



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
 Policy Change - IA
 1300 S Clinton St., Fort Wayne, IN 46802-3506

CONTRACT CHANGE REQUEST

IMPORTANT INFORMATION

This form is used for name, address, Social Security number** and date of birth changes.

THE USA PATRIOT Act requires financial institutions to obtain, verify, and maintain information that identifies each person who opens a new account or is added to an existing account with the Company. To meet this Federal obligation the Company will ask individuals for their name, address, date of birth, including a driver’s license or other governmental issued identification that will allow us to verify their identity. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. For both individuals and legal entities, the Company may include the use of third party sources to verify the information provided.

Personal Information Changes

Date of change _____ Contract number _____

Changes apply to: Contract owner Annuitant

Changes made to: Name* Permanent address Temporary address Social Security number** Date of birth***

Previous name _____

Current name _____

Address _____

City _____ State _____ Zip _____

Corrected Social Security number** _____

Corrected date of birth _____

**If making a name change due to divorce, marriage, etc., please indicate previous name, current name, and attach a copy of a marriage certificate, court order, driver’s license, Social Security card, military identification, or divorce decree.*

***If making a Social Security number correction, IRS form W-9 MUST be attached.*

****If making a change to the year of birth you must provide proof (Government issued ID, etc).*

AUTHORIZATION AND SIGNATURES

 Contract owner’s previous signature Date

 Contract owner’s current signature Date

 Agent’s signature Date