

Change of beneficiary designation form

This change in beneficiary designation will only affect the account numbers you list below.

Participant information (please print or type)

Participant name _____
Address _____
City _____ State _____ Zip _____
Phone _____ - _____ - _____ Marital status (select one) Single Married
Social Security number _____ - _____ - _____ Date of birth ____/____/____ (mm, dd, year)
E-mail _____
Account number(s) _____

Primary beneficiary(ies)

The following primary beneficiary or beneficiaries are designated to receive the benefits from my Lincoln DirectorSM account referenced above which may become due upon or after my death according to the terms and conditions of the Plan Document. This election is intended to revoke all previous beneficiary designations made by me under this account.

(1) Primary beneficiary Relationship to participant Spouse Other
Beneficiary's name _____ Sex (M/F) _____
Address _____
City _____ State _____ Zip _____
Social Security number _____ - _____ - _____ Date of birth ____/____/____ (mm, dd, year)
Pay to Primary beneficiary _____%

(2) Primary beneficiary Relationship to participant Spouse Other
Beneficiary's name _____ Sex (M/F) _____
Address _____
City _____ State _____ Zip _____
Social Security number _____ - _____ - _____ Date of birth ____/____/____ (mm, dd, year)
Pay to Primary beneficiary _____%

(3) Primary beneficiary Relationship to participant Spouse Other
Beneficiary's name _____ Sex (M/F) _____
Address _____
City _____ State _____ Zip _____
Social Security number _____ - _____ - _____ Date of birth ____/____/____ (mm, dd, year)
Pay to Primary beneficiary _____%

Total=100%

Contingent beneficiary(ies)

(1) Contingent beneficiary

Relationship to participant Spouse Other

Beneficiary's name _____ Sex (M/F) _____

Address _____

City _____ State _____ Zip _____

Social Security number _____ - _____ - _____ Date of birth ____/____/____ (mm, dd, year)

Pay to Contingent beneficiary _____%

(2) Contingent beneficiary

Relationship to participant Spouse Other

Beneficiary's name _____ Sex (M/F) _____

Address _____

City _____ State _____ Zip _____

Social Security number _____ - _____ - _____ Date of birth ____/____/____ (mm, dd, year)

Pay to Contingent beneficiary _____%

Spousal consent

Total=100%

If you are married and your spouse is not designated as your sole primary beneficiary, your beneficiary designation is invalid without the consent of your spouse. Your spouse's consent must be witnessed by a Plan Administrator or a Notary Public.

I hereby certify that I am the lawful spouse of the participant named above. I understand that by signing this consent, I may forfeit the right to any benefit from this plan.

Spouse's signature _____ Date ____/____/____

Witness of spouse's consent – The signature of the spouse must be witnessed by the plan administrator **or** a Notary Public.Witness signature _____ Date ____/____/____
(Plan administrator or Notary Public)

My commission expires ____/____/____

Participant signature

- If more than one primary beneficiary or contingent beneficiary is selected and no percentage of plan benefits is indicated, the assets will be divided equally among each primary or contingent beneficiary, as applicable. If no beneficiary is designated, the assets will be paid to your estate.
- Assets will be paid as indicated to the contingent beneficiary(ies) if all primary beneficiaries are deceased. Custodian will require proof of death.
- The custodian shall have no liability to any person for acting in accordance with your beneficiary designation.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties

Your signature _____ Date ____/____/____

Please return this form to your employer.

Lincoln DirectorSM group variable annuity is issued on contract form #19476 (and variations thereof) by The Lincoln National Life Insurance Company, Fort Wayne, IN, and offered by broker/dealers with an effective selling agreement. The Lincoln National Life Insurance Company is not authorized nor does it solicit business in the state of New York.

Contracts sold in New York are issued on contract form #19476NY-A 7/04 by Lincoln Life & Annuity Company of New York, Syracuse, NY, and offered by broker/dealers with an effective selling agreement.

Product and features subject to state availability.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

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