

Is this the correct form?

This form can be used to request a distribution due to an immediate and heavy financial need.

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:

- General distributions or Qualified Domestic Relations Order (you are the alternate payee)
- Required minimum distribution
- Excess withdrawal (refund)
- Death claim (you are the beneficiary)
- Plan termination
- Rollover or transfer

Need additional help?



VISIT

LincolnFinancial.com or



CALL

1-800-234-3500,
M - F, 8 am - 8 pm ET

For additional information please consult with a tax advisor and/or go to the IRS website, <https://www.irs.gov>.

Frequently asked questions

What is an unforeseeable emergency distribution?

An unforeseeable emergency distribution is allowed if you have an immediate and heavy financial need. In order to receive an unforeseeable emergency distribution you must meet the minimum requirements defined by the Internal Revenue Service (IRS), including but not limited to the following:

- You must be actively employed with the employer administering this retirement plan.
- You have taken all other available distributions and exhausted all available money sources (including personal savings).
- You must stop deferrals if stopping deferrals will relieve the emergency.
- You may be required to take all non-taxable loans from any plan of the employer. Contact Lincoln for more information.

What reasons qualify me for an unforeseeable emergency distribution?

Please refer to page 2 of this Unforeseeable Emergency Request form for a detailed listing of the unforeseeable emergency reasons and the required supporting documentation.

Please note: All reasons are not available to every plan. Contact Lincoln for more information.

What is not considered an unforeseeable emergency?

- Payment of income taxes unrelated to this distribution
- Expenses related to home purchase
- Tuition and related expenses
- Credit card expenses
- Baby sitting or child care
- Medically unnecessary cosmetic surgery
- Health club/weight loss program
- Veterinary expenses
- Purchase of non-primary residences
- Eviction from land
- Insect damage/removal

Please note: Reimbursement of paid expenses is not allowed. The supporting documentation provided must be for unpaid or outstanding expenses.

What portion of my retirement account is available for distribution?

Your entire account balance may not be available for unforeseeable emergency. Reference your online account or contact Lincoln for more information.

What documentation can be used as "proof of relationship"?

- Spouse: Marriage certificate or IRS income tax return
- Parent: Birth certificate, IRS income tax return, adoption certificate, or legal guardianship documentation.
- Dependent: IRS income tax return or legal guardianship documentation
- Beneficiary: This is determined by the information we have on file at the time we receive your unforeseeable emergency request.

Please note: If none of the above are applicable to you, please contact Lincoln for additional instructions.

What is an "explanation of benefits"?

An explanation of benefits is a document from the insurance company that includes a financial breakdown of the amount charged by the medical provider relative to the amount you will owe to the provider once insurance has been applied.

What other things should I know before completing this form?

- Your documentation must support the amount of your unforeseeable emergency request.
- All bills must be unpaid/outstanding and dated within the last 90 days.

This page is intentionally left blank.

Unforeseeable emergency request

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.

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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

Date of birth (mm/dd/yyyy)

/ /



REQUIRED DOCUMENTATION:

Please ensure that the documentation you provide supports the amount requested (refer to pages 2-3 of this form). If the documentation supports a total amount plus any estimated tax withholding amount that is less than requested, your distribution may be delayed.

2 How much should we send you? ⓘ

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 me the entire amount available for unforeseeable emergency.

Send me a partial payment of \$ _____ (Dollar amount must be provided.)

If you have the available balance, would you prefer we increase the amount of your distribution to account for tax withholding? Yes No

If applicable, the *Lincoln PathBuilder Income*SM investment option* and *Income America** *5ForLife* target-date funds cannot be excluded from an unforeseeable emergency distribution. If you have a balance in the *Lincoln PathBuilder Income*SM investment option* or *Income America** *5ForLife* target-date funds, this distribution may cause an excess withdrawal.

*Not available in New York.

3 How do taxes impact your distribution?

Lincoln will withhold taxes from your distribution at the rates detailed below and automatically send the withholding to the IRS on your behalf. The total amount of taxes withheld from your distribution will depend on the federal and state taxes withheld.

Taxes withheld from your distribution will include:

- **10% Federal tax (choose one)**

Please withhold federal taxes at the rate of (minimum 10%) _____ %.

Do not withhold taxes. I understand that I am responsible for any payment of federal taxes due on my distribution.

- **State tax (if applicable)**

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



Federal tax withholding election:

If you elect to withhold taxes and you provide a federal tax withholding rate that is less than 10%, we are still required to withhold the applicable minimum.

Unforeseeable emergency request



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.



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

plan. Please contact Lincoln for more information.

5 Tell us about your immediate and heavy financial need.

Choose the reason for your unforeseeable emergency and include the required documentation with this form. Please ensure that the documentation you provide supports the amount requested. If the documentation supports a total amount plus any estimated tax withholding amount that is less than requested, your distribution may be delayed.

Not all reasons for an unforeseeable emergencies may be available in your plan.



