Lincoln Financial®

Automatic Premium Payments

The Lincoln National Life Insurance Company (Company, Lincoln)
Lincoln Life & Annuity Company of New York (Company, Lincoln)
Premium Services - PO Box 2616, Omaha NE 68103-2616
Fax Number 877-573-6177
clientservices@lfg.com

To sign up for Automatic Premium Payments follow the steps below:

- **Complete this authorization form, be sure to make a copy for your records.**
- **Email, fax or mail the completed form:**

  clientservices@lfg.com
  Fax Number 877-573-6177
  Lincoln Financial, c/o Premium Services - PO Box 2616, Omaha NE 68103-2616
- **Continue to pay your premium as billed until "Paid by automatic withdrawal - no payment required" appears on your bill.** This means your automatic premium payments have been authorized, and your next bill will be paid automatically. You will continue to receive paper bills for your records.

If you have any questions about the Automatic Premium Payment plan, please call Client Services at 800-423-2765.

Payment Options

Group Name: _____

Lincoln BL/BG number(s) AND Group ID (note all applicable BL/BGs):

_____

Automatic Payment Date (select one): ☐ 1st day of the month ☐ 15th day of the month

Note: If payment date falls on a weekend or holiday the transaction will occur on the next business day

Banking Type: ☐ Personal ☐ Business

Account Type: ☐ Checking ☐ Savings

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution City, State and Zip: _____

Routing Number:_____

Account Number: _____

Authorization and Signatures

I authorize Lincoln to initiate debits, beginning next payment cycle and continuing thereafter, for payment of my group's benefit premium. I understand that both Lincoln and its financial institution reserve the right to terminate this payment plan or my group's participation. This will be in effect until revoked by my group.

Printed Name (please print clearly): _____

Signature: _____ Date: _____