

# Beneficiary designation and spousal waiver

If you have questions or need assistance completing this form, call the Lincoln Customer Contact Center at 1-800-234-3500 or contact your retirement plan representative.

## Is this the correct form?

**This form can be used to designate your primary and contingent beneficiaries.** Any existing beneficiary or beneficiaries on file will be replaced with the information on this form.

Under this retirement plan, if you are married, your spouse must be the sole beneficiary to your plan benefits unless your spouse has consented in writing to your alternative beneficiary designation(s). If you are married and you wish to name a trust or someone other than your spouse as primary beneficiary, you and your spouse must review and complete the information on this form.

**Marital status:** Please provide your marital status in order to ensure timely processing of your beneficiary designations.

## 1 Tell us about yourself.

Name (first, MI, last, suffix)		SSN
		- -
Street address		Plan ID (refer to your statement)
City	State	Zip
Email		Mobile
		- -
Marital status		Phone
I do not have a living spouse.		- -
I have a living spouse. (If your spouse is not designated as your sole primary beneficiary, your spouse must sign in Step 4 of this form.)		/ /
		Date of birth (mm/dd/yyyy)

## 2 Designate your beneficiaries.

The following individual(s) will be my beneficiary or beneficiaries. If any primary or contingent beneficiary dies before me, their interest and the interest of their heirs will terminate completely. The percentage share of any remaining beneficiary or beneficiaries will acquire the designated share of my balance.

**Primary beneficiary:** Based on federal law, if you are married and you name a primary beneficiary other than your spouse, your spouse must consent in writing in Step 4 of this form.

**Beneficiary percentages** must be in whole numbers only. The total percentage of all primary beneficiaries must equal 100% and the total percentage of all contingent beneficiaries must equal 100%.

**Trust as a beneficiary:** If you designate a trust as a beneficiary, a copy of the signed trust is required. If the trust is amended in the future, any amendments must be provided to Lincoln.

### PRIMARY BENEFICIARIES

<b>1. Primary beneficiary</b>	Spouse	Non-spouse	Trust	Other entity
Name (first, MI, last, suffix)			SSN	
Street address			Phone	
City	State	Zip	Date of birth/trust (mm/dd/yyyy)	
Email			Percentage * %	

<b>2. Primary beneficiary</b>	Non-spouse	Trust	Other entity
Name (first, MI, last, suffix)			SSN
Street address			Phone
City	State	Zip	Date of birth/trust (mm/dd/yyyy)
Email			Percentage * %

Continue to the next page to designate additional beneficiaries.

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## 2 Designate your beneficiaries (continued).

### Do you have additional beneficiaries?

To name more beneficiaries than this space permits, please complete and sign an additional Beneficiary Designation and Spousal Waiver form.

3. Primary beneficiary			Non-spouse	Trust	Other entity
Name (first, MI, last, suffix)			SSN		
Street address			Phone		
City	State	Zip	Date of birth/trust (mm/dd/yyyy)		
Email			Percentage * %		

**Total of all primary beneficiary percentages must add up to 100%.**

### Contingent beneficiaries:

Contingent beneficiaries receive assets only if no primary beneficiary survives you.

Do NOT list primary beneficiaries here.

### CONTINGENT BENEFICIARIES

1. Contingent beneficiary			Spouse	Non-spouse	Trust	Other entity
Name (first, MI, last, suffix)			SSN			
Street address			Phone			
City	State	Zip	Date of birth/trust (mm/dd/yyyy)			
Email			Percentage * %			

2. Contingent beneficiary			Non-spouse	Trust	Other entity
Name (first, MI, last, suffix)			SSN		
Street address			Phone		
City	State	Zip	Date of birth/trust (mm/dd/yyyy)		
Email			Percentage * %		

3. Contingent beneficiary			Non-spouse	Trust	Other entity
Name (first, MI, last, suffix)			SSN		
Street address			Phone		
City	State	Zip	Date of birth/trust (mm/dd/yyyy)		
Email			Percentage * %		

**Total of all contingent beneficiary percentages must add up to 100%.**

# Beneficiary designation and spousal waiver

## 3 Sign and date this form.

To make future changes to your beneficiaries do one of the following:

- If available to your plan, visit the Lincoln website and make changes to your online account
- Complete and submit a new Beneficiary Designation and Spousal Waiver form found on the Lincoln website.
- Call Lincoln

By signing below, I certify that:

- I designate my primary and contingent beneficiary or beneficiaries as elected on this form as well as all accompanying documentation.
- If I am married and I do not name a beneficiary, all death benefits will be paid to my surviving spouse.
- If both of the following applies, all death benefits will be paid according to the retirement plan document provisions or applicable state regulations:
  - I am not married or do not have a surviving spouse
  - If no beneficiary survives or I do not name a beneficiary
- If I am married, I cannot change my primary beneficiary to someone other than my spouse unless my spouse consents to such change.
- My answers on this form and any documents I have attached are true and accurate.

Your signature

Today's date (mm/dd/yyyy)

 /  / 

## 4 Your spouse's signature may be required.


By signing below, I certify that I am the spouse of the individual named above and that:

- As the spouse of the participant, I have the right for the total vested account balance in the retirement plan after my spouse dies.
- I consent to the election my spouse has made above and I may not receive the total death benefit payable under the plan.

Spouse's signature (if required)

Today's date (mm/dd/yyyy)

 /  / 

Plan administrator's signature or notary's signature 

Today's date (mm/dd/yyyy)

 /  / 

Notary seal

Notary's commission expires (mm/dd/yyyy)

 /  / 

 **If spousal consent is required** and your plan administrator does not sign here as a witness to your spouse's signature, you must have a notary sign, seal, and date where noted to the right.

Did you remember to:

- Print, sign, and date this form?
- Attach any necessary documents?
- If faxing, include both the front and back of ALL pages of the form?

Questions?



**VISIT**  
LincolnFinancial.com or



**CALL**  
1-800-234-3500,  
M - F, 8 am - 8 pm ET

Return all documents to:

### EMAIL

AllianceForms@lfg.com  
(Accepted format: .pdf, .tif, .png)

### FAX

Lincoln Retirement Services  
Company, LLC  
260-455-9975

### MAIL

Lincoln Retirement Services  
Company, LLC  
P.O. Box 7876  
Fort Wayne, IN 46801-7876

### EXPRESS MAIL

Lincoln Retirement Services  
Company, LLC  
1301 S. Harrison Street  
Fort Wayne, IN 46802-3506