



The Lincoln National Life Insurance Company ("Company")
 Lincoln Life & Annuity Company of New York ("Company")
 Servicing Office: PO Box 2348, Fort Wayne, IN 46801-2348
 Fax Number 260 455-0263
 www.LincolnFinancial.com
 Overnight Address: Lincoln Financial Group, In-Force - IA
 1300 S Clinton St., Fort Wayne, IN 46802-3506

RMD WITHDRAWAL FORM – FIXED AND INDEXED ANNUITY WITHDRAWAL *

1. CONTRACT INFORMATION**

Contract Number _____
 Contract Owner's Name _____
 Issuing Company The Lincoln National Life Insurance Company Lincoln Life & Annuity Company of New York
 SS Number _____ Date of Birth _____
 Telephone Number: Daytime _____ Evening _____

IMPORTANT INFORMATION

- This form authorizes the Company to calculate the Required Minimum Distribution for the contract number referenced.
- The information contained on this form is based on the Company's current analysis of the Internal Revenue Service rules and regulations and should not be taken as legal or tax advice.
- There is a 30 day waiting period from the date of receipt of this request at the Company to complete processing.
- Payment requests for an indexed policy will be withdrawn from the Fixed Account. When the Fixed Account is depleted, the payments will be changed to pro rata based on current allocations.
- Variable policies will be withdrawn pro rata based on current allocations.
- For Granite I, Granite II, Allegiance, Alpha, Alpha Flex, Pilot Classic® and Pilot Elite® policies, payments can be made on a date other than the anniversary date. All other policies will receive payment on an annual basis and distributed on the policy anniversary.
- All declared interest rates are expressed as annual effective rates. Any payment taken during the policy year will reduce the actual amount earned because of interruption of interest compounding.
- This form should only be used to request your Required Minimum Distribution amount.

2. UNIFORM TABLE INFORMATION

Select one:

- Uniform Lifetime Table* - The payment will be based on the Uniform Lifetime Table issued by the Internal Revenue Service.
- Joint Life and Last Survivor Expectancy Table* - the payment will be based on the combined life expectancies of you and your spouse beneficiary as of your required beginning date. **This option may only be chosen if the age of the spouse is more than 10 years younger than the contract owner.** The person whose joint life is used for calculation of the Required Minimum Distribution must be your spouse and designated beneficiary on your contract. Complete the spouse beneficiary information below.

Spouse's Name _____

Spouse's Date of Birth _____

If funds were transferred from another carrier to establish your contract, please provide the most recent December 31st value of your former contract/account.

Contract/Account balance as of 12/31/ _____ Contract/Account value \$ _____

3. PAYMENT INFORMATION - (Refer to Important Information)

- Indexed policies - Set up my Required Minimum Distribution request as an annual automatic withdrawal on my policy anniversary. Select this option for contracts with *Lincoln Living IncomeSM Advantage*.
- Fixed/Variable policies - Set up my Required Minimum Distribution request as an annual automatic withdrawal on the specified date below. Requested Start Date (month/day/year) _____ (cannot be 29th, 30th, or 31st)
- Send my Required Minimum Distribution amount as a one time distribution. If selected, this form must be submitted on an annual basis in order to receive your Required Minimum Distribution.

*Withdrawal may be referred to as "payment" or "distribution."

**Contract may be referred to as "policy" or "certificate."

4. FEDERAL/STATE INCOME TAX WITHHOLDING

If tax information is not provided, federal income tax in the amount of 10% and applicable state income tax will be withheld.

Once your withholding election is made, it will remain in effect unless the Company is notified of a change. You may change your election at anytime. If you elect not to have 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 a qualified tax advisor.

Federal income tax withholding options: (Select One)

- Do not withhold federal income tax
- Withhold 10% federal income tax
- Indicate the dollar amount or total 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 income tax withholding if federal income tax is withheld: **Arkansas, California, Georgia, Iowa, Maine, Massachusetts, Nebraska, North Carolina, Oklahoma, Oregon, Vermont and Virginia.**

Residents of **Arkansas, Georgia, California, North Carolina or Oregon** may elect *not* to withhold state income tax.

State income tax withholding options: (Select One)

- As a resident of **Arkansas, Georgia, California, North Carolina or Oregon**, I elect *not* to withhold state income tax from my distribution.
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.

5. DISTRIBUTION INFORMATION

- Direct Deposit** (No Fee) **Wire** (\$25 fee for domestic wires; \$40 fee for foreign wires)***
Financial Institution's Name _____
Financial Institution's Address _____
Financial Institution's Telephone Number _____
Account Number _____ Transit/Routing Number _____
Note: The transit/routing number should be obtained from the financial institution.
Type of Account: Checking (must attach a "voided" check)
 Savings (must attach a deposit slip)
- Mail check to:** (No fee)*** **Overnight** (\$25 fee)***
 Address on record
 Alternate Address
Name _____
Address _____
City _____ State _____ Zip _____
- Financial Institution
Account Number _____
Name _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____

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

IMPORTANT INFORMATION

The information provided in this form is based upon the Company’s interpretation of current tax laws and regulations. Such information is not intended to serve as legal and/or tax advice. You should consult with your tax advisor or legal counsel to determine which options are suitable for your personal situation.

Required minimum distributions: The Internal Revenue (IRS) requires that you begin receiving distributions from your contract by a certain date. The distributions that you must receive are known as *required minimum distributions*.

Required beginning date: The required beginning date is April 1st following the year the contract owner attains age 70½.

- If you delay taking your first required minimum distribution until April 1st, you will be required to take your second required minimum distribution by December 31st of that same year.
- Required minimum distributions for each subsequent year will need to be taken by December 31st of each calendar year.
- If you fail to take your required minimum distribution when due, the Internal Revenue Service may assess a penalty.
- A change in beneficiary designation may significantly affect the required minimum distribution election.
- The joint life must be based on your spousal beneficiary.

6. AUTHORIZATION AND SIGNATURE

By signing below, you certify that you:

- Understand that if the one time distribution is elected as the payment method, this form must be submitted on an annual basis in order to receive your Required Minimum Distribution amount.
- Understand the withdrawal and surrender features and process as stated in the contract or prospectus (if applicable).
- Understand and assume full responsibility for meeting the Internal Revenue Code requirements to qualify for this distribution. You further agree to hold the Company harmless for any adverse tax ramification that may arise based on the information provided on this form.
- 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 your account in error. You also agree to hold the Company harmless for the date funds are actually credited to your account by your financial institution.
- Understand that you should carefully plan when you want to take your first income payment under the *Lincoln Living Income*SM Advantage Rider option. The payment percentage will be set at that time and will remain unchanged throughout the rest of your life. All withdrawals, in excess of the Required Minimum Distribution, above the Guaranteed Payment Amount will reduce your subsequent Guaranteed Payment Amount pro rata or proportionally. This means that any withdrawal will reduce your payments by the same percentage that it reduced your contract value.

Contract Owner’s Signature

Date

Joint Contract Owner’s Signature (if applicable)

Date

Agent/Representative Name

Agent/Representative Telephone Number