



Claim Dept. - 5310  
P.O. Box 21008  
Greensboro, NC 27420-1008  
Phone: 800-487-1485

Overnight Address:  
Lincoln Financial Group  
Claim Dept. - 5310  
100 North Greene Street  
Greensboro, NC 27401

Policy Number: \_\_\_\_\_

## CLAIMANT'S STATEMENT

### INSTRUCTIONS – Important Information – please read carefully and completely

#### Life Death Claim Items that are always required:

- Certified death certificate showing the manner of death
- Claimant's Statement completed and signed by each beneficiary. Each beneficiary must have a separate Claimant's Statement.

#### Additional documentation and instructions may be required when the beneficiary is a(n):

- Estate
- Trust
- Guardian (minors and incompetent beneficiaries)
- Corporation
- Partnership
- Assignment to third parties

Please refer to the Distinctive Payee Arrangements form (number CL05984) for full instructions

**Power of Attorney:** If an attorney-in-fact under a Power of Attorney is completing the Claimant's Statement on behalf of the claimant, a copy of the Power of Attorney document must be provided. If the Power of Attorney document was executed more than three years ago, additional information from the attorney-in-fact may be required. The Social Security number of the person who granted the Power of Attorney must be used. The attorney-in-fact's Social Security number may not be used.

#### Other Possible Requirements (please note that failure to include this information where applicable may cause delay in processing the claim.):

- **Deceased Beneficiary** – if any named beneficiary of the contract is deceased, a copy of the death certificate of such deceased beneficiary must accompany this form.
- **Foreign Death** – if death of the insured occurred outside of the United States, we will require a Report of the Death of an American Citizen Abroad and a Foreign Death Questionnaire. A Translated Certified Copy of the Death Certificate may also be required.
- **Consent to transfer or a state tax waiver** – A form for consent or notice is required in some states. When consent is required, the state must give approval before the death benefit can be paid. If this form is required, it will be provided to the beneficiary by us.

**Lincoln Financial Group (Lincoln) does not require that the policy(ies) be returned to Lincoln for filing of a claim. However, Lincoln does ask that the relevant policy(ies) be destroyed once payment is received.**

**Policy Number:** \_\_\_\_\_

**DECEASED'S INFORMATION**

If the deceased was known by any other names, such as maiden name, hyphenated name, nickname, derivative form of the first and/or middle name, please include them below:

Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Citizenship: Was deceased a U.S. Citizen?  Yes  No

If "No", please list country of citizenship. \_\_\_\_\_

Cause of Death: \_\_\_\_\_

If the policy (ies) contains an Accidental Death Benefit are you claiming it?  Yes  No

\* Furnish all detailed newspaper clippings, policy reports and coroner's report. Lincoln may require additional information, depending on the circumstances of the death.

**CLAIMANT INFORMATION:**

Name: \_\_\_\_\_

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

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

Social Security or Tax ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_ Evening Telephone No: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Claimant's relationship to Decedent: I am filing this claim as:

- An individual who is a named beneficiary under the policy
- A Trustee of a Trust which is a named beneficiary under the policy
- An Executor of an Estate which is a named beneficiary under the policy
- Other \_\_\_\_\_

Citizenship: Are you a U.S. Citizen?  Yes  No

If No, please indicate country of Residence: \_\_\_\_\_ and Citizenship: \_\_\_\_\_

If you are a resident of a foreign country, a W-8BEN or a W-9 must be completed.

This form can be found at: <http://www.irs.gov/pub/irs-pdf/fw9.pdf> or <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

If you would like us to mail your proceeds to an address other than the above, please specify:

Name: \_\_\_\_\_

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

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

**You can help expedite the payment of your claim by completing all of the information on this page.**

Policy Number: \_\_\_\_\_

For your convenience and assistance when your claim is approved, pages 3 through 6 offer you the ability to receive your death benefits or place your funds into one of the other settlement options. Please read your options carefully and know that Lincoln is available to address any questions that you may have. The options are numbered for your convenience.

