

Trustee Directive for Benefit Payment Distribution in Form of a Lincoln Group Deferred Annuity

Participant Information <i>Our records will be updated to reflect the address given here.</i>	Contract/Certificate number _____	
	Plan name _____	
	Participant name _____	
	Address _____	
	City, State _____	ZIP _____
	Social Security number _____	Daytime phone number _____
	Date of birth (mm/dd/yyyy) _____	Date of hire _____

Form and Type of Benefit Election

I elect to distribute my vested account balance to a Lincoln Group Deferred Annuity in the accounts selected below. (\$5,000.00 minimum account value required).

I elect to take a lump sum distribution (payable to myself) in the amount of \$_____ and to distribute any remaining vested account balance to a Lincoln Group Deferred Annuity in the accounts selected below. (\$5,000.00 minimum account value required).

I elect to distribute my vested account balance to the same investments, dollar for dollar, as invested today (not per my future allocations) to a Lincoln Group Deferred Annuity (\$5,000.00 minimum account value required).

I elect to take a lump sum distribution (payable to myself) in the amount of \$_____ and to distribute my remaining vested account balance to the same investments, dollar for dollar, as invested today (not per my future allocations) to a Lincoln Group Deferred Annuity (\$5,000.00 minimum account value required).

<i>List source (class)</i>	Source	<i>List source (class)</i>	Source
Guaranteed (<i>certain restrictions apply</i>)	_____ %	SA54 American Funds International	_____ %
SA11 Core Equity	_____ %	SA55 Delaware VIP REIT Series	_____ %
SA12 Government/Corporate Bond	_____ %	SA56 Delaware VIP Small Cap Value Series	_____ %
SA14 Short Term	_____ %	SA57 Fidelity VIP Equity-Income	_____ %
SA17 Medium Capitalization Equity	_____ %	SA58 Fidelity VIP Growth	_____ %
SA19 AllianceBernstein VPS Growth and Income	_____ %	SA59 Fidelity VIP Overseas	_____ %
SA20 High Yield Bond	_____ %	SA61 Delaware Value	_____ %
SA21 Balanced	_____ %	SA62 Templeton Growth Securities	_____ %
SA22 International Equity	_____ %	SA63 Franklin Small-Mid Cap Growth Securities	_____ %
SA23 Large Capitalization Equity	_____ %	SA64 Janus Aspen Series Mid Cap Growth	_____ %
SA24 Small Capitalization Equity	_____ %	SA65 MFS VIT Emerging Growth Series	_____ %
SA27 Scudder VIT Equity 500 Index	_____ %	SA66 MFS VIT Capital Opportunities Series	_____ %
SA28 Value Equity	_____ %	SA67 MFS VIT Utilities Series	_____ %
SA29 AllianceBernstein VPS Large Cap Growth	_____ %	SA70 Janus Aspen Series Large Cap Growth	_____ %
SA30 Conservative Balanced	_____ %	SA75 BlackRock Aurora	_____ %
SA31 AllianceBernstein VPS Global Technology	_____ %	SA76 BlackRock Small/Mid-Cap Growth	_____ %
SA32 Aggressive Balanced	_____ %	SA77 BlackRock Global Resources	_____ %
SA33 Social Awareness	_____ %	SA80 BlackRock Large-Cap Value Equity	_____ %
SA34 American Funds New Perspective	_____ %	SA81 BlackRock Legacy	_____ %
SA35 Fidelity VIP Contrafund®	_____ %	SA83 BlackRock Mid-Cap Value Equity	_____ %
SA36 Scudder VIT Small Cap Index	_____ %	SA84 Fidelity VIP Mid Cap	_____ %
SA37 Neuberger Berman Mid-Cap Growth	_____ %	SA86 Templeton Global Income Securities	_____ %
SA38 Neuberger Berman AMT Regency	_____ %	SA87 Delaware VIP Capital Reserves	_____ %
SA39 AllianceBernstein VPS Small/Mid Cap Value	_____ %	SA92 American Century VP Inflation Protection	_____ %
SA46 American Funds Global Small Capitalization	_____ %	SA93 Delaware Diversified Income	_____ %
SA48 American Funds Growth	_____ %	SA94 Delaware VIP Emerging Markets	_____ %
SA49 American Funds Growth - Income	_____ %		

Taxation for the amount distributed in Excess of the Required Minimum Distribution

Please consult your tax advisor prior to making any elections. Federal tax of 20% will be withheld on a lump sum distribution unless instructed to withhold at a higher rate. Refer to pages 6-11 of this booklet for more information. State taxes will be withheld at the appropriate rate when applicable.

