Lincoln Financial℠

Contract Change Request Form

Insurance Operations
Mail: PO Box 21008, Greensboro, NC 27420-1008
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)

General Information (Type or print clearly.) — *Required*

Complete and return by email, fax, or mail using the information above.

Policy[1] 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)

Trustee/Officer Title: _____

Mailing Address *(Street)*: _____ *(Apt. or Suite)*: _____

(City/State/ZIP): _____ /_____ /_____

Date of Birth/Trust Date[2] *(mm/dd/yyyy)*: _____/_____ /_____ SSN/TIN[3]:_____

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: _____

1 Policy may be referred to as Certificate.
2 The date the trust was established.
3 The submission of a completed IRS Form W-9 may be required. Tax Identification Number for Trusts or Entities.

Amount of Insurance

☐ Reduce the face amount to $ _____
Premium will not automatically change. If you would like to change the premium complete Change Premium below.

☐ Change to a Level Death Benefit Option (Not applicable for Term or Whole Life policies)

☐ Change Premium to $ _____ ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly
(Not applicable for Term or Whole Life policies)

Any time a policy change is made, it would be to your benefit to obtain a policy illustration by contacting a Customer Contact Representative at 800-487-1485 between the hours 8:00a.m. – 6:00 p.m. (Eastern Time), Monday through Friday.

Additional Benefits

An Additional Benefit termination or change will be effective the next policy monthly anniversary date after the request is received in good order.

☐ Terminate		Disability Waiver of Premium
☐ Terminate	☐ Reduce	Child Term Rider $_____
☐ Terminate	☐ Reduce	Spouse Term Rider $ _____
☐ Terminate	☐ Reduce	Family Security Benefit $ _____
☐ Terminate	☐ Reduce	Accidental Death Benefit $ _____
☐ Terminate	☐ Reduce	Guaranteed Insurability Option $ _____
☐ Terminate	☐ Reduce	Other _____ $ _____

When a Term Insurance Rider or Benefit is to be terminated or reduced, the name of the specified Term Rider or Benefit is required.

Paid Up Insurance – See policy provisions for availability. *Not applicable for Term or Whole Life policies.*

☐ In accordance with the Paid Up Insurance provision, I elect Paid Up Insurance. Amount will be calculated as of the next policy monthly anniversary date after the request is received in good order.

Benefits payable at the same time and on the same conditions described in the policy, except any amount payable shall be paid in one sum. If the policy contains any additional benefits, such benefits are terminated with the Paid Up Insurance.

Elect Non-Forfeiture Option – *Applicable for whole life policies.*

☐ To PLACE the policy on the following non-forfeiture option checked below

OR

☐ To ELECT option checked below in the event of default in premium payment

☐ Reduced Paid-Up Insurance

The Undersigned hereby apply to have the above policy continued in force as paid-up insurance for the reduced amount to which we are entitled according to its terms. It is understood that any indebtedness to Lincoln secured by said policy will be deducted from the cash value of the policy used to calculate the reduced paid-up value.

☐ Extended Term Insurance

The Undersigned hereby apply to have the above policy continued in force as paid-up extended term insurance for the period to which we are entitled according to its terms. It is understood that any indebtedness to Lincoln secured by said policy will be deducted from the amount of the extended term insurance.

☐ Automatic Premium Loan Provision

Also choose Reduced Paid-Up or Extended Term Insurance as a secondary option
I request the Automatic Premium Loan provision to be added in the event a premium remains unpaid at the end of its grace period.

☐ I revoke the previous request for the Automatic Premium Loan provision.

Income Tax Withholding Election

Required for whole life non-forfeiture option election with loan payoff

The withholding tax applies only to the taxable portion of the requested change, if applicable. If you want to know the taxable amount prior to making this election, please contact a Customer Care Representative at 800-487-1485 between the hours 8:00 a.m. – 6:00 p.m. (Eastern Time), Monday through Friday.

