



# BENEFICIARY FORM

For use with:  
Lincoln Director<sup>SM</sup>  
Lincoln American Legacy Retirement<sup>®</sup>  
Lincoln Director<sup>SM</sup> in the state of New York  
Lincoln American Legacy Retirement<sup>®</sup> in the state of New York

For new and existing participants. Please return completed form to your Plan Sponsor and keep a copy for your files.

## Plan Sponsor/plan information

**LifeWays 457 Deferred Compensation Plan**

Plan Sponsor/plan name

**F6BG**

Plan ID#

**34328**

Contract#

## Employee information

Male

Female

Married

Not married

Employee name (First, MI, Last, Suffix)

Address

City

State

Zip

Email

Phone

Date of birth (mm/dd/yyyy)

Date of hire (mm/dd/yyyy)

Social Security number

Facility location

## Designation of beneficiary(ies)

Please check the appropriate box to designate each individual as either a primary beneficiary or a contingent beneficiary. If neither box is checked, the individual will be deemed to be a primary beneficiary.

The following individual(s) will be my beneficiary(ies). If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs will terminate completely, and the percentage share of any remaining beneficiary(ies) will be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) will acquire the designated share of my eligible retirement plan balance. (Percentages must be in whole numbers only. The total of percentages for primary beneficiaries and contingent beneficiaries must each equal 100%.) **Note:** For additional beneficiaries, please attach additional copies of this form, as needed.

**Primary beneficiary:**

Spouse  Non-spouse

Name (First, MI, Last Suffix)

Social Security number \_\_\_\_\_ Percentage \_\_\_\_\_ %

Address

City

State

Zip

Phone

Date of birth (mm/dd/yyyy)

Email

**Primary or**  **Contingent beneficiary:**

Spouse  Non-spouse

Name (First, MI, Last Suffix)

Social Security number \_\_\_\_\_ Percentage \_\_\_\_\_ %

Address

City

State

Zip

Phone

Date of birth (mm/dd/yyyy)

Email

**Primary or**  **Contingent beneficiary:**

Spouse  Non-spouse

Name (First, MI, Last Suffix)

Social Security number \_\_\_\_\_ Percentage \_\_\_\_\_ %

Address

City

State

Zip

Phone

Date of birth (mm/dd/yyyy)

Email

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PAD-2092144-041718  
RPS91506-DLNLN

**Spousal consent** Complete only if non-spouse beneficiary(ies) is named as primary beneficiary(ies)

Check here if you are a participant and do not have a living spouse.

I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as primary beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

Spouse's signature (if required)

Date (mm/dd/yyyy)

Witness signature (Plan Sponsor or notary public)

Date (mm/dd/yyyy)

Notary seal

Notary's commission expiration date (mm/dd/yyyy)

**Employee certification**

By signing this form, I certify that all personal information, including my Social Security number, is correct.

Employee name (please print)

Employee signature

Date (mm/dd/yyyy)

**Frequently asked questions**

**What is a beneficiary?**

You are required to name an individual who will inherit beneficial interest to your retirement account should you die before you have exhausted your account balance. Participants typically name their spouse as the primary beneficiary and their children and/or other relatives as contingent beneficiaries. Contingent beneficiaries inherit beneficial interest in the event your primary beneficiary predeceases you.

**What happens if I do not file a designation of beneficiary for my retirement account?**

If you haven't filed a designation of beneficiary, upon your death any vested account balances in your plan will be distributed in accordance with your plan's provisions in effect at that time. Generally, your account proceeds will be paid directly to your surviving spouse. If you are not married at the time of your death, your account balances will be paid to your estate.

**How can I change the beneficiary on my account?**

All changes to your beneficiary designation must be submitted to your local human resources representative. If you are naming a beneficiary other than your spouse, you may be required to obtain your spouse's consent.

**One last point about beneficiary designations.**

It's to your advantage to periodically review your beneficiary designation on file in the human resources department. Over time, life events may warrant a change to your designation(s). Be advised that the disposition of your account balance will be completed according to the beneficiary information provided to your Plan Administrator, regardless of other wishes or directions left in your will or with your estate executor.

*Lincoln Director<sup>SM</sup> or Lincoln American Legacy Retirement<sup>®</sup>, a group variable annuity contract, is issued on variations of contract form 19476 and state variations and amendment forms AR-450A and AR-451A by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc., Radnor, PA, a broker-dealer. The Lincoln National Life Insurance Company does not solicit business in the state of New York, nor is it authorized to do so. Contractual obligations are subject to the claims-paying ability of The Lincoln National Life Insurance Company.*

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