

The Lincoln National Life Insurance Company, PO Box 2616, Omaha, NE 68103-2616 toll free (800) 423-2765 Fax (877) 573-6177 www.LFG.com

BENEFICIARY DESIGNATION FORM

Employer:			
Policy Number:	Group ID#:		
State: Inst	ured's Name:		
Certificate Number:			
BENEFICIARY DESIGNATION			
Primary Designation:			
Address:			
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:	