**PAYMENT OPTIONS:**

Please select one of the following options. Please Note: If the owner of the Contract/Certificate has previously designated a payment option, Lincoln is required to disburse funds pursuant to that designation.

1.  **LUMP SUM – Three options are provided**

If you select this option, you may select a single check, EFT or Wire. If you do not select a payment option the default method of payment will be a single check.

**One Single Check**

**Electronic Funds Transfer (for EFT please complete the fields below)**

**Distributions through EFT will be deposited directly into your account at your financial institution.**

**Wire Deposit\*\* (A fee of \$25 will be assessed, except for Custodial Accounts. Fees are subject to change.)**

Complete the information on where payments should be deposited:

Financial Institution's Name: \_\_\_\_\_

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

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

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

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

Savings (must attach Savings account statement with routing number, account number and accountholder name)

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

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

\*\*Note: If requesting a wire, you must indicate the financial institution's address above.

Your signature on page 5 of this form serves as authorization to deposit payments and initiate corrections, if necessary, to the financial institution named above. The institution must be a member of the National Automated Clearing House Association (NACHA). You also agree to hold Lincoln harmless for the date funds are credited by the institution to your account. This authorization will remain in effect until your funds are depleted or you notify Lincoln of a change in sufficient time to act.

2.  **SecureLine® Interest-Bearing Checking Account (Only available for payments \$50,000 or greater)**

SecureLine® is a service offered to help you manage insurance and annuity proceeds. With SecureLine®, an account is established from the proceeds payable on a policy administered by a Lincoln company. Lincoln's contractual obligation to pay those proceeds is satisfied by depositing the proceeds into your account. The Northern Trust Bank (Northern Trust) administers your account on Lincoln's behalf and the funds supporting your account are held within Lincoln's general account. Once your SecureLine® account is opened, you will receive a personalized checkbook. If you decide you want the entire proceeds immediately, you just need to write one check for the entire balance. You can write as many checks as you wish. Each check must be for at least \$250 and the total of all checks written may not exceed your balance. Otherwise you can use this account for paying expenses as they occur – while earning interest on your money.

- **Interest Rates** – Your SecureLine® account starts earning interest the day the account is opened. Interest is compounded daily and credited to your account on the last day of each month. The minimum rate credited is equal to the national average for interest-bearing checking accounts as published daily by Bloomberg, plus 1%. Lincoln may increase that minimum rate at our discretion. The interest will be updated monthly. You can find the current interest rate that will be credited to your account at [www.lfg.com](http://www.lfg.com) by clicking on the Quick Link “File a Claim”. You begin to earn interest the same day the account is opened and continue to earn interest until all the funds are withdrawn. The interest rate credited to your SecureLine® account may be more or less than the rate earned on funds held in Lincoln's general account. Consider comparing this interest rate to your bank account interest rate or consult your financial professional to compare interest rates on comparable bank or mutual fund accounts. Interest earned on your account balance may be taxable; IRS form 1099-INT will be sent in January of each year to report taxable income. You should consult your tax advisor for more information.
- **Protection Of Deposits** – Your money in your SecureLine® account is protected because it is held in Lincoln's general account and is guaranteed by the full faith and credit of the Lincoln Financial Group company that established your account. Because the funds are not held in a federally-regulated bank, your funds are not protected by the Federal Deposit Insurance Corporate (FDIC). However, in the unlikely case of insolvency of Lincoln, your funds are protected by your state's insurance guaranty system. Contact the National Organization of Life and Health Guaranty Associations (<http://nolhga.com>; 703-481-5206) to learn more about what limits might exist related to state insurance guaranty protection.
- **Monthly Statements** – Each month you will receive a statement showing your current balance, withdrawals, interest credited and any other activity. Cancelled checks are not returned with your statement.
- **Time To Decide** – As long as you have money in the SecureLine® account, your right to other available settlement options is preserved until the entire balance is withdrawn or the balance drops below \$1,000. You may choose to withdraw the balance of your account and place it in a settlement option offered by Lincoln. Please see Page 10 for an explanation of the available settlement options.
- **Fees or Administrative Charges** – There are no fees for checks and no fees for monthly checking account services. You will be charged a fee of \$15 if you stop a payment and \$10 if you present a check without sufficient funds. Your checkbook will be enclosed with your account opening packet. You may order additional checks at no cost. Just contact a Northern Trust Customer Service Representative at 1-800-343-2551.
- **Minimum Balance** – Your SecureLine® account will remain open until your balance drops below \$1000, at which time your account will be automatically closed and a check for the remaining funds plus interest will be mailed to you.

