

The Lincoln National Life Insurance Company (Company, Lincoln)
Lincoln Life & Annuity Company of New York (Company, Lincoln)
Servicing Office - PO Box 2348, Fort Wayne IN 46801-2348
Fax Number 260-455-6310
LincolnFinancial.com
Overnight Address: Lincoln Financial Group, Policy Change - IA
1300 S Clinton St., Fort Wayne IN 46802-3506

Your contract language specifies whether the beneficiary receives the death benefit on the death of the owner or the death of the annuitant. Review your contract prior to completing this designation so that the death benefit is paid to the correct party.

Contract* Information

Contract Number: _____

Issued by The Lincoln National Life Insurance Company or Lincoln Life & Annuity Company of New York (as set forth in your contract)

Contract Owner's Name: _____

Social Security Number (Last four digits): XXX-XX- _____ **Date of Birth:** _____

Telephone Number Daytime: _____ **Evening:** _____

Beneficiary Designation

In accordance with the provisions of the contract, I/we revoke all former beneficiary designations and elect to change the beneficiary as indicated below. Additional beneficiaries may be designated on a separate sheet and must include a signature on each page. For a trust as beneficiary skip to page 2 and complete the trust section.

Per Stirpes: If a beneficiary predeceases the owner (or annuitant, if applicable) the beneficiary's share of the proceeds will be paid to that beneficiary's living children in equal shares.

Primary (you must have at least one primary beneficiary)

Name: _____ **Relationship:** _____ ☐ Per Stirpes **Percentage:** _____

Social Security/ Tax ID Number: _____ **Date of Birth:** _____ ☐ Male ☐ Female

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Telephone Number:** _____

☐ Primary ☐ Contingent

Name: _____ **Relationship:** _____ ☐ Per Stirpes **Percentage:** _____

Social Security/ Tax ID Number: _____ **Date of Birth:** _____ ☐ Male ☐ Female

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Telephone Number:** _____

☐ Primary ☐ Contingent

Name: _____ **Relationship:** _____ ☐ Per Stirpes **Percentage:** _____

Social Security/ Tax ID Number: _____ **Date of Birth:** _____ ☐ Male ☐ Female

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Telephone Number:** _____

*"Contract" may be referred to as "policy" or "certificate."

☐ Primary ☐ Contingent

Name: _____ Relationship: _____ ☐ Per Stirpes Percentage: _____

Social Security/ Tax ID Number: _____ Date of Birth: _____ ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Telephone Number: _____

☐ Primary ☐ Contingent

Name: _____ Relationship: _____ ☐ Per Stirpes Percentage: _____

Social Security/ Tax ID Number: _____ Date of Birth: _____ ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Telephone Number: _____

If designating a trust as beneficiary, complete the following:

☐ Primary ☐ Contingent

Name: _____ Relationship: _____ Percentage: _____

Trustee's Name: _____ Date of Trust: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Signatures

Contract Owner/Trustee's Signature

Date

Joint Owner's Signature (if applicable)

Date