Medical expenses for your spouse or dependent require additional documentation for proof of relationship: Please refer to "What documentation can be used as proof of relationship?" in "Requesting an unforeseeable emergency" included at the beginning of this form.



Medical Expenses qualify for a unforeseeable emergency if they are deductible under the Internal Revenue Code. Refer to IRS Publication 502 at <https://www.irs.gov>.

MY REASON FOR UNFORESEEABLE EMERGENCY	DOCUMENTATION REQUIRED (dated within the last 90 days)
<p>Medical expenses for me, my spouse, or my dependent. </p> <p> (Depending on your plan, medical expenses for your primary beneficiary may qualify as an unforeseeable emergency reason.)</p>	<p>(Provide #1 AND #2; also provide #3 if applicable.)</p> <ol style="list-style-type: none"> 1. A copy of a current bill for services that shows the outstanding balance due, the medical provider, and amount due. Please include the name of the person being billed. 2. An Explanation of Benefits (EOB) (from the insurance provider) for each bill, showing what portion of the expense was covered by insurance or documentation indicating that the expense is not reimbursable from insurance. 3. Services requiring a prepayment must have documentation indicating that the expense is not reimbursable from insurance.
<p>Payment(s) to prevent my eviction from my primary residence or foreclosure on the mortgage on my primary residence.</p>	<ul style="list-style-type: none"> • A copy of the Notice of Eviction or Foreclosure notice that must state: <ul style="list-style-type: none"> - The amount due to prevent eviction or foreclosure. - A future date for eviction or foreclosure that states that you "will" be evicted or foreclosed (not "may"), if the amount due is not made current by the future date - If you pay the amount stated, you will be allowed to stay at the property. - A signature of the landlord and the landlord's contact information must be present if a rental. - Your name and the property address.

Step 5 is continued on the next page.

Unforeseeable emergency request

 **Restrictions may apply to options (where noted) on this form depending on your plan.** Please contact Lincoln for more information.

 **Payment(s) for burial or funeral expenses for your deceased parent, spouse, child, or other dependent require additional documentation for proof of relationship:** Please refer to "What documentation can be used as proof of relationship?" in "Requesting an unforeseeable emergency" included at the beginning of this form.

5 Tell us about your immediate and heavy financial need (continued).

MY REASON FOR UNFORESEEABLE EMERGENCY	DOCUMENTATION REQUIRED (dated within the last 90 days)
<p>Payment(s) for burial or funeral expenses for my deceased parent, spouse, child, or other dependent </p> <p> (Depending on your plan, payment(s) for burial or funeral expenses for your primary beneficiary may qualify as an unforeseeable emergency reason.)</p>	<ul style="list-style-type: none"> An itemized unpaid bill for burial and/or funeral expenses incurred that indicates the name of the facility completing the services. <ul style="list-style-type: none"> The bill must indicate your name as responsible for payment of services. A death certificate is required if the decedent's name is not included in the bill for service.
<p>Expenses for the repair of any damage to my primary residence to the extent not covered by insurance. This includes damage, destruction, or loss of property resulting from an identifiable event that is sudden, unexpected or unusual. (For example: fire, earthquake, hurricane, tornado, or electrical storm.)</p>	<p>(Provide all three.)</p> <ol style="list-style-type: none"> Proof of cost from one of the following: <ul style="list-style-type: none"> A copy of bills for repair or For prepayment, an estimate from the contractor For rebuilding a primary residence destroyed by a casualty, an executed contract between you and the contractor. A statement demonstrating repair costs not covered by the insurance carrier (such as a denial of coverage). Proof of damage such as: an insurance report, an appraisal, or a fire department report. Proof of damage also can be verified by the contractor in the bill for repair.

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.

By signing below, I certify that:

- I have read and understand the Important Fraud Notice and Important Information sections on the last page of this form.
- 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.
- I have taken all other distributions and exhausted all available money sources (including personal savings). I've stopped deferrals if stopping deferrals will relieve the emergency. If applicable to my plan, I have taken all non-taxable loans from any plan of the employer.
- 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)

 / /

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

Unforeseeable emergency request

Did you remember to:

- 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.

IMPORTANT FRAUD NOTICE

Residents of all states except Alabama, Arkansas, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia and Washington, please note: Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

For Alabama residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

For Arkansas, Louisiana, and Rhode Island residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Colorado, Kentucky, Maine, and Tennessee residents only: Any person who, knowingly and with intent to injure, defraud or deceive 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 may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

For District of Columbia residents only: WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Kansas residents only: Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of fraud as determined by a court of law.

For Maryland residents only: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For New Jersey residents only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For New Mexico residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Ohio residents only: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Oklahoma residents only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For Oregon residents only: Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which may be a crime and may be subject such person to criminal and civil penalties.

For Pennsylvania residents only: 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 subjects such person to criminal and civil penalties.

For Vermont residents only: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

For Virginia residents only: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

For Washington residents only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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.

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Questions? Visit LincolnFinancial.com or call 1-800-234-3500, M - F, 8 am - 8 pm ET

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