

Beneficiary Change

Mail: Lincoln Financial Group, Life Customer Service and Claims - G10-00 P.O. Box 21008, Greensboro, NC 27420-1008

Overnight Address: Lincoln Financial Group, Life Customer Service - G10-00

100 N. Greene St., Greensboro, NC 27401 Phone: 800-487-1485 Fax: 800-819-1987 Email: CustServSupportTeam@LFG.com LincolnFinancial.com

The Lincoln National Life Insurance Company ("Lincoln") Lincoln Life & Annuity Company of New York ("Lincoln") First Penn-Pacific Life Insurance Company ("Lincoln")

of

This form should be used to beneficiary for each policy to be								inge o
Step 1 - Guidance	Step 1 - Ins	ured Ir	ıformat	ion				
Enter the policy or certificate number.	Policy Number:							
Enter any other relevant policy numbers separated by commas. The owner must be the same on	First Name:							
all policies or a separate form is required.	Middle Name:							
Enter the full legal name of the person designated as the Insured on the policy and their date of birth, social security number, and contact information.	Last Name:							
	Date of Birth:	1	1	SSN:	-	-		
	Address:							
	City:				State:		Zip Code:	
	Phone Number:	-	-	Mobile	Number:			
	Email Address:							
Step 2 - Guidance	Step 2 - Ind				n			
If the insured and the owner are the same person, proceed to	Are the Insured a	nd Owne	r the same	person?	Yes	No		
step 3. If this policy is trust owned	First Name:							
If this policy is trust owned proceed to page 2.	Middle Name:							
	Last Name:							
	Date of Birth:	1	1	SSN:	-	-		
	Address:							
	City:				State:		Zip Code:	
	Phone Number:	-	-	Mobile	e Number:			

Email Address:

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 4 - Guidance

If you are designating a trust or entity as beneficiary, proceed to step 6 or 7.

If you are designating more than two individual primary beneficiaries, print as many copies of this page as needed prior to completing, and include the information for each beneficiary.

Enter the primary beneficiary's name, date of birth, social security number, and contact information.

Use numbers to indicate the percentage payable for each beneficiary. Lincoln will not accept dollar amounts or fractions.

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

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

The submission of a completed IRS Form W-9 may be required.

Step 4 - Primary Individual Beneficiary(ies)

First Name:		
Middle Name:		
Last Name:		
Date of Birth: / / SS	SN:	
Address:		
City:	State:	Zip Code:
Phone Number:	Mobile Number:	
Email Address:		
Relationship to Insured:		
Indicate the percentage of the proceeds pa	yable to this beneficiary:	%
First Name:		
Middle Name:		
Last Name:		
Date of Birth: / / S	SN:	
Address:		
City:	State:	Zip Code:
Phone Number:	Mobile Number:	
Email Address:		
Relationship to Insured:		
Indicate the percentage of the proceeds pa	yable to this beneficiary:	%

Step 5 - Guidance

If you are designating a trust or entity as a contingent beneficiary, proceed to step 6 or 7.

If you are designating more than two individual contingent beneficiaries, print as many copies of this page as needed prior to completing.

Enter the individual contingent beneficiary's name, date of birth, social security number, and contact information.

Use numbers to indicate the percentage payable for each beneficiary. Lincoln will not accept dollar amounts or fractions.

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

Individual 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).

The submission of a completed IRS Form W-9 may be required.

Relationship to Insured:

Indicate the percentage of the proceeds payable to this beneficiary:

Step 5 - Individual Contingent Beneficiary(ies)						
First Name:						
Middle Name:						
Last Name:						
Date of Birth:	1	1	SSN:			
Address:						
City:				State:	Zip Code:	
Phone Number:	-	-	Mobile I	Number:		
Email Address:						
Relationship to Ins	sured:					
Indicate the percer	ntage of	the proceeds	payable to th	nis beneficiary:	%	
Indicate the percer First Name:	ntage of	the proceeds	payable to th	nis beneficiary:	%	
	ntage of	the proceeds	payable to th	nis beneficiary:	%	
First Name:	ntage of	the proceeds	payable to th	nis beneficiary:	%	
First Name: Middle Name:			payable to the	nis beneficiary:	%	
First Name: Middle Name: Last Name:					%	
First Name: Middle Name: Last Name: Date of Birth:					% Zip Code:	
First Name: Middle Name: Last Name: Date of Birth: Address:			SSN:			

%

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: 1 Address: City: State: Zip Code: Indicate the percentage of the proceeds payable to this beneficiary: % **Trustee First Name:** Trustee Last Name: Address: City: State: Zip Code: **Phone Number: Email Address: 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

Guardian/Conservator Last Name:

Address:

First Name:

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.

<u>Trust</u> - 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:	1	1	
Owner's Signature:				
Print Name:				
Title:	Date:	1	1	
This signature section should only be comple consent for this policy change to occur.	eted by an existing irrev	ocable b	eneficiary to	provide
As <i>Irrevocable Beneficiary</i> , I hereby consand request that upon the death of the Insproceeds be made payable to the beneficial	sured named on this p	olicy and		
Irrevocable Beneficiary's Signature:				
Print Name:				
Title:	Date:	1	1	
Residents of Massachusetts must have a w	ritness sign this form.			
As <i>Witness</i> , I observed the owner sign this	form.			
Witness's Signature:				
Print Name:				
	Date:	1	1	