



The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
First Penn-Pacific Life Insurance Company
(as in your contract and hereinafter the "Company" or "Lincoln")

Life Customer Service Contact Information

Mail: PO Box 21008, Greensboro, NC 27420-1008

Phone: 800-487-1485 Fax: 800-819-1987

Email: CustServSupportTeam@LFG.com

LincolnFinancial.com

Life Address Change Form

General Information (Type or print clearly. Complete and return using the information above.)—Required

Policy Number: _____

Owner Information (If Business Entity or Trust, list full legal name; submit additional pages as necessary)—Required

☐ Individual Owner: _____ / _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)

☐ Trust/Entity Owner: _____

Trustee/Officer: _____ / _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)

Previous Mailing Address (Street): _____ (Apt. or Suite): _____

(City/State/ZIP): _____ / _____ / _____

Date of Birth/Trust Date* (mm/dd/yyyy): _____ / _____ / _____ SSN/TIN**: _____

Home Phone Number: _____ - _____ - _____ Cell Phone Number: _____ - _____ - _____

Email Address: _____

Insured Information (Individual Party's Information if different from Owner)—Required

Full Legal Name: _____ / _____ / _____ / _____
(First) (Middle) (Last) (Suffix)

Current Mailing Address (Street): _____ (Apt. or Suite): _____

(City/State/ZIP): _____ / _____ / _____

Date of Birth (mm/dd/yyyy): _____ / _____ / _____ SSN: _____

Address Change

Check all that apply: ☐ Insured ☐ Owner ☐ Assignee ☐ Payor ☐ Other: _____

☐ Individual: _____ / _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)

☐ Trust/Entity: _____

Trustee/Officer: _____ / _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)

New Mailing Address (Street): _____ (Apt. or Suite): _____

(City/State/ZIP): _____ / _____ / _____

Home Phone Number: _____ - _____ - _____ Cell Phone Number: _____ - _____ - _____

Email Address: _____

*The date the trust was established

**Employer Identification Number for Trusts or Entities.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.
CS10232

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Authorizations and Signatures

Signature required by owner or party whose address is changing.

I certify that the information provided on this form is complete and correct. **(Provide additional signatures on a separate page)**

X

Signature of Insured/Owner/Assignee/Payor/Other*

_____/_____/_____
Date (MM/DD/YYYY)*

Printed or Typed Name of Insured/Owner/Assignee/Payor/Other

Title (Provide Title if owned by a Trust or Corporation)

X

Signature of Insured/Owner/Assignee/Payor/Other*

_____/_____/_____
Date (MM/DD/YYYY)*

Printed or Typed Name of Insured/Owner/Assignee/Payor/Other

Title (Provide Title if owned by a Trust or Corporation)

X

Signature of Assignee/Irrevocable Beneficiary

_____/_____/_____
Date (MM/DD/YYYY)*

Printed or Typed Name of Assignee/Irrevocable Beneficiary

Title (Provide Title if assigned to a Trust or Corporation)

X

Signature of Assignee/Irrevocable Beneficiary

_____/_____/_____
Date (MM/DD/YYYY)*

Printed or Typed Name of Assignee/Irrevocable Beneficiary

Title (Provide Title if assigned to a Trust or Corporation)

* Required

Signature Requirements

Owner	Signature(s) Required
Individual(s)	Signature of the Policyowner(s)
Power of Attorney (POA)	Signature of Attorney-in-fact with title. We require a copy of the POA document to be on file with the Company. If the POA is more than 3 years old, we require an affidavit that the POA is still current to accompany the request. Signature Example: John Doe, Attorney-in-Fact for Jane Doe.
Conservator or Guardian	Signature of Conservator or Guardian with title. We require Letter(s) of Conservatorship or Letter(s) of Guardianship of the Estate to be on file with the Company.
Custodian of Minor	Signature of Custodian with title. We require a court order, or other documentation evidencing an appointment as Custodian under a state Uniform Transfers [Gifts] to Minors Act, to be on file with the Company.
Corporation, Bank or Financial Institution	Signature of one officer with title, and a Corporate Resolution which names all officers authorized to sign on behalf of the corporation; or two officer's signatures, with title, without Corporate Resolution.
Pension Plan	Signature of the Pension Plan Administrator and a copy of Plan documents naming the Administrator.
Trust	Signature of all Trustee(s) with title along with the completed Certification of Trustee Powers form.
Partnership or LLC	Signature of one general/managing partner with title and a copy of the Partnership Agreement for Partnerships OR one managing member's signature with title and a copy of the Operating Agreement for LLCs.
Signed by an "X"	Signature notarized, if the signor is unable to sign and must sign with an "X".
Stamped signatures	We will not knowingly accept a stamped signature.
All other interested parties	Contact Customer Service to verify signature(s) needed.
Titles	If you are signing the form in any capacity other than as an individual an appropriate title is required.