Instead of 20% withholding, withhold at _____ % (may not be lower than 20%)

Rollover Information

Rollover to: Another Employer Retirement Plan A traditional IRA

Name of institution check should be payable to: _____

Account number _____	Phone number _____
Address _____	Attn: _____
City, State _____	ZIP _____

Plan name (if applicable) _____

Distribution in Form of a Lincoln Group Deferred Annuity

Alternate Payee or Death Benefit

Complete if distribution is due to a QDRO or death.

Name Date of birth
Soc. Sec. no. Relationship
Address
City, State ZIP -

New Beneficiary Designation

Must be completed for new Group Deferred Annuity Account.

Name Date of birth
Soc. Sec. no. Relationship
Address
City, State ZIP -

*For additional Beneficiaries, please provide the information requested above on a separate sheet.

Reason for Distribution

To be completed by plan administrator/trustee.

- Plan or Contract Termination (circle one)
Retirement as of
Employment termination as of
Disability as of
Death as of (Include copy of Death Certificate for TPA. Complete the Alternate Payee and Beneficiary Designation sections of this form)
*Employer plan termination as of
QDRO
*Employer Initiated Event other than employment termination, such as: (layoff, plant shutdown, sale, merger, consolidation, reorganization, spinoff or any other program). Please indicate reason
*Contract surrender charges and/or a Market Value Adjustment may apply.

Vesting

Must complete vesting or distribution will not be processed.

To be completed by plan administrator/third party administrator.

Indicate the number of hours worked in year of severance of employment
Does this distribution contain after tax dollars? Yes No
After tax basis \$
Is there an outstanding loan? Yes Outstanding loan balance: \$ No
Does this distribution contain 457(b) Governmental Plan money? Yes No
If yes, how much?
Note: After tax dollars will not be invested in the Lincoln Group Deferred Annuity. A separate check will be mailed to the participant.
Indicate percentage vested by source below:

Table with 6 columns: Employer (A), Employer Discretionary (C), Employer Matching (D), Bundled (L) (Employer & Employee), Employer Secondary Match (U), Prevailing Wages

Individual Life Insurance Policies

This form will only distribute assets from the DirectorSM contract. Contact your plan administrator for information on other assets or life insurance policies in the plan.

Participant and Spouse Signatures

Spousal consent not required for all plans. Please check with your plan administrator/trustee.

By signing below you certify that the information contained on this form is complete and accurate. You also authorize the plan fiduciary to direct Retirement Financial Services to issue payment according to the selection made in this form.
Participant/Beneficiary signature Date
Check here if you do not have a living spouse.
By signing below, you, the spouse, consent to the election by your spouse to waive the qualified joint and survivor annuity form of payment and/or the election of an immediate distribution of the benefit. You further acknowledge that the qualified joint and survivor annuity has been explained to you and you understand the effect of such election and that signing here will cause you to give up important rights to which you may otherwise be entitled.
Spouse signature Date
(Required if Vested Account Balance is greater than \$5000)
Witness signature Date
(Notary Public or Plan Representative)

Signature/Authorization

Form will be returned if appropriate signatures are not present.

By signing below, you, the plan administrator/trustee, certify that the participant has been provided a written explanation of the rollover rules, the special tax treatment available to lump sum distributions, the direct rollover option and the mandatory income tax withholding rules. You also direct Retirement Financial Services to process the benefit election selected on this form.
This form should be forwarded to your third party administrator for review unless other arrangements have been made.
I hereby direct the issuance of the Group Deferred Annuity (GDA) in accordance with Appendix C if one has not yet been issued, and direct the issuance of a GDA certificate to the above named participant.
Plan administrator/Trustee name (Please print)
Plan administrator/Trustee signature Date
TPA Name
TPA Authorization code Initials Date

I authorize \$ to be deducted from the proceeds and paid to the TPA of record for service fees.
Fees should be sent to the TPA: ACH (If Retirement Financial Services has previously received ACH instructions) Check