



The Lincoln National Life Insurance Company ("Company")  
 Lincoln Life & Annuity Company of New York ("Company")  
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**ANNUITY DISTRIBUTION\* REQUEST**

This form may be used for all market types, except 403(b).

**1. CONTRACT\*\* INFORMATION**

Contract Number \_\_\_\_\_

Contract Owner's Name \_\_\_\_\_

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

SS Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number Daytime \_\_\_\_\_ Evening \_\_\_\_\_

**IMPORTANT INFORMATION**

- The information contained on this form is based on the Company's understanding of current federal tax laws and regulations and is not intended to serve as legal or tax advice. You should consult your attorney or tax advisor as to any tax, accounting or legal statements made on this form.
- Surrender Charges and a Market Value Adjustment (MVA), if any, may apply if the withdrawal amount is greater than the free partial withdrawal amount as stated in the contract.
- Distribution requests from any indexed contract will be withdrawn from the Fixed Account first. Only after the Fixed Account has been exhausted, will any remaining withdrawals be made from the indexed accounts. Withdrawals from the indexed accounts will be made pro-rata based on the indexed account values at the time of the withdrawal.
- Variable products may specify the subaccount to be used. If the dollar value of a specified subaccount is reduced below the requested amount, the distribution will be changed to pro-rata based on current allocations.
- All declared interest rates are expressed as annual effective interest rates. Any distribution taken during the contract year will reduce the actual amount earned because of interruption of interest compounding.
- This form should not be used to request a Required Minimum Distribution.

**2. TYPE OF DISTRIBUTION**

Select Type of Distribution:  Total Surrender (full surrender)  Partial Withdrawal (partial surrender)

**If Partial Withdrawal - Select ONE type of withdrawal - A, B, or C (Required)**

A. Withdraw \$ \_\_\_\_\_  
 Yes  No If Surrender Charges, MVA, tax and/or mailing fee are applicable and are withheld, do you want the amount received to equal the amount requested?

B. Withdraw the annual free partial withdrawal amount as stated in the contract.

C. Withdraw the Lifetime Benefit Amount for this contract year from the benefit rider.

*Note: Specify a dollar amount in option A, if not requesting the entire distribution amounts in options B and C. If an Automatic Withdrawal program is in effect, it may be impacted by distribution requests. Contact your Representative/Agent for additional information.*

**Variable Product Requests Only**

| Dollar Amount/% | Variable Subaccount |
|-----------------|---------------------|
| _____           | from _____          |
| _____           | from _____          |
| _____           | from _____          |
| _____           | from _____          |

(If the dollar value of a specified subaccount is reduced below the requested amount, the payments will be changed to pro-rata based on the current allocations.)

\* "Distribution" may be referred to as "Payment", "Withdrawal" or "Surrender."  
 \*\* "Contract" may be referred to as "Policy" or "Certificate."

**3. FEDERAL/STATE INCOME TAX WITHHOLDING (Required)**

*If tax information is NOT provided, 10% federal income tax and applicable state income tax WILL be withheld.*

Tax will be withheld from this distribution as indicated below. If you elect not to have federal income tax withheld, you will remain liable for payment of federal income tax on your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding, if any, are not adequate. You may wish to discuss your withholding election with your attorney or tax advisor.

**Federal Income Tax Withholding Options (Select One):**

- Do NOT withhold federal income tax
- Withhold 10% federal income tax
- Indicate the total amount or percentage of federal income tax to be withheld.  
 \$ \_\_\_\_\_ or \_\_\_\_\_% (The amount must be greater than 10%.)

If federal income tax is withheld, state income tax may be withheld, depending on your state of residence. The following states mandate state tax withholding if federal income tax is withheld: Iowa, Maine, Massachusetts, Mississippi (under the age 59½ or excess contribution), Nebraska, Oklahoma, Vermont and Virginia.

**State Income Tax Withholding Options (Select One):**

- State of residence \_\_\_\_\_
- Do NOT withhold state income tax (Opt Out)
  - Voluntary state income tax amount \$ \_\_\_\_\_ or \_\_\_\_\_%

*Note: The dollar or percentage amount withheld must meet the minimum withholding guidelines for your state.*

**4. METHOD OF DISTRIBUTION - Select ONE distribution method - A, B, C, or D (Required)**

- A. Direct Deposit** (no fee)       **B. Wire Deposit** (\$25 fee for domestic wires; \$40 fee for foreign wires)\*\*\*
- C. Mail Check** (no fee)\*\*\*       **D. Overnight Check** (\$25 fee)\*\*\*

**If A or B is selected (Direct Deposit or Wire Deposit), complete this information:**

Name of Financial Institution \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Type of Account:     **Checking Account** (must attach a "voided" check)       **Savings Account**

Account Number \_\_\_\_\_

ABA/Transit Routing Number (Contact your Financial Institution for this.) \_\_\_\_\_

*Note: The distribution will be sent Direct Deposit if bank information is provided but no selection is marked above.*

**If C or D is selected (Mail Check or Overnight Check), complete this information:**

- Address on record**
- Alternate Address**

Send check to \_\_\_\_\_

Make check payable to \_\_\_\_\_

**If this is a direct transfer to an IRA, SEP or SARSEP, provide account number.** \_\_\_\_\_

Alternate Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

\*\*\* Lincoln reserves the right to assess a fee; fees are subject to change.

**IMPORTANT TAX INFORMATION**

The IRS issued guidance in 2008 that affects your ability to take distributions from an annuity that is funded by a tax-free partial exchange from another contract. Under the 2008 IRS guidance, if you take a distribution from either your prior contract or your new contract within 12 months of the exchange, the tax-free status of the exchange could be lost. Certain limited exceptions apply that would allow you to take a distribution within the 12 month period; and you should consult your attorney or tax advisor to determine if any of those exceptions currently apply to you.

**5. SPECIAL INSTRUCTIONS**

**6. AUTHORIZATION AND SIGNATURES**

By signing below, I/We certify that I/We:

- Understand I/we should seek the advice of my/our attorney or tax advisor to determine if a distribution is permitted and if Internal Revenue Service penalties apply.
- Understand the withdrawal and surrender features and process as stated in the contract or prospectus (if applicable).
- Agree that if Direct Deposit is selected as the method of distribution, I/we authorize the Direct Deposit of the payment into the account identified on this form. This authorization requires the financial institution to be a member of the National Automated Clearing House Association (NACHA). The Company is also authorized to initiate corrections, if necessary, to any amounts credited or debited to my/our account in error. I/We also agree to hold the Company harmless for the date funds are actually credited to my/our account by my/our financial institution.
- Understand and assume full responsibility for meeting the Internal Revenue Code requirements to qualify for this distribution. I/We further agree to hold the Company harmless for any adverse tax consequences that may arise based on the information provided on this form.

\_\_\_\_\_  
Contract Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Contract Owner Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Representative Name

\_\_\_\_\_  
Agent/Representative Telephone Number