

**AUTHORIZATION FOR PRE-AUTHORIZED DEPOSITS**

**IMPORTANT: To avoid processing delays, please verify the following:**

- 1. Voided check for checking or deposit ticket for savings account is attached.**
- 2. Fields are filled in completely and form is signed.**
- 3. The account you have chosen for deposit is associated with your SSN/Tax ID.**

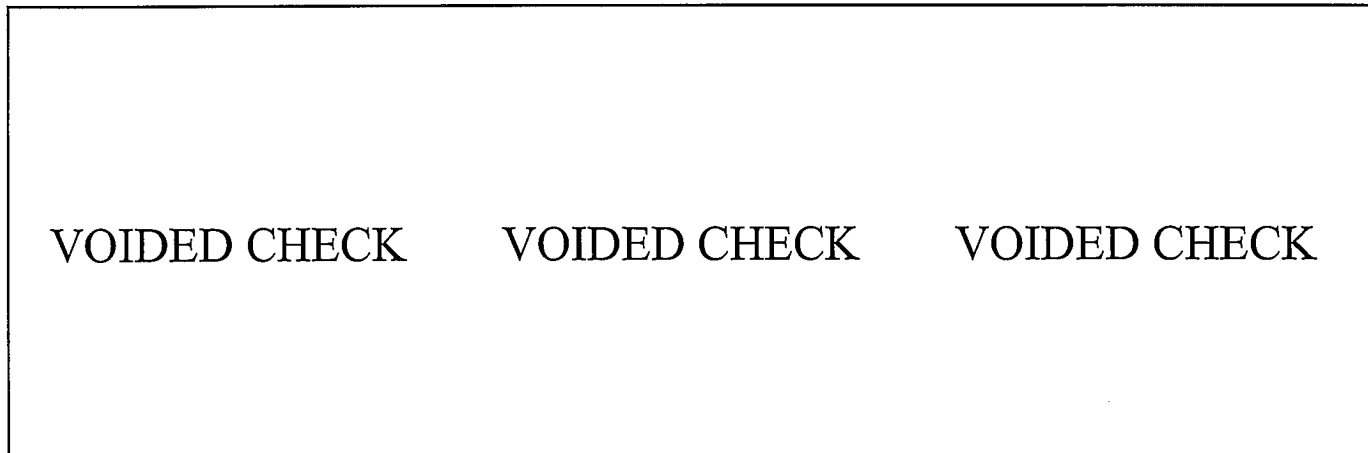
To: Distribution Compensation ,  
P.O. Box 2348, Fort Wayne, IN 46802  
Fax: 260-455-1587  
Phone: 800-238-6252, option 1

From: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Tax ID/SSN: \_\_\_\_\_

Agent #'s: \_\_\_\_\_ (List All)



I hereby authorize and request The Lincoln National Life Insurance Company (hereinafter called "the Company") to make payment of any amount(s) owed to me by initiating credit or adjustment entries to my bank(s) as indicated below. I authorize and request my bank(s) to accept credit or adjustment entries initiated by the Company and its affiliates and to enter same into the following account(s):

<p>① Account Name: _____</p> <p>Account #: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings (Attach void check or savings deposit ticket)</p> <p>ABA #: _____</p> <p>Percent of Payment: _____</p> <p>Bank Name: _____</p> <p>Bank Telephone Number: _____</p>	<p>② Account Name: _____</p> <p>Account #: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings (Attach void check or savings deposit ticket)</p> <p>ABA #: _____</p> <p>Percent of Payment: _____</p> <p>Bank Name: _____</p> <p>Bank Telephone Number: _____</p>
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**Reminder: Compensation can only be paid to an entity properly licensed and appointed with the Company. EFT transfers must be deposited into a bank account registered under the Tax ID/SSN noted above.**

- The only negative adjustment the Company will make to your bank account would be to reverse a credit made in error. This type of transaction is rare, would only occur within 5 days of the initial credit and the Company would notify you of this transaction.
- Upon election of EFT, please register and use your Lincoln website to access your commission statement online.
- It is understood that this agreement may be terminated by me or the Company at any time by written notification. Any such notification shall be effective only after receipt and processing by the Company.
- Compensation for registered insurance products can only be paid to broker dealers with effective selling agreements.

Signature \_\_\_\_\_ Date \_\_\_\_\_