

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 Information

Contract Number: _____

Issued by The Lincoln National Life Insurance Company or Lincoln Life & Annuity Company of New York (as set forth in your contract)

Contract Owner's Name: _____

Social Security Number (Last four digits): XXX-XX- _____ Date of Birth: _____

Telephone Number Daytime: _____ Evening: _____

Email Address: _____

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

Changes apply to: Contract Owner Annuitant Joint/Contingent Owner

Name

Previous Name: _____ Previous Name Signature: _____

Current Name: _____

Note: Must provide legal document to reflect current name. This form must be signed using your current name in the "Authorization and Signature" section below.

Date of Birth

Correct Date of Birth: _____

Note: Must provide legal proof of age document such as copy of your birth certificate, driver's license, passport, military record, etc. if changing the year of birth.

Address

Effective Date of Change: _____

Current Address (if PO Box, physical address is also required): _____

City: _____ State: _____ Zip Code: _____

Social Security Number/Tax ID Number

Corrected Social Security Number/Tax ID Number: _____

Note: IRS form W-9 MUST be attached.

Authorization and Signatures

Contract Owner's Signature

Date