

# CARES Act rollover in 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.

## Is this the correct form?

**This form is used to repay money taken as a distribution from your retirement plan account under the Coronavirus Aid, Relief, and Economic Security (CARES) Act or H.R. 748 that was signed into law on March 27, 2020.**

- This form is not for use with 457(b) Top Hat plans.
- This form is valid for the repayment period of 3 years after the distribution was taken between January 1, 2020 and December 30, 2020.

## 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)
			/ /

## 2 Tell us about your reinvestment/rollover request.





### Distributing plan information:

To ensure accuracy and if required by your plan, please include a copy of the most recent statement from the distributing plan indicating the type of plan (401(k), 403(b), 457(b), IRA etc.).



### Important information about RMDs:

If you have already received an RMD payment this year (as a one-time payment or as a series of systematic withdrawals), the CARES Act provides you the option to treat the funds as an eligible rollover distribution as long as the funds are used to satisfy your RMD. In order to take advantage of this provision, you must do so within 60 days of taking your RMD. However, if you received or will receive an RMD between February 1, 2020 and May 15, 2020, you have until July 15, 2020, to complete the rollover. *These dates may be revised at a later date if additional guidance is issued.*

1. Date of original CARES Act distribution (mm/dd/yyyy): / /
2. My CARES Act distribution originated from:   
 Lincoln  
 Other (please describe):
3. My original distribution was taken to satisfy a required minimum distribution (RMD). 

### Reinvestment information:

- Your reinvestment will be deposited into the investment elections you currently have on file at the time Lincoln receives your check.
- If you have not made investment elections, your payment will be invested in the plan's default elections designated by the administering plan.
- Information on the plan's default elections can be found at [www.LincolnFinancial.com](http://www.LincolnFinancial.com).
- You can make or change your investment elections at [LincolnFinancial.com](http://LincolnFinancial.com) or by calling the Customer Contact Center at 800-234-3500.
- 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.

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## 3 Self-certify, sign and date this form.



### Self-certification:

Lincoln will rely upon your self-certification that you have met the requirements to be considered eligible. You will be responsible for documenting and retaining any and all information that the IRS may require to support this claim.

**Self-certification is required to roll over any coronavirus-related distribution (CRD) or a required minimum distribution (RMD) in the following situations:**

- Your RMD was issued in January 2020
- You are electing a rollover after July 15, 2020 and more than 60 days has elapsed since the date of your RMD payment
- Some or all of your RMD payment included Roth or after-tax monies.

I certify that my request is considered Coronavirus-related due to one or more of the following reasons:

- I (or my spouse or dependent) was diagnosed with the virus SARS-CoV-2 or with Coronavirus disease 2019 (referred to collectively as COVID-19), by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal, Food, Drug, and Cosmetic Act); or
- Due to COVID-19, adverse financial consequences have occurred as a result of one or more of the following events that apply to myself, my spouse, or a member of my household (defined as someone who lives with me at my principal residence):
  - Being quarantined, being furloughed or laid off or having work hours reduced;
  - Being unable to work due to lack of child care;
  - Being the owner or operator of a business that was forced to close or have its hours reduced;
  - Pay or self-employed income was reduced; or
  - A job offer was rescinded or start date for a job was delayed.

This list may be updated at a later date if additional guidance is issued.

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.
- 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*<sup>®</sup> program.
- I understand that I can make changes to my investment options at LincolnFinancial.com or by calling the *Lincoln Alliance*<sup>®</sup> program Customer Contact Center.
- My answers on this form are true and accurate.
- 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)

 /  / 

### Did you remember to:

- Print, sign and date this form?

### Questions?



#### VISIT

LincolnFinancial.com or



#### CALL

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

## Please send completed form and check to:

### MAIL

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

### EXPRESS MAIL

Lincoln Retirement Services  
Company, LLC  
1301 South Harrison St.  
Fort Wayne, IN 46802-3506

### Please make check payable to:

Lincoln Financial Group Trust Company, Inc.

### Make sure your check includes the following information:

- Participant name
- Employee ID or Social Security Number
- Plan ID (refer to your statement)

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## 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, Ohio, 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 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.