



The Lincoln National Life Insurance Company  
Lincoln Life & Annuity Company of New York

Annuity Service Office:  
PO Box 2348, Fort Wayne, IN 46801-2348  
Life Insurance Servicing Office:  
PO Box 21008, Greensboro, NC 27420-1008  
Group Protection Service Center:  
PO Box 2616, Omaha, NE 68103-2616

### OUT-OF-STATE SALE VERIFICATION FORM

This form must be completed if the owner is a resident of New York or Montana and the application is taken outside the state of residence. Complete and return with the application.

State of Residence of Owner \_\_\_\_\_  
*(or Insured in the case of a Trust)*

State in Which Application Was Signed \_\_\_\_\_

The undersigned, by signing below, confirm that the policy or contract was principally negotiated, issued and delivered in the state where the application was signed. Communications between the agent and the owner pertaining to the sale, solicitation and negotiation of the policy or contract, including the signing of the application, the collection of initial premium and the issuance and delivery of the policy/contract to the proposed owner have taken or will take place principally outside of New York or Montana, as appropriate.

\_\_\_\_\_

Date

\_\_\_\_\_

Owner's Signature *(or Insured in the case of a Trust)*

\_\_\_\_\_

Date

\_\_\_\_\_

Agent's Signature

\_\_\_\_\_

Agent Number