



**Life Customer Service Contact Information**

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[www.LincolnFinancial.com](http://www.LincolnFinancial.com)

The Lincoln National Life Insurance Company  
Lincoln Life & Annuity Company of New York  
First Penn-Pacific Life Insurance Company  
(as in your contract and herein the "Company")

**Authorization for Disclosure of Information – Life Insurance Policies**

**General Information** (Please type or print clearly.) **All sections must be completed.**

- One Form per Policy
- One Form per Representative
- Only the Owner or Legally Appointed Representative can designate the Third Party to be Authorized

Policy/Certificate No.: \_\_\_\_\_ Issued by (the Company): \_\_\_\_\_

**Insured Information** (Insured's information must match policy record.)

Full Legal Name (First, Middle, Last): \_\_\_\_\_

Insured's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_  Check here if new address

Email Address: \_\_\_\_\_

**Owner Information** (If different from Insured. Owner's information must match policy record.)

Full Legal Name (First, Middle, Last or Trust/Corporation Name): \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number / EIN\*: \_\_\_\_\_ Date of Birth / Trust\*\*: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_  Check here if new address

Email Address: \_\_\_\_\_

**Representative Information**

**Must be an individual but cannot be any of the following:**

- Current Owner
- Assigned Servicing Agent
- Corporation
- Trust

1. I (the undersigned) authorize the Company to disclose to my Representative information from the Company's files related to the Policy identified on this form:

Name of Authorized Representative (First, Middle, Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Policyowner (Financial Advisor, Relative, or Other): \_\_\_\_\_

\* The submission of a completed IRS Form W-9 may be required. Employer Identification Number for Trusts or Entities.

\*\* The date the trust was established.

2. I understand that I may revoke this Authorization at any time, except to the extent the Company has already taken action in reliance on it. Unless I revoke this Authorization sooner, it shall remain valid from the date of signature for one of the following:

**(Selection Required)**  One-time  6 months  1 year  Indefinitely  Other: \_\_\_\_\_

3. Select the information that may be disclosed by the Company:  
(If neither box below is checked, we will default to all information.)

**All information as defined below, including but not limited to:**

- Personal information: including, but not limited to, names, addresses, Social Security numbers, financial and employment history. (The Company will not release health history or medical records).
- Information about transactions with the Company: such as products purchased, account balances, payment history, policy changes, beneficiary designations, loan history.
- Information collected from consumer reporting agencies: such as credit history, credit scores, driving or employment records.
- On-line information: from on-line forms, site visitorship data and other information that the Company may have obtained through its web sites.

**Limited information as listed in the space below:**

\_\_\_\_\_  
\_\_\_\_\_

4. I understand that any information disclosed to my Representative may no longer be protected by federal or state law and may be used by the Representative for purposes unrelated to my Company account(s). I hereby release, on behalf of myself, my heirs, my assigns, administrators and executors, the Company, its employees, officers, directors, shareholders, successors and assigns, from any and all losses, damages, liability, expenses or any other monetary expenditures incurred by reason or upon account of a disclosure pursuant to this Authorization.

5. A copy of this Authorization shall be considered as valid as the original.

6. Upon acceptance of this authorization form, we will provide a confirmation letter to the Policyowner.

7. If this authorization form is not accepted, a letter detailing any outstanding requirements will be provided to the Policyowner.

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## Authorizations and Signatures

To ensure that this document has been signed properly, please refer to the Signature Requirements table on the following page.

I certify that the information provided on this form is complete and correct. (Submit more pages as necessary.)

\_\_\_\_\_  
Owner's/Trustee's Signature

\_\_\_\_\_  
Title\*

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Date\*

\_\_\_\_\_  
Owner's/Trustee's Signature\*\*

\_\_\_\_\_  
Title\*

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Date\*

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\* Record the "Date" for all signatures. Include the "Title" for corporations, partnerships, or trusts.

\*\* For multiple owner policies, provide additional signatures on a separate page.

## Signature Requirements

Owner	Signature(s) Required
Individual(s)	Signature of the Policyowner(s)
Power of Attorney (POA)	Signature of POA with title. We require a copy of the POA document to be on file with Lincoln. If the POA is more than 3 years old, we require an affidavit that the POA is still current to accompany the request. <b>Signature Example: John Doe, Attorney-in-Fact for Jane Doe.</b>
Conservator or Guardian	Signature of Conservator or Guardian with title. We require Letter(s) of Conservatorship or Letters of Guardianship of the Estate to be on file with Lincoln.
Custodian of Minor	Signature of Custodian with title. We require a court order, or other documentation evidencing an appointment as Custodian under a state Uniform Transfers [Gifts] to Minors Act, to be on file with Lincoln.
Corporation, Bank or Financial Institution	Signature of one officer with title, and a corporate resolution which names all officers authorized to sign on behalf of the corporation; or two officer's signatures, with title, without corporate resolution.
Pension Plan	Signature of the Pension Plan Administrator and a copy of Plan documents naming the Administrator.
Trust	Signature of all trustee(s) with title along with the completed Certification of Trustee Powers form.
Partnership or LLC	Signature of one general/managing partner with title and a copy of the Partnership agreement for Partnerships OR one managing member's signature with title and a copy of the operating agreement for LLCs.
Signed by an "X"	Signature notarized, if the signor is unable to sign and must sign with an "X".
Stamped signatures	We will not knowingly accept a stamped signature.
All other interested parties	Contact customer service to verify signature(s) needed.
Titles	If you are signing the form in any capacity other than as an individual an appropriate title is required.

## Form Review

In addition to the Signature Requirements table on this page, please review the completed document and confirm that the items below are included or attached **if applicable**:

- Policy/Certificate number
- Joint Owner's information and signature
- Title beside Trustee signature and Trust documentation or Certification of Trustee Powers
- Dates for all signatures
- Corrections, erasures, or alterations initialed and dated by the current policy owner