



Irrevocable Beneficiary Amendment to Policy

Insurance Operations

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

General Instructions and Form Review

Use this form to name an Irrevocable Beneficiary to your policy.

Once named, the signature of both the Owner and the Irrevocable Beneficiary(s) will be required for the following transactions:

- Additions, deletions, or acceleration of Riders and Benefits
- Assignment of the Policy
- Change in Death Benefit Option
- Change in Specified Amount
- Change of Beneficiary
- Change of Ownership
- Full or Partial Surrender
- Loans
- Withdrawal of Dividend Value

General Information (Please type or print clearly.)

Policy¹ Number: _____

Lincoln is hereby authorized and requested to amend the contract on the life of:

_____ under Policy Number: _____

List Irrevocable Beneficiary(ies)

1. _____
2. _____

In consideration, thereof, it is hereby agreed that these changes shall be an amendment to and form a part of the original application and policy.

Fraud Warning

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.

¹ "Policy" may be referred to as "certificate."

Signature and Documentation Requirements

Please read this section carefully before submitting this form. **Title and additional documentation may be required.**

Required: Form must be signed and dated within 6 months of receipt by Lincoln.

Signature Requirements – Who needs to sign?			Additional Required Documentation
My Policy is owned by:	Individual(s)	Owner(s) Signature – All Owners must sign	None
	Trust	Signature of all Trustee(s) with title(s) as outlined in the Lincoln Financial Certification of Trustees Powers form (CS11769) which identifies specifically named Trustees who are authorized for transaction requests.	Return a completed Lincoln Financial Certification of Trustees Powers form (CS11769). This form can be located on LincolnFinancial.com .
	Corporation, Bank or Financial Institution	Signature of one Officer with title. or Signature of two Officers with title.	If only one Officer signs the form, then return a Corporate Resolution which names all Officers authorized to sign on behalf of the corporation. If two Officers sign with title, then Corporate Resolution is not required.
	Partnership or Limited Liability Corporation (LLC)	Signature of General/Managing Partner(s) with title. or Signature of Managing Member(s) with title.	If signed by General/Managing Partner with Title, then return a copy of the Partnership Agreement . If signed by Managing Member with title, then return a copy of the Operating Agreement for LLCs.
	Pension Plan	Signature of Pension Plan Administrator.	Return a copy Plan document(s) naming the Administrator.
	Assignee	Assignee Signature is required when an assignment is active on the policy.	When changing the owner of the policy and there is an active Assignee, a Lincoln Financial Release of Assignment form (CS11761) is needed if that Assignment is not transferring to the new owner. This form can be located on LincolnFinancial.com .
My Policy has the following:	Power of Attorney (POA)	Signature of Attorney-in-Fact with title. <i>Example: Jane Doe with Attorney-in-Fact listed as title.</i>	Return a copy of the Power of Attorney document to be on file with Lincoln.
	Conservator or Guardian	Signature of Conservator or Guardian with title.	Return 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.	Return 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 Lincoln.
	Signed by an "X"	If the signor is unable to sign their name, sign with an "X" in the presence of a notary.	Form must be notarized.
	Irrevocable Beneficiary(s)	Irrevocable Beneficiary(ies) are required to sign for all policy changes and transactions.	None

Authorizations and Signatures — Required

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

Important Reminders:

- **All pages of this form must be returned to Lincoln to process your request.**
- **Stamped or Electronic signatures are not accepted.**
- Read the **Signature and Documentation Requirements section** carefully before submitting this form to avoid processing delays.
- This request is subject to the provisions and conditions of the policy. **Lincoln may require additional information or verification to process this request.**
- If you are signing the form in any capacity other than as an individual, **an appropriate title is required**, i.e.: Trustee, VP, Managing Member. Failure to indicate a title will delay the processing of your request.
- For Corporations, a Corporate Resolution is required. For Partnerships/LLCs, a partnership or operating agreement is required. For Trusts, a Certification of Trustee Powers form is required.
- Irrevocable Beneficiary's signature, date, and title is required if applicable.
- Forms must be **received within 6 months** of the signature date.
- **Dates for all signatures are required. Forms not dated will be declined.**
- If additional signature lines are needed, make copies of that page.
- Contact your financial professional or Lincoln with any questions concerning signature requirements of other interested parties.
- **If proper documentation is not received the request will be declined.**

Important: If you are uncertain of any of the signature requirements that apply to your policy, please contact us for assistance.

I certify that no proceedings in bankruptcy or insolvency involving any of the undersigned are now pending, that the policy is not assigned to any person or entity other than the undersigned, and that the information on this form is complete and correct. (Provide additional signature pages as needed.)

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