



Change of Beneficiary - Annuities

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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.

This form is not to be used with employer sponsored plans.

Contract¹ Information

Contract Number: _____

Contract Owner's Name: _____

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

Home Telephone Number: _____ Mobile Telephone Number: _____

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: _____

¹ "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

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Contract Owner/Trustee's Signature

Date

Joint Owner's Signature (if applicable)

Date