



### Step 2 - Guidance

If this policy is trust owned and has more than one trustee, make copies of this page, prior to completion, or attach on separate page and submit the information pertaining to each trustee.

Enter the full legal name of the trust, tax ID number, date the trust was established, and contact information.

**Trust owned policies must be signed by all trustees with the title of each and attach the Certification of Trustee Powers form.**

The submission of a completed IRS Form W-9 may be required. Tax ID Number is required for Trusts.

Enter the full legal name of the corporation, bank, financial institution, pension plan, Limited Liability Company (LLC) or other entity, tax ID number, and contact information.

Indicate the officer name and contact information.

**Attach supporting documentation (i.e. corporate resolution, plan documents, operating agreement, etc.). See step 9 for additional details and signature requirements.**

Tax ID Number for Corporation/Entities is required.

### Step 3 - Guidance

This form replaces all prior beneficiary designations. If you are wanting to add beneficiaries, you must restate all existing beneficiaries.

If you do not select an option in this step, we will automatically change the beneficiaries on the base policy and the primary insured rider (if applicable).

If you select Other Insured Rider (OIR), indicate the first and last name of the Insured.

## Trust Owner information

Trust Name:

Tax ID Number:

Trust Date: / /

Address:

City:

State:

Zip Code:

Trustee First Name:

Trustee Last Name:

Phone Number: - -

Mobile Number: - -

Email Address:

## Corporation/Entity Owner information

Corporation/Entity Name:

Tax ID Number:

Address:

City:

State:

Zip Code:

Officer First Name:

Officer Last Name:

Phone Number: - -

Mobile Number: - -

Email Address:

## Step 3 - Beneficiary Designation

Change beneficiaries on (select all that apply):

Base policy

Children Term rider(s)

Primary Insured rider

First to die rider

Spouse rider

Last to die rider

Other Insured rider (OIR)

OIR Insured First Name:

OIR Insured Last Name:





### Step 6 - Guidance

Use this section to designate a trust as a beneficiary.

**If you are designating more than one trust or more than two trustees, print as many copies of this page as needed prior to completing.**

Indicate if this trust designation is for primary beneficiary or contingent beneficiary.

Enter the trust name, tax ID number, date the trust was established, and address.

**Use numbers to indicate the percentage payable to this trust.**

**All primary beneficiary designations on this form must total 100%.**

**All contingent beneficiary designations on this form must total 100%.**

Indicate all trustee names and contact information.

**Note: Trustee information is required to ensure we can identify and contact your beneficiary(ies) in the event of a claim. State regulations may require benefits to be paid to the State if Lincoln is unable to locate the beneficiary(ies) in a timely manner.**

Primary Beneficiary(ies): The first person(s)/entity(ies) in line to receive the death proceeds after the insured is deceased.

Contingent Beneficiary(ies): The second person(s)/entity(ies) in line to receive the death proceeds after the insured is deceased and no surviving primary beneficiary(ies).

Trust Tax ID Number is required.

## Step 6 - Trust Beneficiary Designation

**Primary Beneficiary**

**Contingent Beneficiary**

**Trust Name:**

**Tax ID Number:**

**Trust Date:**        /        /

**Address:**

**City:**

**State:**

**Zip Code:**

**Indicate the percentage of the proceeds payable to this beneficiary:**        %

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**Trustee First Name:**

**Trustee Last Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone Number:**        -        -

**Email Address:**

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**Trustee First Name:**

**Trustee Last Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone Number:**        -        -

**Email Address:**

### Step 7 - Guidance

Use this section to designate a **corporation/entity** as a primary or irrevocable beneficiary.

**If you are designating more than one corporation/entity, print as many copies of this page as needed prior to completing.**

Enter the corporation/entity full legal name, tax ID number, officer name and contact information.

Use numbers to indicate the percentage payable to the Corporation/Entity.

**All primary beneficiary designations on this form must total 100%.**

**All contingent beneficiary designations on this form must total 100%.**

Corporation/Entity Tax ID Number is required.

## Step 7 - Corporation/Entity Beneficiary Designation

**Primary Beneficiary**

**Contingent Beneficiary**

**Corporation/Entity Name:**

**Tax ID Number:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone Number:**       -       -

**Email Address:**

**Indicate the percentage of the proceeds payable to this beneficiary:**       %

### Step 8 - Guidance

If you designated a beneficiary who is a minor, indicate the Guardian/ Conservator's name and contact information.

The minor's name and contact information should have already been listed as a beneficiary in a prior section.

**Any payment due to a minor beneficiary shall be made to the legally appointed guardian of the minor, unless otherwise permitted by law. If you are designating a minor beneficiary, we suggest you contact your legal advisor to consider doing so under the UNIFORM GIFTS TO MINOR ACT (UGMA), or UNIFORM TRANSFERS TO MINORS ACT (UTMA), whichever may be in effect in your state.**

## Step 8 - Guardian/Conservator Beneficiary Designation

**Guardian/Conservator**

**First Name:**

**Guardian/Conservator**

**Last Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone Number:**       -       -       **Mobile Number:**       -       -

**Email Address:**

### Minor Beneficiary Information

**Minor First Name:**

**Minor Last Name:**

## Step 9 - Guidance

Completion of this section certifies that the Policy Owner and all engaged parties are aware of and approve the beneficiary(ies) designation update.

**If you need additional signature lines, make a copy of this form prior to completion.**

Owner Signature Requirements:  
Individual Policy Owner(s) - Sign, print name, and date. The title is not required.

Owner Signature Requirements:  
Power of Attorney (POA) - Sign, print name, title (ex. Attorney-in-Fact for Jane Doe) and attach a copy of POA. If the POA is 3+ years old, also attach an affidavit that the POA is still current.

Conservator or Guardian - Sign, print name, title and attach Letter(s) of Conservatorship or Letter(s) of Guardianship of the estate.

Custodian of Minor - Sign, print name, title, date and attach a court order, or other documentation evidencing an appointment as Custodian under a state Uniform Transfers [Gifts] to Minors Act.

Corporation, Bank or Financial Institution - One officer signature, print name, title, date, and attach Corporate Resolution which names all officers authorized to sign on behalf of the corporation; or two officer signatures, print name, title, date and the Corporate Resolution is not required.

Pension Plan Administrator - Sign, print name, date and attach the Plan documents naming the Administrator.

Trust - Trustee(s) sign, print name, title, date, and attach the completed Certification of Trustee Powers form.

Partnership or LLC - One general/managing partner signature, print name, title, date and attach a copy of the Partnership Agreement for Partnerships or one managing member's signature, print name, title and attach a copy of the Operating Agreement for LLCs.

**Note: Notarization is required if the signor must sign with an "X" and stamped signatures will not be accepted.**

## Step 9 - Authorizations and Signatures

As **Policy Owner**, I certify that the information provided on this form is complete and correct. I hereby revoke any previous beneficiary designation and request that upon the death of the Insured named on this policy and/or rider(s) that the proceeds be made payable to the beneficiary(ies) designated herein.

**Owner's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:**     /     /

**Owner's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:**     /     /

This signature section should only be completed by an existing irrevocable beneficiary to provide consent for this policy change to occur.

As **Irrevocable Beneficiary**, I hereby consent to revoke any previous beneficiary designation and request that upon the death of the Insured named on this policy and/or rider(s) that the proceeds be made payable to the beneficiary(ies) designated herein.

**Irrevocable Beneficiary's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:**     /     /

Residents of Massachusetts must have a witness sign this form.

As **Witness**, I observed the owner sign this form.

**Witness's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:**     /     /