Withholding Information

Under federal and state laws, you may choose to not have taxes withheld from certain life insurance payments, or withheld at a certain percentage or amount from such payments. For either option, you are still responsible for any income tax due on the taxable portion of the payment. You may be subject to tax penalties under the Estimated Tax Payment Rules if your payment of estimated tax and withholding, if any, are not sufficient. For Non-Resident Aliens, federal income tax will be withheld at the applicable rate unless you provide a compliant form W-8BEN or W-8BEN-E and any supporting documentation required.

Taxpayer Identification Number and Certification

Under penalties of perjury, the Owner(s) certifies that:

1. The Social Security Number(s) or Federal Tax Identification Number(s) provided for the Owner(s) is the correct number (or the Owner(s) is waiting for a number to be issued)
2. The Owner(s) is not subject to backup withholding either because (a) the Owner(s) is exempt from backup withholding, or (b) the Owner(s) has not been notified by the Internal Revenue Service (IRS) that the Owner(s) is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Owner(s) that he or she is no longer subject to backup withholding;
3. The Owner(s) is a U.S. citizen or other U.S. person; and
4. The FATCA code(s) entered on this form (if any) indicating that the Owner(s) is exempt from FATCA reporting is correct.

   Exemption from FATCA reporting code (if any) _____

Certification instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Make your Tax Election below by checking the appropriate box:

We recommend that you contact your tax advisor before making any tax withholding elections to answer any questions that you may have regarding your state's withholding laws.

If you do not make an election, or if you do not furnish us with your Social Security number or Tax Identification number, we will withhold 10% for Federal Income Tax and any appropriate State Income Tax from the taxable portion of your payment. If a withholding election is made that is contrary to IRS or State requirements, then the IRS or State requirements will be applied.

Choose to Withhold

☐ I want to have Federal Income Tax withheld at ☐ _____% or ☐ $_____

☐ I want to have Federal Income Tax **and** State Income Tax (if state mandated) withheld.

☐ I want to have State Income Tax withheld, but not at the mandated rate; withhold ☐ _____% or ☐ $ _____

Choose Not to Withhold

☐ I do NOT want to have Federal Income Tax or State Income Tax withheld.

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.

Authorizations and Signatures

To ensure that this document has been signed properly, please refer to the Signature Requirements table.

I certify that the information provided on this form is complete and correct. (Submit additional pages as necessary.)
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Owner/Trustee/Officer ***(Required)***	_____ /_____ /_____ Date (MM/DD/YYYY) ***(Required)***
Printed or Typed Name of Owner/Trustee/Officer	**Title** ***(Required, if applicable)*** (Provide Title if owned by a Trust or Corporation)
Signature of Owner/Trustee/Officer ***(Required, if applicable)***	_____ /_____ /_____ Date (MM/DD/YYYY) ***(Required, if applicable)***
Printed or Typed Name of Owner/Trustee/Officer	**Title** ***(Required, if applicable)*** (Provide Title if owned by a Trust or Corporation)
Signature of Assignee/Irrevocable Beneficiary ***(Required, if applicable)***	_____ /_____ /_____ Date (MM/DD/YYYY) ***(Required, if applicable)***
Printed or Typed Name of Assignee/Irrevocable Beneficiary	**Title** (Provide Title if assigned to a Trust or Corporation)
Signature of Assignee/Irrevocable Beneficiary ***(Required, if applicable)***	_____ /_____ /_____ Date (MM/DD/YYYY) ***(Required, if applicable)***
Printed or Typed Name of Assignee/Irrevocable Beneficiary	**Title** ***(Required, if applicable)*** (Provide Title if assigned to a Trust or Corporation)

Signature Requirements – Required signatures must be dated within 6 months of receipt by Lincoln.

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 Lincoln. **Signature Example: John Doe, Attorney-in-Fact for Jane Doe.**
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 Lincoln.
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 Lincoln.
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.