

Beneficiary designation

If you have questions or need assistance completing this form, call the Lincoln Customer Contact Center at 1-800-234-3500 or contact your retirement plan representative.

Is this the correct form?

This form can be used to designate your primary and contingent beneficiaries. Any existing beneficiary or beneficiaries on file will be replaced with the information on this form.

1 Tell us about yourself.

Name (first, MI, last, suffix)			SSN
			- -
Street address			Plan ID (refer to your statement)
City	State	Zip	Mobile
			- -
Email	Phone		
	- -		
Date of birth (mm/dd/yyyy)			
/ /			



Beneficiary percentages

must be in whole numbers only. The total percentage of all primary beneficiaries must equal 100% and the total percentage of all contingent beneficiaries must equal 100%.



Trust as a beneficiary: If you designate a trust as a beneficiary, a copy of the signed trust is required, as well as an affidavit explaining any special trust circumstances; such as look through trust, special needs trust, etc. Lincoln will be entitled to rely on representations made about the trust in the affidavit, including the trust's satisfying any requirements for its stated purpose. If the trust is amended in the future, any amendments must be provided to Lincoln.

2 Designate your beneficiaries.

The following individual(s) will be my beneficiary or beneficiaries. If any primary or contingent beneficiary dies before me, their interest and the interest of their heirs will terminate completely. The percentage share of any remaining beneficiary or beneficiaries will acquire the designated share of my balance.

PRIMARY BENEFICIARIES

1. Primary beneficiary	Spouse	Non-spouse 	Trust 	Other entity
Name (first, MI, last, suffix)			SSN	
Street address			Phone	
City	State	Zip	Date of birth/trust (mm/dd/yyyy)	
Email				Percentage * %

2. Primary beneficiary	Spouse	Non-spouse 	Trust 	Other entity
Name (first, MI, last, suffix)			SSN	
Street address			Phone	
City	State	Zip	Date of birth/trust (mm/dd/yyyy)	
Email				Percentage * %

 **Continue to the next page to designate additional beneficiaries.**

Beneficiary designation

2 Designate your beneficiaries (continued).

Do you have additional beneficiaries?

To name more beneficiaries than this space permits, please complete and sign an additional Beneficiary Designation form.

3. Primary beneficiary			Spouse	Non-spouse	Trust	Other entity
Name (first, MI, last, suffix)					SSN	
Street address					Phone	
City	State	Zip	Date of birth/trust (mm/dd/yyyy)			
Email					Percentage * %	

Total of all primary beneficiary percentages must add up to 100%.



Contingent beneficiaries:

Contingent beneficiaries receive assets only if no primary beneficiary survives you.
Do NOT list primary beneficiaries here.

CONTINGENT BENEFICIARIES

1. Contingent beneficiary			Spouse	Non-spouse	Trust	Other entity
Name (first, MI, last, suffix)					SSN	
Street address					Phone	
City	State	Zip	Date of birth/trust (mm/dd/yyyy)			
Email					Percentage * %	

2. Contingent beneficiary			Spouse	Non-spouse	Trust	Other entity
Name (first, MI, last, suffix)					SSN	
Street address					Phone	
City	State	Zip	Date of birth/trust (mm/dd/yyyy)			
Email					Percentage * %	

3. Contingent beneficiary			Spouse	Non-spouse	Trust	Other entity
Name (first, MI, last, suffix)					SSN	
Street address					Phone	
City	State	Zip	Date of birth/trust (mm/dd/yyyy)			
Email					Percentage * %	

Total of all contingent beneficiary percentages must add up to 100%.

Beneficiary designation

3 Sign and date this form.

To make future changes to your beneficiaries do one of the following:

- If available to your plan, visit the Lincoln website and make changes to your online account
- Complete and submit a new Beneficiary Designation form found on the Lincoln website
- Call Lincoln

By signing below, I certify that:

- I designate my primary and contingent beneficiary or beneficiaries as elected on this form as well as all accompanying documentation.
- If I do not name a beneficiary, if no beneficiary survives, or if my beneficiary is deceased, all death benefits will be paid according to the retirement plan document provisions or applicable state regulations.
- My answers on this form and any documents I have attached are true and accurate.

Your signature

Today's date (mm/dd/yyyy)

 / /

Did you remember to:

- ☐ Print, sign, and date this form?
- ☐ Attach any necessary documents?
- ☐ If faxing, include both the front and back of ALL pages of the form?

Questions?



VISIT

LincolnFinancial.com or



CALL

1-800-234-3500,
M - F, 8 am - 8 pm ET

Return all documents to:

EMAIL

AllianceForms@LFG.com
(Accepted format: .pdf, .tif, .png)

FAX

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