



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

## Life Customer Service Contact Information

Mail: PO Box 21008, Greensboro, NC 27420-1008

Phone: 800-487-1485 Fax: 800-819-1987

Email: [CustServSupportTeam@LFG.com](mailto:CustServSupportTeam@LFG.com)

[LincolnFinancial.com](http://LincolnFinancial.com)

## Life Name Change Form

### General Information (Print or type. Complete and return using the information above.)—Required

Both pages of the form must be returned by email, fax, or mail, or this request will be declined.

Policy\* Number: \_\_\_\_\_

### Owner Information (If Business Entity or Trust, list full legal name; submit additional pages as necessary.)—Required

☐ Individual Owner: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (M.I.) (Last) (Suffix)

☐ Trust/Entity Owner: \_\_\_\_\_

Trustee/Officer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (M.I.) (Last) (Suffix)

Mailing Address (Street): \_\_\_\_\_ (Apt. or Suite): \_\_\_\_\_

(City/State/ZIP): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth/Trust Date\*\* (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN/TIN\*\*\*: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### Insured Information (If different from Owner)—Required

Full Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Mailing Address (Street): \_\_\_\_\_ (Apt. or Suite): \_\_\_\_\_

(City/State/ZIP): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN\*\*\*: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### Name Change

This change applies to: ☐ Insured ☐ Owner ☐ Assignee ☐ Payor ☐ Other: \_\_\_\_\_

You are changing your name. (Print or type full name.)

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

\*Policy may be referred to as Certificate.

\*\*The date the trust was established

\*\*\*The submission of a completed IRS Form W-9 may be required. Employer Identification Number for Trusts or Entities

**Reason for change:**

- ☐ Marriage (Attach a copy of certificate.)
- ☐ Divorce (Attach a copy of the decree and supporting documentation confirming any name change.)
- ☐ Corporate Name Change (Attach certified copy of corporate resolution/merger documentation authorizing the change.)
- ☐ Other: (Specify and attach a copy of court order.) \_\_\_\_\_

**Authorizations and Signatures**

I certify that the information provided on this form is complete and correct. **(Provide additional signatures on a separate page.)**

**X** \_\_\_\_\_  
Signature of Owner/Trustee/Assignee/Payor\*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (MM/DD/YYYY)\*

\_\_\_\_\_  
Printed or Typed Name of Owner/Trustee/Assignee/Payor

\_\_\_\_\_  
Title  
(Provide Title if owned by or assigned to a Trust or Corporation)

**X** \_\_\_\_\_  
Signature of Owner/Trustee/Assignee/Payor\*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (MM/DD/YYYY)\*

\_\_\_\_\_  
Printed or Typed Name of Owner/Trustee/Assignee/Payor

\_\_\_\_\_  
Title  
(Provide Title if owned by or assigned to a Trust or Corporation)

\* Required

**Signature Requirements**

Owner	Signature(s) Required
Individual(s)	Signature of the Policyowner(s)
Power of Attorney (POA)	Signature of Attorney-in-fact with title. We require a copy of the POA document to be on file with the Company. If the POA is more than 3 years old, we require an affidavit that the POA is still current to accompany the request. <b>Signature Example: John Doe, Attorney-in-Fact for Jane Doe.</b>
Conservator or Guardian	Signature of Conservator or Guardian with title. We require Letter(s) of Conservatorship or Letter(s) of Guardianship of the Estate to be on file with the Company.
Custodian of Minor	Signature of Custodian with title. We require a court order, or other documentation evidencing an appointment as Custodian under a state Uniform Transfers [Gifts] to Minors Act, to be on file with the Company.
Corporation, Bank or Financial Institution	Signature of one officer with title, and a Corporate Resolution which names all officers authorized to sign on behalf of the corporation; or two officer's signatures, with title, without Corporate Resolution.
Pension Plan	Signature of the Pension Plan Administrator and a copy of Plan documents naming the Administrator.
Trust	Signature of all Trustee(s) with title along with the completed Certification of Trustee Powers form.
Partnership or LLC	Signature of one general/managing partner with title and a copy of the Partnership Agreement for Partnerships OR one managing member's signature with title and a copy of the Operating Agreement for LLCs.
Signed by an "X"	Signature notarized, if the signor is unable to sign and must sign with an "X".
Stamped signatures	We will not knowingly accept a stamped signature.
All other interested parties	Contact Customer Service to verify signature(s) needed.
Titles	If you are signing the form in any capacity other than as an individual an appropriate title is required.