Policy Number: \_\_\_\_\_

3.  SETTLEMENT OPTION

If you would like additional information regarding settlement options, please call Lincoln at 1-800-487-1485 extension 8529. After you have carefully reviewed the options, please indicate your selection by name on the line below.

The interest rate will be the greater of the rate stated in the policy or Lincoln’s declared rate.

I select the following Settlement Option: \_\_\_\_\_

**EXPLANATION OF SETTLEMENT OPTIONS**

- Life Only** – Proceeds plus interest are paid in installments as long as you are living. Payments cease at your death.
  - Life With Ten Years Guaranteed** – Proceeds plus interest are paid in installments as long as you are living. If you die within ten years after payments start, we will continue payments to your beneficiary for the balance of the ten year period.
  - Refund Annuity** - Proceeds plus interest are paid in installments as long as you are living. If you die before receiving payments equaling the original amount of the contract, we will continue payments to your beneficiary until the total payments to you and your beneficiary equals the original amount of the contract.
  - Period Certain** – Proceeds plus interest are paid in equal installments for any number of years you select from one to thirty.
  - Amount Certain** – Payments are made in equal installments of an amount you select until the proceeds plus interest are exhausted.
1. The frequency of payments:  Monthly     Quarterly     Semi-Annual     Annual
2. The method of payment:     Check     Electronic Fund Transfer (EFT)

**CONSENT:** I authorize any doctor, hospital or other medical or medically related facility, insurance company, consumer reporting agency, employer, the Social Security Administration, the Internal Revenue Service or any other organization or person having any knowledge of the deceased (named below) and his/her earnings or health to give Lincoln Financial Group®, its subsidiaries or authorized representative any information needed to determine policy claim benefits. This may include (but is not limited to) information regarding: medical treatment/history, prescriptions, HIV antibody testing, Acquired Immune Deficiency Syndrome or related complexes, driving records, earnings information, tax returns, mental illness and use of alcohol or drugs. A photocopy of this form is as valid as the original and I may request one. This form will be in force for one year from the date shown below. I may revoke it at any time for information not then obtained by writing to Lincoln Financial Group® at the address indicated above.

\_\_\_\_\_  
Name of Deceased

**SIGNATURE:**

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

You understand that by furnishing a claim form, the “Company” does not acknowledge that there is any insurance in force or that you are the designated beneficiary. If necessary, the “Company” may ask for more information to confirm this claim.

By signing below, I certify that the information provided is complete and accurate as shown.

**Fraud Warning for New York Residents:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

\_\_\_\_\_  
Claimant’s Full Legal Name (Please Type or Print)

\_\_\_\_\_  
Claimant’s Signature

\_\_\_\_\_  
Date

**Policy Number:** \_\_\_\_\_

## **FRAUD WARNINGS**

**Warning** – Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files a statement of claim containing any false, incomplete or misleading information or conceals, for the purpose of misleading, information concerning any fact material to the claim, commits a fraudulent insurance act, which may be a crime, and in certain states a felony. Penalties may include imprisonment, fines, denial of insurance and civil damages.

### **These states require the following fraud warnings:**

**California** (For your protection, California law requires this to appear.) – Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Kentucky** – Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Minnesota** – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire** – Any person who, with a purpose to injure, defrauds or deceives any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in **N.H. Rev. Stat. Ann. Subsection 638:20.**

**New Jersey** – Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties.

**Pennsylvania** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico** – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.