account number from which deductions should be made. This Authorization will apply to any renewal or change later made in the policy/certificate and in no way affects the terms of the policy(ies)/certificate(s) described above.

I authorize the Company to vary 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.

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 the Company. Notice to the financial institution without notice to the Company is not sufficient. The Company may terminate this agreement if any debit is not paid upon presentation, or upon 30 days written notice. The Company assumes no responsibility for bank charges, or, in the case of registered security products, for investment losses on these debits.

 Accountholder/Authorized Signature

 Date

 Accountholder/Authorized Signature

 Date

Frequently Asked Questions Regarding Electronic Funds Transfers

What is an Electronic Funds Transfer (EFT)?

An Electronic Funds Transfer allows us to automatically deduct your payment from your checking or savings account on a designated date each month. This transaction follows regular bank channels, and is charged to your account just as if you had written a check.

What are the advantages of this payment method?

It's convenient. We prepare the transaction for your premiums as they become due - you do nothing. You also save postage costs because you don't have to mail in your payments.

Can I use the same authorization to pay the premiums on multiple policies?

Yes. Please list all policies on the front of this form.

Can I pay optional premiums via Electronic Funds Transfer?

Yes. You may make deposits to your Universal Life and Variable Universal Life policies, as well as make Dynamic Life pour-ins and optional annuity payments. Just specify the amount that you would like to deposit each month.

Can I repay a policy loan via Electronic Funds Transfer?

Yes. We will draft any monthly amount you choose to repay on a policy loan, subject to a \$10 minimum.

What if I wish to use my credit union or savings account?

We can draft from statement savings accounts and credit unions, however an additional 11 business days are needed from our processing date for electronic verification through your banking institution. It is important that you speak with your financial institution first, and provide us with the ACH account and routing numbers for your account, in order to avoid delays.

How do I make changes in the amount of my transaction?

We will automatically adjust the amount of your transaction due to changes in premiums, up to a maximum of \$50.00.

You will be notified of any changes made by us. You may also instruct us in writing to make changes to your transaction amount.

What if I change financial institutions?

Notify us in writing, or call our Customer Contact Center, and we will provide you with a new EFT Authorization Form to complete and sign. Return it to us, along with a voided check or withdrawal slip. Please allow at least 30 days for the change to become effective.

How do I start the plan?

Complete the reverse side of this form and forward it to us immediately. We appreciate the opportunity to serve you and hope that you will be pleased with this convenient method of payment.

Can this transaction affect the guarantees on my policy?

Yes. To ensure guarantees occur as illustrated, it is imperative for draft dates to occur prior to the policy's monthly anniversary. If a specific draft date is requested for UL policies, we will honor your request; however, please be aware that the drafts will take place on the requested date *prior* to the monthly anniversary of your policy. If no preferred draft date is requested, we will set the draft date for up to 3 days prior to the policy date. The draft will be selected at placement based on the policy date.

I have a term policy in which my premiums will automatically increase at predetermined times. Do I need to contact you to change my draft amount at these times?

No. If your term policy premiums are structured to increase in certain years, your draft amount will automatically increase to the amount specified in your policy contract. It will not be necessary to contact us.

Concord Mailing Address:

PO Box 515
Concord, NH 03302-0515
800-453-8588

Greensboro Mailing Address:

PO Box 21008
Greensboro, NC 27420-1008
800-487-1485

Group Protection Mailing Address:

PO Box 2616
Omaha, NE 68103-2616
800-423-2765