



Annuity contract change request

General information				
Contract number				
Contractowner name (first, MI, last, suffix)				
Address				
City	State	Zi	p	
Email address				
Social security number	Primary phone nu	mber		
Date of birth//(mm, dd, year)	Alternate phone number			
Employer name				
Name or address change				
Reason for name change	Type of change			
☐ Marriage* ☐ Divorce* ☐ Other* (provide explanation)	☐ Name ☐ Address ☐ Other (provide explanation)			
If Other, please provide explanation:				
Name				
Address				
City	State	Zi	p	
*Attach legal documentation				
Signatures				
Contractowner previous name** (print/type)				
Contractowner previous signature**		Date		I
Contractowner new name** (print/type)				
Contractowner new signature**		Date		
**Only required for name change				
Trustee/employer name				
Trustee/employer signature		Date		
Agent name (if required)				
Agent signature (if required)		Date	/	

The Lincoln National Life Insurance Company PO Box 2340 Fort Wayne, IN 46801-2340 Telephone number: 800-454-6265 Fax number: 260-455-1874

Multi-Fund® variable annuity is issued on contract form numbers 18829, 18831, 25982, 28645, 30070-B and state variations and Lincoln Life Group Fixed Annuity on contract form numbers 19346, 26378 and state variations by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc., Radnor, PA, a broker-dealer. Contractual obligations are subject to the claims-paying ability of The Lincoln National Life Insurance Company.

Product and features subject to state availability. Limitations and exclusions may apply.

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