



# Secondary Addressee Form

## Insurance Operations

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

### General Instructions and Form Review

This form is to be used to appoint at least one secondary addressee on your Life Insurance or Long-Term Care Insurance policy.

- Return this form in its entirety by email, fax, or mail using the contact information above.
- Read this form and complete all required and applicable fields before signing.
- The elected secondary addressee cannot live at the same address as the current owner.
- Your Lincoln Financial professional cannot be added as a secondary addressee.

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

Policy/Certificate Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

### Owner Information — Required If Business Entity or Trust, list full legal name. Submit additional pages as necessary.

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<sup>1</sup> (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN/TIN<sup>2</sup>: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1 The date the trust was established.

2 The submission of a completed IRS Form W-9 may be required. Tax Identification Number for Trusts or Entities.

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## Secondary Addressee Information Required

You have the right to appoint at least one secondary addressee to your Life Insurance or Long-Term Care Insurance policy. Both you and your secondary addressee(s) would receive notification prior to the lapse or termination of your policy for non-payment of premium. You may change this designation at any time. This option does not change or modify your owner or beneficiary selection in any way.

- **If you have already appointed a secondary addressee, you may use this section to update or change information.**

Add a Secondary Addressee

Change a Secondary Addressee (*list the name of the addressee being changed*):

Full Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

**I hereby appoint the person named below to be a secondary addressee for my life insurance policy.**

Full Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Mailing Address (*Street*): \_\_\_\_\_ (*Apt. or Suite*): \_\_\_\_\_

(*City/State/ZIP*): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**The state of Minnesota allows you to name up to three (3) Secondary Addressee's. If you reside in MN and would like to add more than one Secondary Addressee, please complete the section(s) below:**

Add a Secondary Addressee

Change a Secondary Addressee (*list the name of the addressee being changed*):

Full Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

**I hereby appoint the person named below to be a secondary addressee for my life insurance policy.**

Full Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Mailing Address (*Street*): \_\_\_\_\_ (*Apt. or Suite*): \_\_\_\_\_

(*City/State/ZIP*): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Add a Secondary Addressee

Change a Secondary Addressee (*list the name of the addressee being changed*):

Full Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

**I hereby appoint the person named below to be a secondary addressee for my life insurance policy.**

Full Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Mailing Address (*Street*): \_\_\_\_\_ (*Apt. or Suite*): \_\_\_\_\_

(*City/State/ZIP*): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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## 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	
<b>My Policy is owned by:</b>	Individual(s)	Owner(s) Signature – All Owners must sign	None
	Trust	Signature of all Trustee(s) with title(s) as outlined in the <b>Lincoln Financial Certification of Trustees Powers form</b> (CS11769) which identifies specifically named Trustees who are authorized for transaction requests.	Return a completed <b>Lincoln Financial Certification of Trustees Powers form</b> (CS11769). This form can be located on <a href="http://LincolnFinancial.com">LincolnFinancial.com</a> .
	Corporation, Bank or Financial Institution	Signature of one Officer with title. <b>or</b> Signature of two Officers with title.	If only one Officer signs the form, then return a <b>Corporate Resolution</b> which names all Officers authorized to sign on behalf of the corporation.  If two Officers sign with title, then <b>Corporate Resolution</b> is not required.
	Partnership or Limited Liability Corporation (LLC)	Signature of General/Managing Partner(s) with title. <b>or</b> Signature of Managing Member(s) with title.	If signed by General/Managing Partner with Title, then return a copy of the <b>Partnership Agreement</b> .  If signed by Managing Member with title, then return a copy of the <b>Operating Agreement</b> for LLCs.
	Pension Plan	Signature of Pension Plan Administrator.	Return a copy <b>Plan document(s)</b> naming the Administrator.
<b>My Policy has the following:</b>	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 <b>Power of Attorney</b> document to be on file with Lincoln.
	Conservator or Guardian	Signature of Conservator or Guardian with title.	Return <b>Letter(s) of Conservatorship or Letter(s) of Guardianship of the Estate</b> to be on file with Lincoln.
	Custodian of Minor	Signature of Custodian with title.	Return a <b>court order, or other documentation</b> 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.	<b>Form must be notarized.</b>
	Irrevocable Beneficiary(s)	Irrevocable Beneficiary(ies) are required to sign for all policy changes and transactions.	None

## Authorization and Signatures – Required

To ensure that this document has been signed properly, please refer to the **Signature and Documentation Requirements table**. If proper documentation is not received, the request will be declined.

### Important Reminders:

- All pages of this form must be returned in order to process the 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.
- 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 this 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 the policy/certificate is not now assigned to any person or entity other than the undersigned, and that no proceedings in bankruptcy or insolvency involving any of the undersigned are now pending. I certify that the information provided 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 Irrevocable Beneficiary (if applicable)

\_\_\_\_\_  
Printed or Typed Name of 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 Irrevocable Beneficiary (if applicable)

\_\_\_\_\_  
Printed or Typed Name of Irrevocable Beneficiary (Guardian, if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date (MM/DD/YYYY) (Required)

\_\_\_\_\_  
Title (Required)  
(Provide Title if owned by a Trust or Corporation)