

AUTOMATIC WITHDRAWAL SERVICE ELECTION

CONTRACT INFORMATION

Contract Number _____

Contract Owner's Name _____

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

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

Telephone Number: Daytime _____ Evening _____

IMPORTANT INFORMATION

Please review the following statements before electing this service.

- Surrender charges may apply if the withdrawal amount is greater than the free amount as stated in the contract or prospectus (if applicable).
- Amounts are withdrawn on a pro rata basis from each subaccount, unless otherwise specified. This program can be set up to have the withdrawal taken from one specific variable fund (if applicable). The option of fund-specific withdrawals is not available with living benefit riders.
- Withdrawals in excess of the guaranteed withdrawal amount, called "excess withdrawals", will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized, transaction-specific calculation showing the effect of the excess withdrawal.
- Withdrawal minimum: \$50 per distribution/\$300 annually. Contract Minimum: \$10,000.

AUTOMATIC WITHDRAWAL OPTIONS

If electing an automatic withdrawal option based on a living benefit rider:

- Beginning a *new* automatic withdrawal option - the amount allowed through your rider will be withdrawn during the current benefit year.
 - Changing from an *existing* automatic withdrawal option - the new option will begin at your next benefit anniversary.
 - Withdrawals will *automatically increase* if additional deposits are made or if the account value step-up/reset results in a higher amount guaranteed with your rider. Additional withdrawals could result in a reduced allowable withdrawal amount.
 - Automatic withdrawals *will stop* for the remainder of a benefit year if the withdrawal amount allowed through your rider has been exceeded due to other withdrawals, if you have selected withdrawal option A, B, or C.
 - Withdrawals prior to meeting minimum age requirements (including Joint Life, if applicable) may substantially deplete or eliminate the amount guaranteed through your rider and may result in termination of the rider, contract, or availability of lifetime withdrawals. Please refer to your prospectus, speak with your advisor, or contact Customer Service.
- A. Withdraw _____% with *Lincoln SmartSecurity*[®] Advantage (1%-5% for SmartSecurity 1-year or 1%-7% for SmartSecurity 5-year)
- B. Withdraw _____% with *Lincoln Lifetime Income*SM Advantage option (1%-5%. Not available prior to age 59 1/2 for Single Life or both Joint Lives attaining age 65.)
- C. Withdraw the Guaranteed Annual Income amount through *Lincoln Lifetime Income Advantage 2.0* (Not available if the Single Covered Life or either Joint Covered Life is under age 55)

_____ (Initial Here if taking an excess withdrawal) I authorize the excess withdrawal requested below. The amount requested exceeds the amount guaranteed through a living benefit rider, and I am aware of the potential impact to rider guarantees. If initials are not included, the amount guaranteed through the rider will be the maximum amount that will be processed.

- D. Withdraw \$ _____ per payment frequency.
- E. Withdraw free amount based on contractual free withdrawal provision.
- F. Withdraw _____% of the contract value or purchase payments (up to 10% or 15% based on contractual free withdrawal provision).
- G. Withdraw earnings or interest above this baseline: \$ _____ (You may need to adjust this baseline due to purchase payments or withdrawals. If the contract value is below the baseline, no automatic withdrawal will occur.)

PAYMENT FREQUENCY

Requested start date (month/year) _____

If requested start date is not marked, withdrawals will begin on the next available start date following receipt of this form.

Payment frequency: Monthly Quarterly Semi-annually Annually

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

Date of withdrawal (Allow 3-5 days from withdrawal date for receipt of funds) 5th 10th 20th

If date is not marked it will be set for the 20th.

Note: Please use Form 28840 for establishing substantially equal periodic payments and Form 27742 for establishing required minimum distribution payments.

FEDERAL/STATE INCOME TAX WITHHOLDING

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

Tax will be withheld as indicated below. You may change your election at any time. If you elect not to have tax withheld, you may still be liable for payment of federal and state income tax, if applicable, on the taxable portion of each 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 Tax Withholding Options: (select one)

- Do not withhold federal income tax
- Withhold 10% federal income tax
- Indicate the total percentage of federal income tax to be withheld, _____ % (The amount must be greater than 10%.)

State Tax Withholding Information:

If you are a resident of **California** or **Oregon** and federal tax is withheld, state tax will be withheld unless you opt out below. If federal tax is not withheld, state tax is not required to be withheld unless requested.

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.

If you are a resident of **Delaware** or **Kansas** and federal tax is withheld, state tax must also be withheld. If federal tax is voluntarily withheld or not withheld, state tax withholding is not required unless requested.

If you are a resident of **Iowa, Maine, Massachusetts, Nebraska, or Virginia** and federal tax is withheld, state tax must be withheld. If federal tax is not withheld, state tax is not required withheld unless requested.

If you are a resident of **Arkansas, North Carolina, Oklahoma, or Vermont** and federal tax is required to be withheld, state tax must also be withheld. If federal tax is voluntarily withheld, state tax will be withheld unless you opt out.

Special preference on state tax:

State of Residence _____

Voluntary Tax Amount \$ _____ OR _____% OPT OUT

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.)

DISBURSEMENT METHOD - You must complete this section in order to receive your distribution and avoid processing delays. **All distributions through this service will be deposited directly into your account at your financial institution. Distributions on Custodial contracts must be sent to the Custodian.**

\$ _____ OR _____ % Distribution Option (If not otherwise indicated, payment will default to 100% to the first listed Financial Institution)

Financial Institution's Name _____ Telephone Number _____

Payee Name (check box if same as owner, complete otherwise) _____

Payee Address (check box if same as owner, complete otherwise) _____

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

Account Number _____

ABA/Transit Routing Number _____

Note: The ABA/Transit Routing Number should be obtained from the Financial Institution.

\$ _____ OR _____ % Distribution Option

Financial Institution's Name _____ Telephone Number _____

Payee Name (check box if same as owner, complete otherwise) _____

Payee Address (check box if same as owner, complete otherwise) _____

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

Account Number _____

ABA/Transit Routing Number _____

Note: The ABA/Transit Routing Number should be obtained from the Financial Institution.

Remaining Disbursement Option (if any) -

Financial Institution's Name _____ Telephone Number _____

Payee Name (check box if same as owner, complete otherwise) _____

Payee Address (check box if same as owner, complete otherwise) _____

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

Account Number _____

ABA/Transit Routing Number _____

Note: The ABA/Transit Routing Number should be obtained from the Financial Institution.

SPECIAL INSTRUCTIONS

AUTHORIZATION AND SIGNATURES

By signing below, you certify that you:

- Understand the withdrawal and surrender 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 authorized 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 authorized harmless for any adverse tax ramifications that may arise based on the information provided on this form.
- Understand that in the event the contract value falls below the requested automatic withdrawal amount, your automatic withdrawal request may be treated as a SURRENDER REQUEST and the company may send all remaining proceeds to you. It will not be treated as a surrender request if you have a living benefit rider that provides payments after the account value is depleted.

Contract Owner's Signature

Date

Joint Contract Owner's Signature (if applicable)

Date