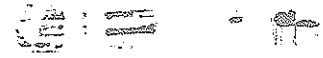




The Lincoln National Life Insurance Company, PO Box 2616, Omaha, NE 68103-2616
 toll free (800) 423-2765
 www.LincolnFinancial.com



GROUP INSURANCE CHANGE REQUEST

Employer: KANELAND COMMUNITY UNIT SCHOOL DISTRICT NO. 302

Policy Number (List all affected policy numbers): 000010115180

Group ID: _____ Insured's Name: _____ Social Security Number: _____

| |
|---|
| NAME/ADDRESS CHANGE (First-MI-Last): |
| From: |
| To: |

| | |
|---|---------------|
| BENEFICIARY CHANGE | |
| Primary Beneficiary: | Relationship: |
| Contingent Beneficiary: | Relationship: |
| 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 of paper. | |

| | | |
|-------|-------------------------|------------------------|
| Date: | Insured's Signature: | Witness' Signature: |
|-------|-------------------------|------------------------|