



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: WACO, INC.

Policy Number: 00001010186400000 Group ID#: WAINC-BL-675987

State: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

<b>BENEFICIARY DESIGNATION</b>	
Primary Designation:	_____
Address:	_____
Relationship to Insured:	_____
SSN:	_____
Contingent Beneficiary:	_____
Address:	_____
Relationship to Insured:	_____
SSN:	_____

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: \_\_\_\_\_ Date Signed: \_\_\_\_\_

\* In the event that your employment with Waco, Inc. terminates, you MUST contact Vickie Corson in the Sandston Office at (804) 226-3216 if you wish to continue your life insurance policy.

\*\* Copy of Summary Plan Description available upon request.