

**Protective Life * as Administrator for
Lincoln Life Assurance Company of Boston**

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 Lincoln Life Assurance Company of Boston (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)

X _____
Payee Signature _____ Print Name _____ Date (mm/dd/yy) _____

X _____
Joint Payee Signature (if applicable) _____ Print Name _____ Date (mm/dd/yy) _____

X _____
Witness Signature (Required) _____ Print Name _____ Date (mm/dd/yy) _____
(Must be a third party disinterested adult)

** Please note that effective May 1, 2018 Protective Life Insurance Company (for policies issued outside New York) and Protective Life and Annuity Insurance Company (for policies issued in New York) assumed administrative responsibilities for certain life and annuity policies issued by Lincoln Life Assurance Company of Boston.*