



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

Lincoln Financial
P.O. Box 7878
Fort Wayne, IN 46801-7878
FAX: 260-455-1587

EMAIL FORM TO: AnnuityForms@lfg.com
EMAIL INQUIRIES ONLY TO: PSCompensation@lfg.com

About This Document

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.

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	