



The Lincoln National Life Insurance Company, PO Box 2616, Omaha, NE 68103-2616
toll free (800) 423-2765 Fax (877) 573-6177
www.LFG.com

BENEFICIARY DESIGNATION FORM

Employer: City of Riverton

Policy Number: N/A Group ID#: N/A

State: WY Insured's Name: [REDACTED]

Certificate Number: N/A

BENEFICIARY DESIGNATION	
Primary Designation:	_____
Address:	_____
Relationship to Insured:	_____
SSN:	_____ (If readily available)
Contingent Beneficiary:	_____
Address:	_____
Relationship to Insured:	_____
SSN:	_____ (If readily available)

Note: Contingent Beneficiary will receive benefits only if Primary Beneficiary does not survive you. If more than one Primary or Contingent Beneficiary is wanted, please attach a separate sheet to reflect this.

Insured's Signature: [REDACTED] Date Signed: [REDACTED]