



The Lincoln National Life Insurance Company
 Lincoln Life & Annuity Company of New York
 Servicing Office - PO Box 2348
 Fort Wayne IN 46801-2348
 Fax Number 260-455-6310
 www.LincolnFinancial.com
 Overnight Address: Lincoln Financial Group
 Policy Change - IA
 1300 S Clinton St
 Fort Wayne IN 46802-3506

CHANGE OF BENEFICIARY

CONTRACT* INFORMATION

Contract Number _____
 Contract Owner's Name _____
 Social Security Number (Last 4 digits) XXX-XX-_____ Date of Birth _____
 Telephone Number: Daytime _____ Evening _____

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.

Primary (you must have at least one primary beneficiary)

Name _____ Social Security Number _____
 Relationship _____ Date of Birth _____ Percentage _____ Telephone Number _____
 Address _____
 City _____ State _____ ZIP _____

Primary Contingent

Name _____ Social Security Number _____
 Relationship _____ Date of Birth _____ Percentage _____ Telephone Number _____
 Address _____
 City _____ State _____ ZIP _____

Primary Contingent

Name _____ Social Security Number _____
 Relationship _____ Date of Birth _____ Percentage _____ Telephone Number _____
 Address _____
 City _____ State _____ ZIP _____

If designating a trust as beneficiary, complete the following:

Primary Contingent

Name _____ Social Security/Tax ID Number _____
 Trustee's Name _____ Date of Trust _____ Telephone Number _____
 Address _____
 City _____ State _____ ZIP _____

SIGNATURES

 Contract Owner/Trustee's Signature Date

 Joint Owner's Signature (if applicable) Date

*"Contract" may be referred to as "policy" or "certificate."