

The Lincoln National Life Insurance Company (Company, Lincoln)
Lincoln Life & Annuity Company of New York (Company, Lincoln)

Annuity Customer Service Contact Information

Email: AnnuityForms@lfg.com
Online Service: LincolnFinancial.com
Fax: 260 455-6310

Overnight: 1301 S. Harrison St., Fort Wayne IN 46802-3425
Mail: PO Box 2348, Fort Wayne IN 46801-2348

This form is used for name, address, Social Security Number and date of birth changes.

Contract Information

Contract Number: _____

Contract Owner's Name: _____

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

Home Telephone Number: _____ **Mobile Phone Number:** _____

Email Address: _____

Check here to update email address/phone number to information above. PLEASE RESET TFA Setting for applicable phone# update

Important Information

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** **Joint/Contingent Annuitant**

Name – Must provide legal document to reflect current name. This form must be signed using your current name in the “Authorization and Signature” section below.

Previous Name: _____ Previous Name Signature: _____

Current Name: _____

Date of Birth – if changing the year of birth, must provide legal proof of age document such as copy of your birth certificate, driver's license, passport, military record, etc.

Correct Date of Birth: _____

Social Security Number/Tax ID Number – A completed IRS Substitute Form W-9 must be attached to update this information.

Corrected Social Security Number/Tax ID Number: _____

Personal Information Changes – continued

Legal / Residential Address – This address will be used for tax reporting

Address (cannot be a PO Box): _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address

Address: _____

City: _____ **State:** _____ **Zip:** _____

Authorization and Signatures

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Contract Owner's Signature

Date