# DIRECT DEPOSIT APPLICATION



Lincoln Financial Group Disability and Life Claims PO Box 2578 Omaha, NE 68172-9688 Phone No.: (800) 210-0268 Secure Fax No.: (603) 334-0401

Return To:				
EMPLOYEE/CLAIMANT NAME:				
CLAIM NO:				
EMPLOYER/SPONSOR:		DATE OF BIRTH:		
CHECK ONE: New Change				
YOUR TELEPHONE NUMBER: ( )				
ADDRESS:	CITY:	STATE:	ZIP:	

#### AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEPOSITS

I (We) hereby authorize and request Lincoln Financial Group, to make payment of Disability payments owing to me (either of us) by initiating credit entries or adjustment entries to my account indicated below in the bank named below, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries or adjustment entries initiated by Lincoln Financial Group to such account and to enter the same to such account without responsibility for the correctness thereof.

<b>REQUIRED FIELDS ARE BOLDED BELOW</b> ***All must be completed or your form will be rejected***				
TYPE OF ACCOUNT: Checking Savings	BANK NAME:			
9 DIGIT ABA ROUTING NUMBER:	BANK ADDRESS:			
YOUR ACCOUNT NUMBER:	_ CITY: STATE:ZIP:			
	BANK PHONE: ( )			
***You must check yes or no to BOTH of the following two questions***				
WILL THESE DIRECT DEPOSIT BENEFIT PAYMENTS BE SENT TO A BANK OUTSIDE THE U.S.?				
DOES YOUR BANK HAVE STANDING ORDERS FROM YOU TO MOVE FUNDS FROM THE ACCOUNT WE				
<b>CREDITED TO A BANK OUTSIDE THE U.S.?</b>	YES NO			

It is my understanding that this agreement may be terminated by me (either of us) at any time by written notification to Lincoln Financial Group or BANK. Any such notification to Lincoln Financial Group shall be effective only with respect to entries initiated by Lincoln Financial Group after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it. I also understand that it is my responsibility to confirm payments or funds have been deposited into the specified account before authorizing payment or making withdrawals from specified account.

Signed:

Date:

The term "BANK" as used on this application includes Credit Unions, Savings and Loans, etc



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Lincoln Financial Group is pleased to offer you the security and convenience of having your Disability Benefit check deposited electronically to your bank account. Direct Deposit, often referred to as electronic fund transfer (EFT), means no more mail delays or trips to the bank to cash your check.

## How does direct deposit work?

Lincoln Financial Group's bank will transfer your benefit payment directly into your bank account. Lincoln Financial Group recommends this payment option because it is predictable, safe and convenient.

### How do I sign up?

Complete the enclosed Pre-Authorized Direct Deposit Application. Place in an envelope addressed to the return address at the top of this form and drop in the nearest mailbox. Be sure to print all the information clearly, and sign the application.

## How soon can my direct deposits begin?

Direct deposit accounts are active as soon as they are entered into the system. Please allow 3-5 days for processing.

### Can I sign up for Direct Deposit and forward my benefit payment to a foreign bank account?

No, at this time Lincoln Financial Group will not allow benefit payment to be paid via EFT if they are funded to a foreign bank or intended to be forwarded to a foreign bank account.

## What if I move to a non US State or territory and receiving Direct Deposit payments?

You will receive a notification that your direct deposit is being deactivated and provided a new form to complete for consideration of ongoing direct deposit payments.

## Will I continue to receive an Explanation of Benefits (EOB) Statement in the mail?

No. Your Explanation of Benefits (EOB) Statement is accessible on our website at <u>www.lincolnfinancial.com</u>. Each deposit will also be confirmed by your bank on your regular bank statement each month. Funds will be deposited to your account within 3 - 5 days after the payment date shown on the Explanation of Benefits (EOB) Statement.

## What happens if I am out of town when the payment is due?

Your deposit is in your account. You may access it any time after it is deposited.

## What if I change bank accounts?

Notify your Disability Case Manager and a new form will be sent to you for completion with the information about your new account. We can continue the direct deposit process with your new bank following notification to and verification from your new bank. You may receive several benefit checks by mail in the interim. Do not close your original bank account until you confirm that we have discontinued the Direct Deposit process to that account.

### Can I change my mind?

Yes. You can start or stop Direct Deposit at any time. Just notify your Disability Case Manager.

## What if I have questions?

Call your assigned Disability Case Manager. They are available Monday through Friday from 8:30 - 4:30 P.M EST.

## What happens if I fail to complete my direct deposit application?

Incomplete applications will be mailed back to you along with a new application for you to complete.