



The Lincoln National Life Insurance Company
 Lincoln Life & Annuity Company of New York
 First Penn-Pacific Life Insurance Company
 (as in your contract and herein the "Company")

Life Customer Solutions Contact Information
 Mail: PO Box 21008, Greensboro, NC 27420-1008
 Phone: 800-487-1485 Fax: 800-819-1987
 Email: CustServSupportTeam@LFG.com
www.LincolnFinancial.com

Affidavit by Attorney-in-Fact that Power of Attorney is In Force

General Information (Please type or print clearly.) All sections must be completed.

Policy Number: _____ Insured's Name: _____
 Insured's SSN (if available): _____ Owner's SSN (if available): _____

Attorney-in-Fact Information

Full Legal Name (First, Middle, Last): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____ Phone Number: _____

The complete POA must be sent back with the affidavit and any additional information below.

- Documentation the owner is incapacitated if required as a condition of the POA.
- Documentation of any name changes for the policy owner and the Attorney-In-Fact.

Approval of the POA will be based on the specific powers and limitations outlined in the POA.

Affidavit—Notary Certificate and Notary Public

State of _____ County of _____

I, _____ being first duly sworn, affirm that I am the person to whom
 Attorney-in-Fact
 _____ gave a Power of Attorney, dated _____; that I
 Principal

as attorney-in-fact, may request Lincoln Financial Group complete policy transactions; that I, of my own knowledge, know that on the date of this Affidavit the Power of Attorney remains in full force and effect and has not been revoked or superseded; and that Lincoln Financial Group shall have no liability for relying on the authority of the Power of Attorney to complete the requested transactions.

 Signature of Attorney-in-Fact

Subscribed to and sworn to before me this _____ day of _____, _____.

 Official Signature of Notary

_____, Notary Public
 Notary's printed or typed name

My commission expires: _____