



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

Request for a Rollover

TCHD-001

Section I 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.

If you have investment elections on file and do not correctly complete Section II of this form, your rollover will be deposited into the investment elections you have on file. If you do not have investment elections on file and do not correctly complete Section II of this form, 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
(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.

Step C: Signatures

Participant

By signing below, I certify that:

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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 Co  
PO Box 7876  
Fort Wayne, IN 46801-7876

Instructions for former provider  
**Please make check payable to:**  
Lincoln Financial Group Trust Company, LLC  
**For the benefit of:** Participant Name/SSN  
**Please mail check to:**  
Tri-City Healthcare District  
c/o Lincoln Retirement Services Co  
PO Box 7876  
Fort Wayne, IN 46801-7876



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

## Request for a Rollover

TCHD-001

### Section II Investment Information

PLEASE PRINT CLEARLY

#### Step D: Decide how to invest

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
First Middle Last Suffix (i.e., Jr., Sr.)

I want to apply my transfer amount to my current investment elections on file.  
*Do not complete any other section in **Decide how to invest**.*

#### **Make it easy - This election applies to all contribution types**

**Choose only one Make it easy option at 100%.** Do not complete any other section in **Decide how to invest**.

If you select a Model from **Make it easy**, your account balance and all future contributions will be reallocated to the Model you select upon rebalancing.

#### Risk-based models

- 100% PIA Dimensions 100/00 Portfolio Model
- 100% PIA Dimensions 90/10 Portfolio Model
- 100% PIA Dimensions 80/20 Portfolio Model
- 100% PIA Dimensions 70/30 Portfolio Model
- 100% PIA Dimensions 60/40 Portfolio Model
- 100% PIA Dimensions 50/50 Portfolio Model
- 100% PIA Dimensions 40/60 Portfolio Model
- 100% PIA Dimensions 30/70 Portfolio Model
- 100% PIA Dimensions 20/80 Portfolio Model
- 100% PIA Dimensions 00/100 Portfolio Model

#### Target-date funds

- |  |  |
|--|--|
| <input type="checkbox"/> 100% Dimensional Retirement Income Instl      | <input type="checkbox"/> 100% Dimensional 2035 Target Dt Rtr Inc Instl |
| <input type="checkbox"/> 100% Dimensional 2005 Target Dt Rtr Inc Instl | <input type="checkbox"/> 100% Dimensional 2040 Target Dt Rtr Inc Instl |
| <input type="checkbox"/> 100% Dimensional 2010 Target Dt Rtr Inc Instl | <input type="checkbox"/> 100% Dimensional 2045 Target Dt Rtr Inc Instl |
| <input type="checkbox"/> 100% Dimensional 2015 Target Dt Rtr Inc Instl | <input type="checkbox"/> 100% Dimensional 2050 Target Dt Rtr Inc Instl |
| <input type="checkbox"/> 100% Dimensional 2020 Target Dt Rtr Inc Instl | <input type="checkbox"/> 100% Dimensional 2055 Target Dt Rtr Inc Instl |
| <input type="checkbox"/> 100% Dimensional 2025 Target Dt Rtr Inc Instl | <input type="checkbox"/> 100% Dimensional 2060 Target Dt Rtr Inc Instl |
| <input type="checkbox"/> 100% Dimensional 2030 Target Dt Rtr Inc Instl |  |

**Continue to the next page for "Do it yourself"**

Step D: Decide how to invest *continued*

 **Do it yourself. This election applies to all contribution types.**

Do not complete *Do it yourself* if you completed another section in **Choose where to invest**.

Use this section to indicate your asset allocations. Your percentages must add up to 100% in increments of 1%.

Percentages Investment Options	Percentages Investment Options
<b>Cash/Stable Value</b>	<b>U.S. Stocks</b>
_____ % Vanguard Federal Money Market Investor	_____ % DFA US Core Equity 2 I
<b>Bonds</b>	_____ % DFA US Large Cap Value I
_____ % DFA Five-Year Global Fixed-Income I	_____ % DFA US Small Cap Value I
_____ % DFA Inflation-Protected Securities I	_____ % DFA US Sustainability Core 1
_____ % DFA Intermediate Govt Fixed-Income I	_____ % DFA US Targeted Value I
_____ % DFA Two-Year Global Fixed-Income I	_____ % Vanguard 500 Index Admiral
_____ % Vanguard Short-Term Bond Idx I	_____ % Vanguard Small Cap Growth Index Admiral
_____ % Vanguard Total Bond Market Index I	<b>International Stocks</b>
	_____ % DFA Emerging Markets Core Equity I
	_____ % DFA Emerging Markets Social Core Port
	_____ % DFA International Small Company I
	_____ % DFA International Vector Equity I
	_____ % DFA Intl Sustainability Core 1
	_____ % Vanguard Developed Markets Idx Instl
	_____ % DFA Global Real Estate Securities Port
<b>All investment percentages must equal 100%</b>	<b>100% = Total</b>

**Participant signature**

**By signing below, I certify that:**

- I have read and understand the Investment Elections in Step D.
- I authorize my transferred assets to be invested in the retirement plan in the manner indicated above.
- 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.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return this form to:**

Tri-City Healthcare District c/o Lincoln Retirement Services Co, PO Box 7876, Fort Wayne, IN 46801-7876

**Or fax to:** 260-455-9975

**Important Information**

Mutual funds in the *Lincoln Alliance*® program are sold by prospectus. An investor should carefully consider the investment objectives, risks, and charges and expenses of the investment company before investing. The prospectus, and if available, the summary prospectus, contains 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, 1300 S. Clinton St., Fort Wayne, IN 46802. Unaffiliated broker-dealers also may provide services to customers.

Asset allocation models use the investment options available in the retirement product or program and are designed to help an individual select the investment options that best align with their retirement goals. Asset allocation does not ensure a profit nor protect against loss.

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

Lincoln Retirement Services Company, LLC is an affiliate of Lincoln National Corporation.

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.