

Request a distribution to another company

If you have questions or need assistance completing this form, call the Lincoln Customer Contact Center at 1-800-234-3500 or contact your retirement plan representative.

Is this the correct form?

This form can be used for the most common distribution reasons. This will result in a payment to another company.

If you would like to request a distribution for another reason, please refer to the Lincoln website for the applicable form.

DO NOT use this form for:

- Hardship or Unforeseeable emergency
- Required minimum distribution (RMD)
- Excess withdrawal (refund)
- Plan termination
- In-plan Roth conversion
- Qualified birth and adoption (QBAD)



Marital status: Please provide your marital status in order to ensure timely processing of your distribution.



Restrictions may apply depending on your plan provisions. Please contact Lincoln or your plan administrator/ employer to discuss what options are available.



If you are totally and permanently disabled: A letter from the Social Security Administration is required.
For Qualified Domestic Relations Orders: A copy of the court order, divorce, or legal separation is required.



If you have Roth and/or after tax money, please verify that your receiving company will accept your rollover.

When requesting a rollover of pre-tax money to a Roth IRA you will still be liable for payment of federal and state income tax, if applicable, at the time you prepare your personal tax filing. You may wish to discuss your personal tax liability with a qualified tax advisor.

Receiving company information: If your receiving company information is incomplete or inaccurate, we will issue the check to the receiving company but mail it to your address. You will be responsible for mailing the check to the receiving company to complete the transaction.

If you are not the spouse of the participant and you want to roll over a portion or all of your benefit you must roll the funds into an Inherited IRA.

1 Tell us about yourself.

Name (first, MI, last, suffix)

SSN

Mailing address

Plan ID (refer to your statement)

City


State

Zip

Mobile

Email

Phone

Marital status 

I do not have a living spouse.

I have a living spouse.

Date of birth (mm/dd/yyyy)


/ /


Employment status (choose one)


I retired on (mm/dd/yyyy) / /

I am no longer working for the employer that administers this plan as of

(mm/dd/yyyy) / /

I am currently employed with the employer that administers this plan. (Restrictions may apply.) 

I am totally and permanently disabled. 

I am not an employee. (You are the alternate payee due to a Qualified Domestic Relations Order.) 


I am the beneficiary of a deceased employee.


2 How should we move your funds to another company?


Please refer to "Requesting a distribution to another company" included with this form.


I would like to distribute my money in the form of a (choose one)


Rollover

If you have after tax contributions and you elect a rollover, Lincoln will automatically include your after tax contributions unless you tell us otherwise by checking this box: Do not include my after tax contributions in this rollover. 

Contract exchange (Restrictions may apply.) 

Plan-to-plan transfer (Restrictions may apply.) 

Permissive service credit transfer (Restrictions may apply.) 

Rollover of *Lincoln PathBuilder Income*[®] investment option* or *Income America** 5ForLife target-date funds only (Restrictions may apply.) 

* Not available in New York.

Type of receiving plan/account (choose one)

401(k) 403(b) 401(a) 457(b) governmental

Individual Retirement Account (IRA) (Traditional, SEP, SIMPLE, Inherited, etc.)

Roth IRA  Defined benefit plan

Provide information about the receiving company. 

Receiving company name (payable to)

Account number

Street address

City, State, Zip


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3 How much should we send?

Amounts will be distributed from your available vested balance and may be limited to certain contribution types. The total amount you receive may be less than the amount requested, depending on your available balance and tax withholding.

Amount options (choose one)

Send 100% of my account balance to another company as described in Step 2. (Skip to Step 6.)

Send part of my account balance in the amount of \$ _____ to another company as described in Step 2 and leave the remainder in my account. (Dollar amount must be provided. Skip to Step 6.) (Restrictions may apply.) 

Send me a partial cash payment of \$ _____ and send the remainder of my account balance to another company as described in Step 2. (Dollar amount must be provided. Continue to Step 4.)

If applicable, your distribution will automatically include the Lincoln PathBuilder Income® investment option* or Income America* 5ForLife target-date funds. This may result in an excess withdrawal. An excess withdrawal may reduce your income base. Please let us know if you want to exclude it from your distribution.

