

Policy/Contract Number: NP3-_____

ELECTRONIC FUNDS TRANSFER (EFT)/DIRECT DEPOSIT AUTHORIZATION

Please select one: Set up new EFT/Direct Deposit Change/update bank account information

1. PAYEE(S) INFORMATION

Name	Social Security Number	Telephone Number
Mailing Address - Street	City	State
		ZIP
<input type="checkbox"/> CHECK HERE IF NEW ADDRESS		

2. ACCOUNT INFORMATION (Complete this section to identify an account where you would like your funds transferred.)

Bank Name	Bank Address	Bank Phone Number
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Select the payment option that applies to this request.

Deposit All Payments

All payments associated with this contract will be deposited into the bank account referenced below.	
Owner(s) Name on Bank Account	Bank Routing Number (9 digits)
Bank Account Number	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Deposit Specific Payments

<input type="checkbox"/> Medicare Set-Aside Arrangement (MSA)¹ Deposit only MSA payments into the bank account referenced below.	
Owner(s) Name on Bank Account	Bank Routing Number (9 digits)
Bank Account Number	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

<input type="checkbox"/> Non-Medicare Set-Aside Arrangement (MSA) Deposit only non-MSA payments into the bank account referenced below.	
Owner(s) Name on Bank Account	Bank Routing Number (9 digits)
Bank Account Number	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

¹ A Medicare Set-Aside Arrangement (MSA) provides funds to an injured claimant to pay for future medical expenses that may otherwise be covered by Medicare. Please note that an MSA may not apply to your structured settlement agreement. If you are unsure, please call the service center listed at the top of the form.

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3. ACCOUNT VERIFICATION (Attach a voided check in section 3a. If no check is attached, an authorized bank representative must complete section 3b.)

a) Voided Check: (All voided checks must contain the preprinted name(s) of the account owner(s). For your protection, we are not able to accept starter checks.)

Attach a Voided Check Here
(If a check is not available, complete section 3b below)

b) I certify that the account listed in section 2 is under the exclusive control of the account owner(s) listed in section 2. There are no restrictions whatsoever that prevents the account owner(s) in any way from withdrawing funds deposited into the account listed in section 2.

Signature of Bank	Print Name	Title	Date (mm/dd/yy)
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4. AUTHORIZATION

I/We hereby authorize and request Protective Life * as Administrator for The Lincoln National Life Insurance Company (the Company) to make payments of any amounts owing to me/us by initiating credit entries or adjustment entries to the above account in the above-named bank, and I/we authorize and request Bank to accept any credit entries or adjustment entries initiated by the Company to such account and to enter the same to such account without responsibility for the correctness thereof. I/We understand that this agreement may be terminated by me/us or the Company at any time by written notification to the other party. Such termination by me/us shall be effective only as to deposits initiated after the Company's receipt of said notice and reasonable opportunity to act on it. Payments made to the above account shall be a full discharge of the obligation to make payments to me/us under the settlement agreement to which I am a party (we are

5. SIGNATURES

I/We have read this document and fully understand its terms and conditions. I/We declare that all information I/we provided on this document is true, correct and complete.

Signature of Payee(s)	Signature of Guardian, Executor, Administrator, Power of Attorney, or Custodian	Date (mm/dd/yy)
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