For use with:
***Lincoln Alliance®* program**

The Lincoln National Life Insurance Company

Tri-City Healthcare District National Security and Retirement Program

Investment election form

TCHD-003

This form may be used for initial elections only. Change requests submitted on this form will not be accepted. If you need assistance completing this form, please contact your retirement plan representative or the Lincoln Customer Contact Center at 800-234-3500.

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 ______________________________

City ______________________________ State ______________ Zip ______________

Birthdate _____ / _____ / _______ *(mm/dd/yyyy)* ☐ Married ☐ Not married Daytime phone ______________

Date of hire/rehire _____ / _____ / _______ *(mm/dd/yyyy)* ☐ Male ☐ Female Evening phone ______________

Email address ______________________________

Step B: Decide how to invest

Make an all-in-one choice

Choose only one Make an all-in-one choice option at 100%. *If selected, do not complete any other section in* ***Decide how to invest.***

Target-risk portfolios

☐ 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

☐ 100% Dimensional Retirement Income Instl
☐ 100% Dimensional 2010 Target Dt Rtr Inc Instl
☐ 100% Dimensional 2015 Target Dt Rtr Inc Instl
☐ 100% Dimensional 2020 Target Dt Rtr Inc Instl
☐ 100% Dimensional 2025 Target Dt Rtr Inc Instl
☐ 100% Dimensional 2030 Target Dt Rtr Inc Instl
☐ 100% Dimensional 2035 Target Dt Rtr Inc Instl
☐ 100% Dimensional 2040 Target Dt Rtr Inc Instl
☐ 100% Dimensional 2045 Target Dt Rtr Inc Instl
☐ 100% Dimensional 2050 Target Dt Rtr Inc Instl
☐ 100% Dimensional 2055 Target Dt Rtr Inc Instl
☐ 100% Dimensional 2060 Target Dt Rtr Inc Instl

Step B: Decide how to invest *continued*

Manage it yourself

If you choose this option, do not complete any other section in ***Decide how 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
Cash/Stable Value		**U.S. Stocks**	
______%	Vanguard Federal Money Market Investor	______%	DFA US Core Equity 2 I
		______%	DFA US Large Cap Value I
Bonds		______%	DFA US Small Cap Value I
______%	DFA Five-Year Global Fixed-Income I	______%	DFA US Sustainability Core 1
______%	DFA Inflation-Protected Securities I	______%	DFA US Targeted Value I
______%	DFA Intermediate Govt Fixed-Income I	______%	Vanguard 500 Index Admiral
______%	DFA Two-Year Global Fixed-Income I	______%	Vanguard Small Cap Growth Index Admiral
______%	Vanguard Short-Term Bond Idx I		
______%	Vanguard Total Bond Market Index I	**International Stocks**	
		______%	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
All investment percentages must equal 100%.		**100% = Total**	

Automatic rebalancing: If you want your assets automatically rebalanced, please select a frequency and start date below. (For a detailed explanation of this feature, please refer to your enrollment kit.)

Rebalance my account ☐ Quarterly ☐ Semiannually ☐ Annually Start date ____ / ____ / ______ (mm/dd/yyyy)

Step C: Participant signature

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.
- My investment choices are my own, and they were not recommended to me by Lincoln Financial Advisors or any other organizations 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 ____ / ____ / ______ *(mm/dd/yyyy)*

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

Or

Fax this form to: Tri-City Healthcare District, c/o Lincoln Retirement Services Co at 260-455-9975

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, 1300 S. Clinton St., Fort Wayne, IN 46802. Unaffiliated broker-dealers also may provide services to customers.

Asset allocation portfolios 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.

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.