



The Lincoln National Life Insurance Company

Catoosa County Public School 403(b) Supplemental Retirement Plan

Enrollment form

CCPS-001

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 _____

I elect to receive prospectuses, supplements and shareholder reports related to my account electronically. Notices will be provided to my email address above. If the email address I provide is not valid, or if I do not provide an email address, I will receive such documents in paper form by U.S. Mail. I may also request documents in paper form at no charge by calling 800-234-3500, or change my delivery preference at LincolnFinancial.com, Login: Employer Retirement Plans.

Step B: Decide how much to save

All percentages are required to be whole numbers (i.e., 3%, 5%).

Choose one:

- I elect to contribute this percentage Pretax _____% Roth _____%
- I elect to contribute this dollar amount Pretax \$_____ Roth \$_____
- I do not want to contribute through salary deferrals. Please complete the remainder of the form.

Step C: 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% Conservative
- 100% Moderate Conservative
- 100% Moderate
- 100% Moderate Aggressive
- 100% Aggressive

Rebalancing is handled for you. When you select a portfolio, your account balances will be automatically rebalanced periodically. The rebalancing process is based on the portfolio's investment mix and objectives.

Step C: Decide how to invest continued

Target-date funds

- | | |
|--|--|
| <input type="checkbox"/> 100% Vanguard Target Retirement Income Fund | <input type="checkbox"/> 100% Vanguard Target Retirement 2045 Fund |
| <input type="checkbox"/> 100% Vanguard Target Retirement 2020 Fund | <input type="checkbox"/> 100% Vanguard Target Retirement 2050 Fund |
| <input type="checkbox"/> 100% Vanguard Target Retirement 2025 Fund | <input type="checkbox"/> 100% Vanguard Target Retirement 2055 Fund |
| <input type="checkbox"/> 100% Vanguard Target Retirement 2030 Fund | <input type="checkbox"/> 100% Vanguard Target Retirement 2060 Fund |
| <input type="checkbox"/> 100% Vanguard Target Retirement 2035 Fund | <input type="checkbox"/> 100% Vanguard Target Retirement 2065 Fund |
| <input type="checkbox"/> 100% Vanguard Target Retirement 2040 Fund | |

 **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	
_____ %	Lincoln Stable Value Account -F64S	_____ %	AB Large Cap Growth Z
Bonds		_____ %	BlackRock Equity Dividend Inv A
_____ %	American Funds Inflation Linked Bd R6	_____ %	Driehaus Small Cap Growth Institutional
_____ %	JHancock Bond R6	_____ %	Franklin Small Cap Value Adv
_____ %	Vanguard Interm-Term Bond Index Adm	_____ %	Vanguard 500 Index Admiral
Balanced/Asset Allocation		_____ %	Vanguard Small Cap Growth Index Admiral
_____ %	Vanguard Target Retirement Income Fund	_____ %	Vanguard Small Cap Index Adm
_____ %	Vanguard Target Retirement 2020 Fund	International Stocks	
_____ %	Vanguard Target Retirement 2025 Fund	_____ %	American Funds Europacific Growth R5
_____ %	Vanguard Target Retirement 2030 Fund	_____ %	DFA International Small Company I
_____ %	Vanguard Target Retirement 2035 Fund	_____ %	Fidelity Emerging Markets
_____ %	Vanguard Target Retirement 2040 Fund	_____ %	Vanguard Developed Markets Index Admiral
_____ %	Vanguard Target Retirement 2045 Fund	_____ %	Vanguard Emerging Mkts Stock Idx Adm
_____ %	Vanguard Target Retirement 2050 Fund	Specialty	
_____ %	Vanguard Target Retirement 2055 Fund	_____ %	Cohen & Steers Realty Shares Z
_____ %	Vanguard Target Retirement 2060 Fund		
_____ %	Vanguard Target Retirement 2065 Fund		

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 D: Name your beneficiary(ies)

To name more beneficiaries than this space permits, list them on a separate sheet, sign and date it, then attach it to this form and check this box: More beneficiaries attached.

Percentages must be in whole numbers only. The total of percentages for primary beneficiaries and secondary beneficiaries, separately, must each **equal 100%**.

Primary

Name _____ SSN _____ Percentage _____ %
First Middle Last Suffix (i.e., Jr., Sr.)

Home phone _____ Spouse Non-spouse Birthdate ____ / ____ / ____ (mm/dd/yyyy)

Address _____

City _____ State _____ Zip _____

Primary **Secondary**

Name _____ SSN _____ Percentage _____ %
First Middle Last Suffix (i.e., Jr., Sr.)

Home phone _____ Spouse Non-spouse Birthdate ____ / ____ / ____ (mm/dd/yyyy)

Address _____

City _____ State _____ Zip _____

Primary **Secondary**

Name _____ SSN _____ Percentage _____ %
First Middle Last Suffix (i.e., Jr., Sr.)

Home phone _____ Spouse Non-spouse Birthdate ____ / ____ / ____ (mm/dd/yyyy)

Address _____

City _____ State _____ Zip _____

Primary **Secondary**

Name _____ SSN _____ Percentage _____ %
First Middle Last Suffix (i.e., Jr., Sr.)

Home phone _____ Spouse Non-spouse Birthdate ____ / ____ / ____ (mm/dd/yyyy)

Address _____

City _____ State _____ Zip _____

Step E: Participant signature

By signing below, I certify that:

- My beneficiary designation on this form pertains only to assets held in the *Lincoln Alliance*® program under this/these plan(s) and does not supersede beneficiary designations made under this/these plan(s) for investment held in non-*Lincoln Alliance*® program investment products.
- If I do not name a beneficiary or if no beneficiary survives me, all death benefits will be paid according to the retirement plan document provisions or applicable state regulations.
- My primary beneficiary will receive the entire value of the account. If there are several surviving primary beneficiaries, the account value will be divided equally among them, unless specified otherwise.
- My contingency beneficiary will receive the entire value of the account if no primary beneficiary is living. If there are several surviving contingency beneficiaries, the account value will be divided equally among them, unless specified otherwise.
- **Residents of all states except Alabama, Arkansas, California, 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 California residents only:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.
- 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: Your employer's Human Resources department

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.

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The program includes certain services provided by Lincoln Financial Advisors Corp. (LFA), a broker-dealer (member FINRA) and an affiliate of Lincoln Financial Group, 1301 S. Harrison St., Fort Wayne, IN 46802. Unaffiliated broker-dealers also may provide services to customers.

Asset allocation portfolios consist of a mix of underlying investments such as stock- and bond-based funds and are designed to help an individual select the investment options that best align with their investment or retirement goals. Asset allocation does not ensure a profit nor protect against loss.

The Lincoln Stable Value Account is a fixed annuity contract issued by The Lincoln National Life Insurance Company, Fort Wayne, IN 46802 on Form 28866-SV 01/01, 28866-SV20 05/04, 28866-SV90 05/04, AN 700 01/12, or AR 700 10/09. **Guarantees for the Lincoln Stable Value Account are subject to the claims-paying ability of the issuer.**

Transfers from this investment option to competing funds may be restricted. Transfers may be made to noncompeting funds if there are no subsequent transfers to competing funds within 90 days.

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.