



Financial Group®
 Retirement Financial Services
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Trustee Directive for Benefit Payment

A Direct Rollover to a Traditional IRA, Another Employer Retirement Plan or to Purchase an Immediate Annuity

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Participant Information

Our records will be updated to reflect the address given here.

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 _____
 Alternate contact name _____ Alternate phone number _____
 Alternate address _____

Form and Type of Benefit Election

- I elect to directly rollover my entire account balance.
- I elect to directly rollover \$ _____.
- I elect to directly rollover a portion of my account balance \$ _____ and take the remainder as a lump sum.
- I elect to receive a lump sum payment in the amount of \$ _____ and directly rollover the remainder of my account balance.

After tax monies that you intend to rollover must be rolled directly over to the receiving plan.

Note: *You may specify the sources (classes) only or both the sources and accounts from which you would like your assets withdrawn by completing the appropriate section on page 24 and returning it with your distribution request.*

Otherwise, we will deduct from the first account with a balance completely depleting that account prior to moving to the next account, until the full amount has been withdrawn. Confirmation will be sent to the participant or trustee indicating how the withdrawal was processed and which accounts were used.

Taxation

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 Immediate Annuity Purchase

Name of institution check should be made payable to: _____
 Account number _____ Phone number _____
 Address _____
 City, State _____ ZIP _____ - _____
 Plan name (if applicable) _____

Payment Instructions

- The rollover check will be mailed directly to the rollover company at the above address.
- Rollover portion mailed directly to rollover company; lump sum to participant at address given above.
- Rollover portion mailed directly to rollover company; lump sum to Trustee
- Rollover check will be mailed to the Trustee.
- Lump sum check mailed to the participant's address as given in the Participant Information section above.
- Lump sum check will be mailed to the Trustee.

Reason for Distribution

To be completed by plan administrator/trustee

- Retirement as of _____
 - Employment termination as of _____
 - Disability as of _____
 - Death as of _____ (Include copy of Death Certificate for TPA)
 - *Employer plan termination as of _____
 - *In Service withdrawal as of _____
 - QDRO as of _____ (please complete the Alternate Payee Section on the back of this form)
 - *Employer Initiated Event (layoff, plant shutdown, sale, merger, consolidation, reorganization, spinoff or any other program)
- *Contract surrender charges and/or a market value adjustment may apply.

Complete the back of this page.

Vesting

Must complete vesting or distribution will not be processed.

Indicate the number of hours worked in year of severance of employment _____

Is there an outstanding loan? Yes Outstanding loan balance: \$ _____
 No

Does this distribution contain after tax dollars? Yes
 No

After tax basis \$ _____

Note: After tax dollars will not be invested in the Lincoln Group Deferred Annuity. A separate check will be mailed to the participant.

To be completed by plan administrator/ third party administrator

Indicate percentage vested by source below:

Employer (A)	Employer Discretionary (C)	Employer Matching (D)	Bundled (L) (Employer & Employee)	Employer Secondary Match (U)

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

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.

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

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)

IRC 404(c) account closing fee of \$40 will be deducted from your account.

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.

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 Authorization code _____ Initials _____ Date _____