

Beneficiary Change

Lincoln Mutual Life and Casualty Insurance Company
4510 13th Avenue South - P.O. Box 1918
Fargo, ND 58107
1-800-325-6915

Policy Number _____ Insured _____

I (we) direct that the beneficiary of the above policy be changed as shown below and request that such change of beneficiary shall upon receipt of the change by the Company, be effective as of the date of this request. All previous beneficiary designations and settlement options are revoked and any provisions of the policy requiring endorsement on the policy to effect a change of beneficiary are waived. I (we) also agree that the Company shall be free from all liability in relying upon an affidavit by any beneficiary relating to the birth, death, marriage, names and addresses and other facts concerning all beneficiaries. Unless otherwise specified, survivors of a Beneficiary Class (Primary or Contingent) shall share equally in the proceeds.

1. Primary Beneficiary

Full Name	Address (Street, City, State)	Relationship to insured	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Contingent Beneficiary

Full Name	Address (Street, City, State)	Relationship to insured	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If none of the above are living, proceeds will be payable to the owner(s) or the owner's estate.

Dated at _____ this _____ day of _____ 20 _____

Witness

Signature of Owner

S.S. No. _____

Witness

Signature of Joint Owner or Spouse

S.S. No. _____