

**Protective Life \* as Administrator for  
The Lincoln National Life Insurance Company**

P.O. Box 13694, Birmingham, AL 35202-3641  
Email Address: structuredsettlements@protective.com  
Phone: (800) 451-7065 Fax: (603) 334-5833

**Authorization to Release Contract Information**

All sections of this form must be completed in order to process your request.

**1. PAYEE INFORMATION**

Name (First, Middle, Last) \_\_\_\_\_ Birth Date \_\_\_\_\_  
Mailing address (Street, City, State, ZIP) \_\_\_\_\_  
Telephone number \_\_\_\_\_ Last 4 digits of Social Security/Tax ID number \_\_\_\_\_  
Policy/Contract number(s) \_\_\_\_\_

**2. JOINT PAYEE INFORMATION** (If applicable)

Name (First, Middle, Last) \_\_\_\_\_  
Last 4 digits of Social Security/Tax ID number \_\_\_\_\_ Birth Date \_\_\_\_\_

**3. INFORMATION DESIGNEE(S)**

(Individual(s) authorized to receive contract information. Social Security/Tax ID number and birth date are used for identification purposes.)

Name (First, Middle, Last) \_\_\_\_\_  
Last 4 digits of Social Security/Tax ID number \_\_\_\_\_ Birth Date \_\_\_\_\_  
Name (First, Middle, Last) \_\_\_\_\_  
Last 4 digits of Social Security/Tax ID number \_\_\_\_\_ Birth Date \_\_\_\_\_

**4. DISCLOSURE**

**Authorization to release contract information** - As the payee(s) of this contract, by signing below, I(we) authorize Protective Life \* as Administrator for The Lincoln National Life Insurance Company (the Company) to release all information related to payments due to me(us) to the Information Designee(s) listed in section three. This authorization does not allow the Information Designee(s) to initiate any contract changes.

This authorization will continue in force until the earlier of (a) the date written cancellation is received by the Company's Service Center; (b) the date the Company discontinues this service; or (c) one year from date signed on this form. The Company reserves the right to request a new authorization at any time and for any reason. I(We) indemnify the Company from liabilities and expenses that may incur by acting upon this authorization.

**5. SIGNATURE(S)**

<b>X</b>	_____	_____	_____
	Payee Signature	Print Name	Date (mm/dd/yy)
<b>X</b>	_____	_____	_____
	Joint Payee Signature (if applicable)	Print Name	Date (mm/dd/yy)
<b>X</b>	_____	_____	_____
	Witness Signature (Required) (Must be a third party disinterested adult)	Print Name	Date (mm/dd/yy)