



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

**COMMUNITY PROPERTY STATE CONSENT FORM**

(To be used in the following community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin)

As an insured under The Lincoln National Life Insurance Company policy number \_\_\_\_\_,

I, \_\_\_\_\_, hereby designate the following as beneficiaries:  
(Name of Insured)

Name of primary beneficiary: \_\_\_\_\_

Address of primary beneficiary: \_\_\_\_\_

Relationship to insured: \_\_\_\_\_

Name of contingent beneficiary: \_\_\_\_\_

Address of contingent beneficiary: \_\_\_\_\_

Relationship to insured: \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

Single     Married     Divorced     Other: \_\_\_\_\_

**ATTENTION:** Because you live in a community property state, if you have designated someone other than your spouse as a beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective.

I, \_\_\_\_\_ do hereby consent to the foregoing beneficiary designation(s).  
(Name of Insured's Spouse)

\_\_\_\_\_  
Signature of Insured's Spouse

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

Personally appeared before me the above named \_\_\_\_\_, personally known to  
(Name of Insured's Spouse)  
me, who, being duly sworn, deposes and says that he or she executed the foregoing consent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_