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

Lincoln Financial Group
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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:		
Policy Number(s):	Effective Date of Policy:	Line of Business: Life	
Policy Holder Address:	City:	State:	Zip Code:

2. New Servicing Agent - (Please Print)

National Producer Number: _____ Social Security Number (Last 4 Digits): XXX-XX-_____

Effective Date of Change: _____ City, State, Zip: _____

Full Legal Name: _____ Email Address: _____

Address: _____ Firm/Agency: _____

Telephone Number: _____ 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

_____ _____
New Servicing Producer Authorized Signature Date