Lincoln Financial®

Please Note If direct deposit is not desired, no further action is required with this form.
If direct deposit is not elected, the minimum mailed check amount is $2500.
For Group Business, the minimum payment amount on direct deposit or check is $25.

EFT $ Advantage

Electronic Funds Transfer Authorization Form

About This Document

This form is used for new direct deposit setup and revision to existing direct deposit of producer or corporate commission earnings. Please complete all applicable sections and fax or mail the completed form to the address/fax number indicated below.

To avoid processing delays, please verify the following:

1. Voided check or a letter from the bank verifying account information.
2. Fields are filled in completely and form is signed.
3. **The account for deposit is owned by the SSN/Tax ID listed below.**

Completed forms may be sent to:
Email: Lincoln.EFT@lfg.com
Distribution Compensation
PO Box 2348, Fort Wayne, IN 46802
Fax: 260-455-1587

IMPORTANT NOTICE(S):

- **Registered Representatives with LFA or LFS:** You must have a personal bank account under your SSN to direct deposit your commissions. Registered commission earnings cannot be paid to a Corporate Account per U.S. Securities and Exchange Commission guidelines.
- **If you would like your personal commission earnings paid to a corporation, the corporation must be licensed and appointed** with The Lincoln National Life Insurance Company and/or Lincoln Life & Annuity Company of New York and affiliates ("Lincoln"). These requests can be accommodated by completing the Financial Owner Assignment Form. For questions regarding the Financial Ownership process or requirements, please contact us at 800-238-6252.

Demographic Information

Full Legal Name of Producer OR Full Corporate Name: _____

Complete SSN: _____ OR Complete Corporate TIN: _____

Email Address: _____ Upline Email Address: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Please select the type(s) of business for which EFT should be updated (select all that apply):

☐ Group — Group Agent Number (List one or more): _____

PLEASE NOTE: For Group Business, EFT will be set up ONLY for the Agent Numbers identified.

☐ All Other Business

Account Information

I hereby authorize and request Lincoln (hereinafter called "the Company") to make payment of any amount(s) owed to me by initiating credit or adjustment entries to my bank(s) as indicated below. I authorize and request my bank(s) to accept credit or adjustment entries initiated by the Company and its affiliates and to enter same into the following accounts(s):

Account Name: _____

Account Number: _____ ☐ Checking ☐ Savings

ABA (Routing) Number: _____ **VOIDED CHECK OR BANK LETTER IS REQUIRED**

Authorization & Signature

Upon election of EFT, you must register and use your Lincoln website to access your commission statement online.
The only negative adjustment the Company will make to your bank account would be to reverse a credit made in error. This type of transaction is rare, would only occur within 5 days of the initial credit and the Company would notify you of this transaction. It is understood that this agreement may be terminated by me or the Company at any time by written notification. Any such notification shall be effective only after receipt and processing by the Company. Compensation for registered insurance products can only be paid to broker dealers with effective selling agreements. Corporations applying for EFT must include signature and title of either the Corporation President, Vice President, or Principal.

_____ _____ _____

Signature **(Written Signature Required)** Title Date

_____

Printed Name