Lincoln Financial Group®

Individual Annuity Change Of Broker/Financial Representative

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EMAIL FORM TO: AnnuityForms@lfg.com
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The purpose of this form is to change the Broker/Financial Representative and/or Broker/Dealer on an Individual Annuity Contract. All fields must be completed.

The situation in which we would accept this form from someone other than the Contract Owner is if the request is made by the Branch Manager, Director, or Principal of the existing Broker/Dealer (see section 4).

Note on Investment Advisors: If you need to make a change to a third party Investment advisor (separate from your Broker/Financial Representative) with access to information and/or electronic feeds on the contract, a separate letter of instruction is needed from the Contract Owner. If you have an Investment Advisor on your contract, it will be reflected on your statement.

1. Contract Information (please print or type)

Contract Number: _____
Contract Owner's Name: _____
Address: _____
Line of Business: Annuity
Effective Date of Contract: _____
Social Security Number (last 4 digits): XXX-XX-_____
City: _____ State: _____ Zip: _____

2. Current Broker/Financial Representative Information (please print or type, if unknown leave blank)

Current Broker/Financial Representative Name: _____

3. New Broker/Financial Representative Name (please print or type)

- The Broker/Financial Representative listed first below will be reflected as the primary Representative of Record on the statements; unless noted otherwise.
- Please note that commission splits must total 100% (using whole numbers only).

Effective Date of Change: _____
Broker/Dealer's Name: _____ BIN/Link Number: _____

1. New Broker/Financial Representative's Full Legal Name: _____
   (print as it appears on Resident Insurance License)
   National Producer Number: _____ Commission Split: _____ %
   Social Security Number (last 4 digits): XXX-XX-_____ Telephone Number: _____
   Address: _____ City: _____ State: _____ Zip: _____
   Email Address: _____
2. New Broker/Financial Representative's Full Legal Name: _____
   National Producer Number: _____ Commission Split: _____ %
   Social Security Number (last 4 digits): XXX-XX-_____ Telephone Number: _____
   Address: _____ City: _____ State: _____ Zip: _____
3. New Broker/Financial Representative's Full Legal Name: _____
   National Producer Number: _____ Commission Split: _____ %
   Social Security Number (last 4 digits): XXX-XX-_____ Telephone Number: _____
   Address: _____ City: _____ State: _____ Zip: _____
4. New Broker/Financial Representative's Full Legal Name: _____
   National Producer Number: _____ Commission Split: _____ %
   Social Security Number (last 4 digits): XXX-XX-_____ Telephone Number: _____
   Address: _____ City: _____ State: _____ Zip: _____

4. Signatures

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

_____ _____ _____
Contract Owner's Signature Title Date

_____ _____
Financial Representative Signature Date

_____ _____
Branch Manager's Name (please print - see top of form) Title

_____ _____
Branch Manager's Signature Date