Lincoln Financial Group®

The Lincoln National Life Insurance Company, PO Box 2616, Omaha, NE 68103-2616
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www.LFG.com

BENEFICIARY DESIGNATION FORM

Employer: ____

Policy Number: ____________________ Group ID#: ____________________

State: ______________ Insured's Name: ________________________

Certificate Number: ____________________

BENEFICIARY DESIGNATION

Primary Designation: ____

Address: ____

Relationship to Insured: ____

SSN: ______________________________

Contingent Beneficiary: ____

Address: ____

Relationship to Insured: ____

SSN: ______________________________

Note: Contingent Beneficiary will receive benefits only if Primary Beneficiary does not survive you. If more than one Primary or Contingent Beneficiary is wanted, please attach a separate sheet to reflect this.

Insured's Signature: ______________________________ Date Signed: ____________________