



The Lincoln National Life Insurance Company ("Lincoln")
 Lincoln Life & Annuity Company of New York ("Lincoln")
Life Servicing Agent Change

Attn: Producer Solutions
 Servicing Office - PO Box 7878 Fort Wayne, IN 46801-7878
 Telephone 800 238-6252 Option 1
 Fax 260 455-1587

The purpose of this form is to initiate the process of changing the Servicing Agent on a policy(ies). A Servicing Agent change does not affect future commissions.

Please note:

- The new Servicing Agent must hold an active license in the Policy Owner's resident state.
- Servicing Agent changes can be requested at any time by the Policy Owner.
- The only situation in which we would accept a Servicing Agent change from someone other than the Policy Owner is if the request is made by the Branch Manager, Managing Director/Principal, or the Business Operations Manager of the existing Servicing Agent's employing Firm/Agency (see section 4).
- If the Policy Owner is a corporation, then a corporate resolution must be submitted.
- If the Policy Owner is a Trust, then Trust documentation must be submitted.
- Telephone and Internet Transfer Authorization Form for Variable and Indexed UL must be completed separately to allow transfer authorization for these products, otherwise all previous agent authorization will be revoked.

1. Policy Information - (Please Print)		
Owner Name	Insured Name (Please Print)	
Policy Number(s)	Effective Date of Policy	Line of Business: Life

2. New Servicing Agent - (Please Print)	
Effective Date of Change: _____	Social Security Number (Last 4 Digits): <u>XXX-XX-</u> _____
Full Legal Name: _____	City, State, Zip: _____
Address: _____	Email Address: _____
Telephone Number: _____	Firm/Agency: _____
	BIN/Link Number (if applicable): _____

3. Policy Owner Authorization (if more than one (1) policy owner then, all policy owners must sign below.)

By signing below you approve the changes listed on this form, and acknowledge receipt of a copy of this form.

_____	_____	_____	_____
Policy Owner (Please Print)	Title	Policy Owner Signature	Date
_____	_____	_____	_____
Joint Policy Owner (Please Print)	Title	Joint Policy Owner Signature	Date

4. Authorization

This section must be completed by an authorized signer if applicable. (See note and instructions at the beginning of this form.)

_____	_____
Name and Title (Please Print)	Authorized Signature
	Date