Lincoln Financial Group®

For use with:
Lincoln Alliance® program

Tri-City Healthcare District 457(b) Deferred Compensation Plan

Request for a Rollover

TCHD-001

Plan Information

PLEASE PRINT CLEARLY

Carefully **read the rollover notice you received from your distributing plan** before you complete the following sections on the **Request for a Rollover**. The choices you make will affect the taxes you owe.

Your rollover will be deposited into the investment elections you have on file. If you do not have investment elections on file, your rollover will be deposited into the default option designated by your employer.

Step A: Participant Information

Information provided on this form will be used exclusively for administering your account and sending financial documents and information related to your plan.

Name: _____ SSN#: ____-____-____
First Middle Last Suffix (i.e., Jr., Sr.)

Address: _____
Street City State ZIP

Birth Date: _____ ☐ Married ☐ Male Daytime Phone: _____

Date of hire: _____ ☐ Not married ☐ Female Evening Phone: _____

E-mail address: _____

Step B: What was your former plan *(Complete all of Step B)*

Amount of rollover: ☐ $_____ or ☐ _____ %

I am requesting a **rollover** of my existing:

☐ Pretax contributions from a 401(a)
☐ Pretax contributions from a 401(k)
☐ Pretax contributions from a 403(b)
☐ Pretax contributions from a 457(b) Gov
☐ Pretax contributions from an IRA

Note: Roth and After-tax rollovers are not allowed for this plan.

My current account is with (check one): ☐ Lincoln ☐ Other

Former employer's name: _____ Daytime Phone: _____

Previous Account Number(s): _____

Name of annuity provider, custodian or trustee: _____

Contact person: _____

Daytime Phone: _____ E-mail address: _____

Address: _____
Street City State ZIP

You must provide one of the following forms of documentation in order to process your rollover:

☐ Copy of most recent statement from the prior plan
(Documentation must clearly confirm type of plan, i.e., 401(k), 403(b), 457(b) governmental plan or IRA)

☐ Letter from prior plan sponsor indicating the type of plan where rollover originated

☐ Copy of prior plan sponsor's IRS determination letter

Failure to provide one of the above forms of supporting information will delay the processing of your rollover request until such supporting information is received.

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Step C: Signatures

Participant

By signing below, I certify that:

- I have read, understand and agree to the terms on this form, the disclosures outlined and the distribution restrictions contained in the enrollment booklet.
- This transaction contains only eligible rollover dollars.
- I have read and understand the rollover notice I received from my distributing plan.
- I request to have this transaction processed immediately. I understand that my participation, including my rollover contribution and any associated earnings, will be governed by the provisions contained in the receiving retirement plan.
- This rollover was transferred within 60 days after I received such payment, if applicable.
- My investment choices are my own, and they were not recommended to me by Lincoln Financial Advisors or any other organization affiliated with the *Lincoln Alliance*® program.
- I understand that I can make changes to my investment options at LincolnFinancial.com or by calling the *Lincoln Alliance*® program Customer Contact Center at 800-234-3500.

Your Signature

Date

Retirement Consultant name:

Agent Code (if any)

Trustee Acceptance

Be advised that the Lincoln Financial Group Trust Company, Inc. is acting as trustee/custodian and is willing to accept the proceeds from the above-referenced plan or account into the trust/custodial account, in the *Lincoln Alliance*® program.

Return this form to:

Tri-City Healthcare District
c/o Lincoln Retirement Services Company, LLC
P.O. Box 7876
Fort Wayne, IN 46801-7876

Instructions for former provider

Please make check payable to:
Lincoln Financial Group Trust Company, Inc.
For the benefit of: Participant Name/SSN
Please mail check to:
Tri-City Healthcare District
c/o Lincoln Retirement Services Company, LLC
P.O. Box 7876
Fort Wayne, IN 46801-7876

Important Information

Mutual funds in the *Lincoln Alliance*® program are sold by prospectus. An investor should consider carefully the investment objectives, risks, and charges and expenses of the investment company before investing. The prospectus and, if available, the summary prospectus contain this and other important information and should be read carefully before investing or sending money. Investment values will fluctuate with changes in market conditions so that, upon withdrawal, your investment may be worth more or less than the amount originally invested. Prospectuses for any of the mutual funds in the Lincoln Alliance® program are available at 800-234-3500.

The program includes certain services provided by Lincoln Financial Advisors Corp. (LFA), a broker-dealer (member FINRA) and an affiliate of Lincoln Financial Group, 1301 S. Harrison St., Fort Wayne, IN 46802. Unaffiliated broker-dealers also may provide services to customers.

Lincoln Financial Group Trust Company, Inc. (a New Hampshire company) is a wholly owned subsidiary of Lincoln Retirement Services Company, LLC.

Affiliates of Lincoln National Corporation include, but are not limited to, The Lincoln National Life Insurance Company, Lincoln Life & Annuity Company of New York, Lincoln Retirement Services Company, LLC, and Lincoln Financial Advisors Corporation, herein separately and collectively referred to as ("Lincoln").

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.