

Request for qualified account transfer/direct rollover form

Employer Markets
For use with:
Lincoln DirectorSM
Lincoln American Legacy RetirementSM

Instructions: This form should be used for individual transfers only. An Owner/Trustee signature is required to complete this form. Please use the form located in the Request for Contract (RFC) or Request for Contract and Plan Services (RFCS) to request the transfer of takeover assets for an entire plan. Please print or type your information below.

Attn: Please make sure your plan allows for rollovers. Send this completed form to your current financial institution account holder.

Current (transferring) financial institution account information

Financial institution _____

Contact name _____

Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____ Fax _____ - _____ - _____

Participant (Annuitant) name _____

Policy/account # _____ Social Security number _____ - _____ - _____

Plan information

Plan name _____

Contract/certificate# _____

Transfer/rollover from type of account:

- | | |
|--|---|
| <input type="checkbox"/> 401(k) | <input type="checkbox"/> Profit Sharing |
| <input type="checkbox"/> Money Purchase | <input type="checkbox"/> SEP-IRA |
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> 403(b) |
| <input type="checkbox"/> 457(b) Governmental | |
| <input type="checkbox"/> Other (specify) _____ | |

Transfer/rollover to type of account:

- | |
|--|
| <input type="checkbox"/> 401(k) |
| <input type="checkbox"/> Profit Sharing |
| <input type="checkbox"/> Money Purchase |
| <input type="checkbox"/> 457(b) Governmental |
| <input type="checkbox"/> Roth IRA |

If the proceeds include after-tax dollars, please provide the cost basis _____

Does this rollover contain any Roth contributions? Yes No

If yes, please provide total Roth account balance \$ _____

Qualified transfer/direct rollover instructions

Transfer the proceeds: immediately when indicated (within 30 days) _____

Check one choice in each of the following options:

The amount requested and directed for payment represents: full transfer/rollover
 partial transfer/rollover of \$ _____

Note: Age 70½ restrictions apply to an individual retirement account transfer. If you are age 70½ or older this year, you may not transfer or roll over required minimum distribution amounts. If necessary, instruct your present trustee/custodian, prior to this transfer, to either (1) pay your required minimum distribution to you now or, (2) retain that amount to distribute to you later.

Apply proceeds to a new contract (contract # has not yet been assigned)

Apply proceeds to existing contract number:

Plan name _____

Contract/certificate# _____

If applicable: I have enclosed the annuity contract. I certify that the annuity contract has been lost or destroyed. After due search and inquiry, to the best of my knowledge, it is not in the possession or control of any other person.

An Owner/Trustee signature is required to complete this form.

Mailing instructions

Send funds to Lincoln Financial Group using one of the following methods:

- **Wire**

Wells Fargo Bank, San Francisco, NA
ABA Transit #: 121000248
Account #: 0085911525 (no dashes, use leading zeros)
Reference: Lincoln Financial Group

Further reference:
Contract/certificate # _____

Attn: _____

- **Mail**

Lincoln Financial Group
New Business
FBO: Participant Name
P.O. Box 2248
Fort Wayne IN 46801-2248

- **Overnight Mail**

Lincoln Financial Group
New Business
1300 S. Clinton St., Suite 500
Fort Wayne, IN 46802
800 248-0838

Note: For overnight mail & standard mail, make check payable to Lincoln Financial Group.

Signatures

- I, the undersigned Owner/Trustee of the above-named contract/account(s), request that you directly transfer the amount specified above to Lincoln Financial Group. Please do not withhold any taxes from the proceeds.
- It is my intention that this surrender and payment shall not constitute either actual or constructive receipt of income for federal income tax purposes and would therefore qualify as a transfer/rollover of assets.
- I request that my name not appear as a joint payee on the check nor shall any endorsement thereon be necessary for transfer or deposit. I request that the funds be made payable to Lincoln Financial Group. If any name is to be used, it must be preceded by the term FBO or "for the benefit of."

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.

Owner/Trustee signature _____

Title _____ Date ____/____/____

Participant signature (if different) _____ Date ____/____/____

This is to certify that Lincoln Financial Group has established, or is in the process of establishing, a qualified retirement account for the above named participant. Please liquidate the above referenced policy/account. Do not withhold taxes from the proceeds.

Lincoln Financial Group authorized signature *Ainda Fairbanks* Title Assistant Vice President

Accepting Plan Sponsor/Trustee _____ Date ____/____/____

➤ **Please send completed form to the financial institution named on page one.**

Lincoln DirectorSM and Lincoln American Legacy RetirementSM group variable annuity contracts are issued on contract form #19476 (and variations thereof) by The Lincoln National Life Insurance Company, Fort Wayne, IN and offered by broker/dealers with selling agreements.

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.



Lincoln Financial Group
1300 South Clinton Street
Fort Wayne, IN 46802
800 510-4015

EM-32805-DL 3/08
PAD0803-0108
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