



The Lincoln National Life Insurance Company
 Lincoln Life & Annuity Company of New York ("Company")
 Servicing Office - PO Box 2348, Fort Wayne IN 46801-2348
 Fax Number (260) 455-0263
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 1300 S Clinton St, Fort Wayne IN 46802-3506

SYSTEMATIC WITHDRAWAL* SERVICE ELECTION

1. CONTRACT** INFORMATION

Contract Number _____

Contract Owner's Name _____

Issuing Company The Lincoln National Life Insurance Company Lincoln Life & Annuity Company of New York

Social Security Number (Last 4 digits) XXX-XX-_____ Date of Birth _____

Telephone Number Daytime _____ Evening _____

IMPORTANT INFORMATION

Please review the following statements:

- This feature may not be available on all contracts and may be subject to contract limitations.
- Payment requests for an Indexed contract will be withdrawn from the Fixed Account. **Please submit only if adequate money is allocated to the Fixed Account.**
- Contracts that are Fixed or Indexed may request interest only payments and may be processed as monthly, quarterly, semiannually or annually.
- Variable products may specify the subaccount to be used. If the dollar value of the specified subaccount is reduced below the requested amount, the payments will be changed to pro rata based on current allocations.
- For XtraChoice®, Choice FlexSM, Choice SingleSM, and Choice 500 PlusSM contracts, payments will only be made on an annual basis and distributed on the contract anniversary.
- There is a 30 day waiting period to complete processing from the date of receipt of this request by the company.
- Surrender Charges and a Market Value Adjustment (MVA), if any, may apply if the withdrawal amount is greater than the free partial withdrawal or surrender amount as stated in the contract or prospectus (if applicable).
- The required minimum account value is \$20,000 for monthly payment requests and \$10,000 for quarterly, semiannual or annual payment requests.
- All declared interest rates are expressed as annual effective interest rates. Any payment taken during the contract year will reduce the actual amount earned because of interruption of interest compounding.

2. SYSTEMATIC WITHDRAWAL OPTIONS

Withdrawals are processed as gross amounts unless specified otherwise. If applicable, Surrender Charges, MVA, or taxes will reduce the amount you receive. **Indexed contracts must have adequate money allocated to the Fixed Account.**

Choose one of the following options:

Withdraw \$ _____ per payment frequency.

Interest only

When the interest only option is selected, interest on the first withdrawal will be calculated based on the payment frequency elected in Section 3 (page 2) of this form and the start date you provide. Interest will not be paid in arrears for more than the period elected, that is, 1 month for monthly, 3 months for quarterly, and 6 months if payments are received semiannually. For example: if you choose interest only withdrawals and elect a monthly payment, the Company will process the first withdrawal for the previous month; if you choose interest only withdrawals and elect a quarterly payment frequency, the Company will process the first withdrawal for up to 3 months of either the current or previous quarter depending on the start date you provide. The same process applies if payments are received semiannually or annually.

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

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

3. PAYMENT FREQUENCY (Refer to Important Information)

Requested start date (month/year): _____

Fixed contracts may request a withdrawal day other than the original issue day. For Indexed contracts the withdrawal day will be the anniversary day within the withdrawal month. Withdrawal Day: _____ (cannot be the 29th, 30th or 31st)

Payment frequency: Monthly Quarterly Semiannually Annually

If frequency has not been marked it will be set for Annually.

Variable Product Requests Only

Dollar Amount/%

Variable Subaccount

_____ from _____
_____ from _____
_____ from _____
_____ from _____

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

4. FEDERAL/STATE INCOME TAX WITHHOLDING

If tax information is NOT provided, 10% federal income tax 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 any time. 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 or legal counsel.

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: **Iowa, Maine, Massachusetts, Mississippi (under the age 59½ or excess contribution), Nebraska, and Virginia.**

If you are a resident of **Arkansas, California, Georgia, or Oregon**, and federal tax is withheld, you may opt out of state withholding.

If you are a resident of **Delaware, Kansas, North Carolina, Oklahoma, or Vermont** and are subject to mandatory Federal tax withholding, then state income tax is also required. Otherwise you may opt out of state income tax withholding.

If you are resident of **California or Vermont** and elect federal and state tax withholding, the state tax will be a percentage of the federal amount withheld as your state requires.

State income tax withholding options: (select one)

State of residence _____

- Do NOT withhold state income tax (Opt Out).
- Voluntary state income tax withholding amount \$ _____ or _____ %

Note: The dollar amount or percentage withheld must meet the minimum withholding guidelines for your state. (If no dollar amount or percentage is provided, we will withhold the minimum required by your state. If no withholding is required, no state tax will be withheld.)

5. METHOD OF DISTRIBUTION - Select ONE (Required)

- Direct Deposit (no fee) Mail Check (no fee)

If Direct Deposit, complete this information:

Name of Financial Institution _____ Telephone Number _____

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

Account Number _____ ABA/Transit Routing Number _____

Note: The distribution will be sent Direct Deposit if bank information is provided but no selection is marked above. You must obtain the ABA/Transit routing number from your financial institution. Wire deposits including for "Further Credit To" instructions are not available. If requested, a check will be mailed to the address of record.

If Mail 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 _____

6. SPECIAL INSTRUCTIONS

7. AUTHORIZATION AND SIGNATURES

By signing below, you certify that you:

- Understand Surrender Charges and Market Value Adjustments (MVA), if any, may apply if the withdrawal amount is greater than the free partial withdrawal or surrender amount as stated in the contract or prospectus (if applicable).
- Understand the withdrawal and surrender features and process as stated in the contract or prospectus (if applicable).
- 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 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 ramifications that may arise based on the information provided on this form.
- Understand any partial withdrawal taken during the contract year will reduce the actual amount earned because of interruption of interest compounding.

Contract Owner's Signature

Date

Joint Contract Owner's Signature (if applicable)

Date