Protective Life * as Administrator for The Lincoln National Life Insurance Company

P.O. Box 13694, Birmingham, AL 35202-3641 Email Address: structuredsettlements@protective.com Telephone: (800) 451-7065 Fax: (603) 334-5833

Policy/Contract Number:	NP3-
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ADDRESS/NAME CHANGE REQUEST

Please select request type: (Select all that apply) ☐ Address Change ☐ Name Change						
1. Payee(s) Informa	TION					
First Name		Middle Name	Last Name	Last Name		
Telephone Number		Birth Date	Social Security	Social Security Number		
2. CHANGE OF ADDRESS INFORMATION (If applicable. Provide both old and new addresses)						
Old Mailing Address - Str		City	State	ZIP		
New Mailing Address - St	reet	City	State	ZIP		
3. CHANGE OF NAME INFORMATION (If applicable. Completing this section does not change the owner or any beneficiary designation.)						
Reason for Change: Attach a copy of required legal evidence (e.g., marriage certificate, driver's license, passport).						
☐ Marriage	□ Divorce	□ Correction	□ Other			
Former Name	er Name Former Signature (Please sign here with former signature)					
		×				
New Name	New Signature (Please sign here with new signature)					
		×				
4. AUTHORIZATION						
				ith the provisions of the contract. to the best of my(our) knowledge		
5. SIGNATURES						
Payee's Signature		Print Nam	ie	Date (mm/dd/yy)		

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