

**Annuity/個人年金 アカウント専用のご住所変更申請書類です**

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

大変恐れ入りますが、当フォーム上では、  
お電話番号・メールアドレスいずれか1情報のご変更が可能です  
両情報のアップデートが必要な方は、  
別途Lincoln窓口までお電話にてお問い合わせをお願い申し上げます

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

**Contract Information**

**Contract Number:** Policy(保険証券)に記載のご契約番号

**Contract Owner's Name:** ご契約者の氏名

**Social Security Number (Last four digits):** XXX-XX- SSN下4桁

**Date of Birth:** ご契約者の生年月日 DD/MM/YYYY

**Home Telephone Number:**

**Mobile Phone Number:**

**Email Address:**

☐ Check here to update email address/phone number to information above.

お電話番号・メールアドレスいずれかにご変更のある場合は、  
新しい情報をご記入の上、左のボックスに✓を入れてください

**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**

ご夫婦共同名義 = Joint Accountの場合は✓してください

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

新住所 ※必ず**大文字(ABC)**でご記入ください

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

**Address (cannot be a PO Box):** #210 2-40 NISHI-DORI

**City:** SAKURA-SHI

**State:** TOKYO

**Zip:** 123-1234 JAPAN

### Mailing Address

米国外のご住所の場合は、郵便番号のあとに国名をご記入ください

**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.

※ご印刷の上、必ず直筆でご署名ください

タッチパネルでのサイン(電子署名)やタイプ入力のサインは受理されません

ご契約者様の英語（ローマ字・筆記体等）表記・直筆のご署名

ご署名日 MM/DD/YYYY

**Contract Owner's Signature**

**Date**