



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: N/A Group ID#: N/A

State: WY Insured's Name: _____

Certificate Number: N/A

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: _____