Lincoln – eDelivery – Initial Premium Payment

During the signing process, the owner will have options with regards to making payments. Within the policy pages in DocuSign, an **Initial Premium Payment Selection** form can be found.

Financial Group®	The Lincoln National Life Insurance Company 100 N. Greene Street Greensboro, NC 27401			
Initial Premium Payment Selection				
March 08, 2018				
Insured Name:				
Policy Number:				
provided, a payment of \$1,100,00 is required in initial payment, you may choose from the option Please check one: Please indicate your select	n order to place your policy in force. To make this ons listed below.			
chosen, and follow the instructions provided. P	Please return this form with your selection indicated.			
 Pay online If you would like to make your in 	nitial payment online using a credit or debit card.			
please access <https: td="" ww2.e-b<=""><td>illexpress.com/ebpp/LFG></td></https:>	illexpress.com/ebpp/LFG>			
 You will need to provide your po order to make a payment for the 	blicy number and the insured's Date of Birth in e full balance due.			
Pay by check				
 Please reference your policy nu The Lincole National Life Incurs 	imber on the check. Make your check payable to:			
 Please mail to: The Lincoln National Life Insura 	ional Life Insurance Company, 100 N Greene			
Street, Greensboro, NC 27401				
Important Disclosures				
important Disclosures.				
The selection above will only apply to the	he initial premium required to place your policy in			
indicated on your life insurance applica	tion, a copy of which is included with your policy.			
If the outstanding requirements necess	ary to place your policy in force are not received in a			
timely fashion, additional premium may	be necessary. Please contact your agent with			
questions.				

• To Pay by check:

 Instructions state payment should be sent directly to Lincoln National, but it is highly encouraged payment is sent to Ash for processing.



Financial Group*	The Lincoln National Life Insurance Company 100 N. Greene Street Greensboro, NC 27401
Initial Premiu	m Payment Selection
March 08, 2018	
Insured Name:	
Policy Number:]
initial payment, you may choose from the option Please check one: Please indicate your select chosen, and follow the instructions provided. Pl	ns listed below. tion by checking the box next to the method you have lease return this form with your selection indicated.
 Pay online If you would like to make your in please access https://ww2.e-bi You will need to provide your po order to make a payment for the 	nitial payment online using a credit or debit card, <u>illexpress.com/ebpp/LFG></u> vicy number and the insured s Date of Birth in the full balance due.
Pay by check	
 Please reference your policy null 	mber on the check. Make your check payable to:
 Please mail to: The Lincoln National Life Insural Please mail to: The Lincoln National Street, Greensboro, NC 27401 	nce Company onal Life Insurance Company, 100 N Greene
Important Disclosures:	
The selection above will only apply to th force. Subsequent premiums will be bill indicated on your life insurance applicat If the outstanding requirements necessa timely fashion, additional premium may questions.	he initial premium required to place your policy in led and paid according to the method and frequency tion, a copy of which is included with your policy. ary to place your policy in force are not received in a be necessary. Please contact your agent with

To Pay online select the link: <u>https://ww2.e-billexpress.com/ebpp/lfg/</u>

Welcome to E-Bill E	xpress.	
	PAY NOW	
Policy Number		
Insured DOB (MM/DD/YYYY)		
	Pay Now	

- Once prompted by the E-Bill Express website, enter the policy number of the policy to be paid and the Insured's date of birth (DOB MM/DD/YYYY).
- Select Pay Now



(800) 589-3000 A S H B R O K E R A G E . C O M • In the payment system, the policy number of the policy and payment amount due will be on the first page. The amount due will be based on the mode in which the policy was issued.

Financial Group®		Home Pay My Bills
Home		
Policy Number	1 Invoice View all Items Amount Due	Payment Amount \$ Payment Method • Add A Payment Method T Pay Date 3/19/2018
If you have any questions about this payment or agent. You may also contact us directly at 800-44 Monday through Friday between the hours of 8:0 excluding holidays. Payments will be posted to y	your policy, please feel free to contact your 37-1485. Our normal business hours are 0 am and 6:00 pm Eastern Standard Time, our account within 1 – 2 business days.	Continue to Payment

• Follow the instructions in the payment portal to complete payment.

Financial Group*		Home Pay My Bills	€ <u>Exit</u>
Pay My Bills	Due Date 🗸	Q Advanced Search	MESSAGES
UNPAID AND PARTIALLY PAID V HI	STORY	Hide Account Groupings Export	You're In Charge® We're here to help you take control of your financial future.
Amount POLICY NUMBER			• •
\bigcirc			PAYMENT SUMMARY
			0 Invoices \$0.00 Remove All Payment Method Add A Payment Method
			3/19/2018

If a payment mode change is requested on non-illustrated products, please follow the instructions on how to submit a change request in DocFast:

https://www.customerportal.ipipeline.com/knowledgebase/submitting-a-change-request-in-docfast/

If a payment mode change is requested on illustrated products, please notify **Ash Brokerage** to ensure the change is properly processed.