I do not want to include the Lincoln PathBuilder Income® investment option* nor Income America* 5ForLife target-date funds in my distribution.

* Not available in New York.



Restrictions may apply to options (where noted) on this form depending on your plan.

Please contact Lincoln or your plan administrator/employer to discuss what options are available.



Direct Deposit: If your bank account information is illegible or incomplete, Lincoln will issue a check and mail to your address on file.

Please note: We cannot direct deposit to reloadable bank cards.





If you direct deposit to a checking account: To ensure accuracy, please include a photo copy of a voided check.

If you direct deposit to a savings account: To ensure accuracy, please include a verification of deposit from your financial institution.

4 How would you like to receive your payment?

I would like my payment to be sent as a (choose one)

Direct deposit to my personal bank account as described here:  

Select this box if this is a savings account:

Name as it appears on your account

Bank transit/ABA number (9-digits)

Financial institution

Account number

Check, mailed to my address on file.

The amount you receive:

The total amount you receive from this distribution will be reduced by the total amount of taxes withheld. Depending on your available balance, you may adjust your requested distribution amount to account for additional taxes that may be assessed as part of your tax liability.




Continue to the next page for additional instructions.

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i Tax withholding: Withholding will only apply to the taxable portion of any amount paid to you in cash. If you elect to rollover your entire distribution, no federal tax withholding is required.

Important:

- For pre-tax amounts that are directly rolled over to a Roth IRA (a Roth rollover conversion), mandatory withholding is not required, but the amounts converted from pre-tax will be included in your taxable income.
- If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.
- The amount of your distribution that is not rolled over may be subject to an additional 10% early distribution penalty tax. This penalty tax will be assessed when you file your tax return and is not automatically included in your tax withholding for this distribution.


 **IRS Form W-4R:** This form can be found by searching on the IRS website www.irs.gov for W-4R.

If no option is selected on this form, and you do not submit a valid IRS Form W-4R with your distribution form, Lincoln will apply the default withholding percentage from your payment. Please consult your tax advisor with any questions on making your tax withholding election.

5 How do taxes impact your distribution?

No taxes will be withheld from amounts paid in a direct rollover.


Lincoln will withhold taxes from the taxable amount of the distribution that is paid to you in cash. If applicable, Lincoln will apply the rates detailed below and will automatically send the withholdings to the IRS and/or state on your behalf. For more information on federal tax withholdings, please refer to the Special Tax Notice included with this form and the Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions (IRS Form W-4R).

• **Federal tax (if applicable)** 

Your withholding options are based on whether your distribution is considered an eligible rollover distribution.¹

- For amounts that are eligible for rollover, the withholding options are as follows:


Apply the mandatory federal tax withholding rate of 20%.

I am enclosing an IRS Form W-4R to elect a federal tax withholding rate of more than 20% (you may not elect a lower rate or opt out). 

- For amounts that are not eligible for rollover, the withholding options are as follows:

Apply the voluntary default federal tax withholding rate of 10%.

Do not withhold federal income tax.*

I am enclosing an IRS Form W-4R to elect another federal tax withholding rate.* 

*You cannot choose less than 10% for payments to be delivered outside the United States and its possessions.

If you have an outstanding loan and you are electing a total distribution of your non-loan balance, your loan will offset. To the extent that the offset results in taxable income, this amount will be added to the taxable amount of your cash distribution when determining the federal income tax that is withheld.

¹**Eligible rollover distribution** is a distribution other than: a hardship; a required minimum distribution (RMD); or a series of periodic payments expected to be paid over at least 10 years or over your life/life expectancy or joint life/life expectancies of you and your beneficiary.

• **State tax (if applicable)**

State tax is automatically calculated and based on your residence on file.

Check this box if you are attaching your state's applicable withholding certificate to make an alternative election.

 **Continue to the next page for additional instructions.**

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6 Sign and date this form. ⓘ

Did you know?

If you move this year: Please update your address to receive your tax documents for use when you file your income taxes.

To update your address: If you are an active employee, contact your employer; if you are no longer employed, call Lincoln.



Fees may apply to your distribution: To determine if fees apply, refer to your 404(a) fee disclosure (if applicable) and contact Lincoln with any questions.

