

# Beneficiary Designation/Change Form

Registered Investment Advisor \* Broker/Dealer Member FINRA/SIPC \* 218 Glenside Avenue, Wyncote, PA 19095 \* 215/887-8111 \* www.lincolninvestment.com

## 1. PARTICIPANT INFORMATION

Use one form per tax type if Beneficiary Designation will vary by tax type. If applicable, complete the Trust Beneficiary Certification Form.

Check one:  403(b)  Roth 403(b)  IRA  Roth IRA  SIMPLE IRA  SEP IRA  Governmental 457

Check one:  Retirement SOLUTIONS  Retirement SOLUTIONS PREMIER

Name: First Middle Last SSN/TIN

## 2. DESIGNATION OF BENEFICIARY(IES)

I hereby revoke any prior beneficiary designation made by me and designate the individuals named below as my Primary and Contingent Beneficiaries. If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary.

In the event of my death, the balance in my account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the shares specified below). If none of the Primary Beneficiaries survive me, the balance in my account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the shares specified below). If no Beneficiary(ies) survives me, payment will be made as indicated in the Custodial Account Agreement.

Check all that apply. Attach a separate sheet if needed.

I am not married.  I am married. (If spouse is not primary beneficiary, see Spousal Consent below.)

Primary	Contingent	Full Name	%	Relationship	SSN/TIN	Birthdate
<input type="checkbox"/>		_____				
<input type="checkbox"/>	<input type="checkbox"/>	_____				
<input type="checkbox"/>	<input type="checkbox"/>	_____				
<input type="checkbox"/>	<input type="checkbox"/>	_____				
<input type="checkbox"/>	<input type="checkbox"/>	_____				

### SPOUSAL CONSENT (complete if spouse is not Primary Beneficiary and you live in a community property state or this is an ERISA account)

I certify that I am the spouse of the above-named Participant. In the event of the death of Participant, I hereby consent to the payment of Participant's interest in this account to the Beneficiary(ies) named and waive any such rights that I now have, and/or may have, in such interest.

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ Seal: \_\_\_\_\_

## 3. SIGNATURES

I hereby certify that there is no legal impediment to the designation of this beneficiary.

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Custodian.



Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature Attestation required.)*

## 4. ACCEPTANCE

The custodian acknowledges and accepts receipt of this Beneficiary Designation/Change form.

Lincoln Investment Planning, Inc. Authorized Acceptance Signature

Date





We help people retire well.®



# Trust Beneficiary Certification Form

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## 1. PARTICIPANT INFORMATION

Name: First Middle Last SSN/TIN

Check one:  IRA  Roth IRA  403(b)  Roth 403(b)  SEP IRA  SIMPLE IRA  Rollover IRA  Governmental 457

Name of Trustee(s) of Trust: \_\_\_\_\_ Trust EIN: \_\_\_\_\_

\_\_\_\_\_ Date of Death: \_\_\_\_\_

## 2. TRUST BENEFICIARY ELECTIONS

I certify that I am either the Participant or the Trustee of the Trust and I have listed below the oldest beneficiary of the Trust. I understand that this beneficiary's single life expectancy will be used to make the minimum required distributions to the Trust.

Primary

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 3. SIGNATURES

I certify that to the best of my knowledge all of the trust requirements described in Treasury Regulations. 1.401(a)(9)-4 Q&A5 and 6 are satisfied. I understand if the Trust instrument is amended at any time in the future I must, within a reasonable time, provide a corrected certification form to the Custodian. I also agree to provide a copy of the trust instrument to the Custodian upon demand; and upon the death of the participant, provide a final list of all beneficiary(ies) no later than September 30th of the year following the year of the participant's death. I understand that all distributions will be made to the Trustee, in the name of the trust and under the trust tax identification number.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check one: Signature of:  Participant  Trustee of Trust

