

CHANGE OF BROKER

The purpose of this form is to change Broker or Agency on a Lincoln Group Protection policy.

1. GROUP INFORMATION (Please Print)

Policy Number(s)	Group ID
Effective Date of Policy	Line of Business
Group Name	Coverage(s)
Address	

2. NEW BROKER NAME

Please note: First Broker will be Servicing Broker.

Effective Date of Change _____

1.) New Broker Full Legal Name	Commission Split	%
Agency Name	Broker Email Address	
Social Security Number/TIN (Last 4 digits) XXX-XX-	Producer Number	
Broker Address	City, State, ZIP	
Telephone Number	Producer ID	

2.) New Broker Full Legal Name	Commission Split	%
Agency Name	Broker Email Address	
Social Security Number/TIN (Last 4 digits) XXX-XX-	Producer Number	
Broker Address	City, State, ZIP	
Telephone Number	Producer ID	

To submit additional information, please attach sheets.

3. SPECIAL INSTRUCTIONS

Change will be processed with a **current effective date** when all paperwork is received in good order by Lincoln. By signing below, you approve of the changes listed on this form and acknowledge receipt of a copy of this form.

4. SIGNATURES

 Group/Plan Sponsor Name (print or type) Title

 Group/Plan Sponsor Signature Date