By signing below, I certify that:

- I have read and understand the Important Fraud Notice and Important Information sections.
- I have received the Special Tax Notice, and if applicable, I waive the required 30-day notice period before receiving my distribution.
- I am responsible for meeting the federal tax law requirements to qualify for this distribution.
- My answers on this form and any documents I have attached are true and accurate.
- If there are not enough funds in my retirement account for the amount requested, Lincoln will process the withdrawal from the amount available.
- If applicable to this plan, I have received the Qualified Joint and Survivor Annuity (QJSA) notice; waive the 30 day review period and normal QJSA form of payment; and instead, elect to receive this distribution as detailed on this form.
- If I am a New York resident, I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Your signature (Please sign with a pen. We cannot accept electronic signatures.)

Today's date (mm/dd/yyyy)

 / /

7 Your spouse's signature may be required.

In some instances, your spouse may be required to sign this form. Please call Lincoln or your plan administrator/employer to determine if this is required for your plan. This section is not needed for distributions due to Qualified Domestic Relations Order or if you are a beneficiary of a deceased employee.

By signing below, I certify that I am the spouse of the individual named above and that:

- If applicable to this plan, I have received the QJSA notice, consent to my spouse's election to waive the normal QJSA form of payment, and consent to my spouse's election to an immediate distribution as detailed on this form.

Spouse's signature (if required)

Today's date (mm/dd/yyyy)

 / /

Plan administrator's signature or notary's signature ⓘ

Today's date (mm/dd/yyyy)

 / /

Notary seal/stamp

Notary's commission expires (mm/dd/yyyy)

 / / 

If spousal consent is required and if your plan administrator does not sign here as a witness to your spouse's signature, you must have a notary sign, seal, and date where noted to the right.

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Did you remember to:

- Obtain the plan administrator or notary signature, if required?
- Print, sign and date this form?
- Attach any necessary documents?
- If faxing, include both the front and back of ALL pages of the form?

Questions?



VISIT

LincolnFinancial.com or



CALL

1-800-234-3500

M - F, 8 am - 8 pm ET

Return all documents to:

EMAIL

AllianceForms@LFG.com
(Accepted format: .pdf, .tif, .png)

FAX

Lincoln Retirement Services
Company, LLC
260-455-9975

MAIL

Lincoln Retirement Services
Company, LLC
P.O. Box 7876
Fort Wayne, IN 46801-7876

EXPRESS MAIL

Lincoln Retirement Services
Company, LLC
1301 S. Harrison Street
Fort Wayne, IN 46802-3506

What you can expect:

- **Log in to your account** at LincolnFinancial.com to verify when funds are removed from your retirement account.
- **For ACH deposits**, it takes up to two business days to see your payment posted to your bank account once the funds have left your retirement account.
- **For checks**, your payment will arrive depending on the United States Postal Service delivery schedule. This generally takes 2-5 business days once the funds have left your retirement account.



Participant information:

If participant information is incomplete, Lincoln will use the information currently on file.

Plan administrator/employer use only.

Complete the following participant information: ⓘ

- If the employee is no longer working, provide the date of severance

(mm/dd/yyyy) / / .

- Is the employee 100% vested? Yes No

If no, please provide the vested percentage:

- The employee's vested percentage in employer match contributions is %.

- The employee's vested percentage in other employer contributions is %.

I authorize Lincoln to proceed with the elections made on this form.

Plan administrator's name

Plan administrator's signature

Today's date (mm/dd/yyyy)

 / /

IMPORTANT INFORMATION

There are restrictions on the amount that can be withdrawn from the Lincoln Fixed Account/Lincoln Stable Value Account/Lincoln Stable Value Separate Account in a 12-month period. Transfers from the Lincoln Stable Value Account/Lincoln Stable Value Separate Account may be subject to a 90-day equity wash.

Lincoln Financial Group® affiliates, their distributors, and their respective employees, representatives, and/or insurance agents do not provide tax, accounting, or legal advice. Clients should consult their own independent advisor as to any tax, accounting or legal statements made herein. We recommend that you consult a tax advisor regarding the distribution rules as they pertain to your personal circumstances.



Continue to the next page for additional information.