Lincoln Financial Group®

For use with:
***Multi-Fund®* 1-4**
***Multi-Fund®* Select**
Lincoln Life Group Fixed Annuity

Section 457 deferred compensation plan participation agreement and contract change form

This form may be used for 457(b) Governmental Plans, 457(b) Tax-Exempt Plans and 457(e)(11) LOSAP arrangements.

Plan information

Plan name_____

Contract number_____ Group number_____

☐ Initial enrollment ☐ Re-enrollment ☐ Information change

Participant information

Name *(first, MI, last, suffix)*_____

Address_____

City_____ State_____ Zip_____

Email address _____

Social security number _____ Phone number _____

Date of birth _____*(mm, dd, year)*

Deferral amount

Amount of salary deferral: ☐ Dollar amount $_____ ☐ Percent of salary _____%

Amount of Roth deferral: ☐ Dollar amount $_____ ☐ Percent of salary _____%
Note: Only available in governmental 457(b) plans

Annual salary $_____ Date deferral begins _____
The beginning date cannot be earlier than the calendar month following the date this form is signed by the participant.

Is the catch up provision applicable? ☐ Yes ☐ No
Governmental 457(b) plans have an Age 50 catch-up and Special catch-up. 457(b) tax-exempt plans only have the special catch-up.

Beneficiary information - *If additional space is needed, provide complete information on a separate sheet.*

(Percentages must be in whole numbers only. The total of percentages for primary beneficiaries and secondary beneficiaries must each equal 100%.)
Please check primary or secondary for each individual beneficiary. If neither is checked, the individual(s) will be deemed to be a primary beneficiary.

☐ Primary ☐ Secondary Name *(first, MI, last, suffix)*_____

Relationship_____ Percentage_____% Email address _____

Address_____City_____State_____Zip_____

Home phone no. _____ SSN _____ Date of birth _____

☐ Primary ☐ Secondary Name *(first, MI, last, suffix)*_____

Relationship_____ Percentage_____% Email address _____

Address_____City_____State_____Zip_____

Home phone no. _____ SSN _____ Date of birth _____

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Beneficiary information *(cont.)*

☐ Primary ☐ Secondary Name *(first, MI, last, suffix)*_____

Relationship_____ Percentage_____% Email address _____

Address_____City_____State_____Zip_____

Home phone no. _____ SSN _____ Date of birth _____

Signatures

By signing below, you understand and agree to the selections or changes you have made.

Residents of all states except Alabama, Arkansas, Colorado, District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee 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 Arkansas, Colorado, Kentucky, Louisiana, Maine, New Mexico, Ohio, Rhode Island, 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 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 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 and New Jersey 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 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 York 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Oklahoma and 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 Washington residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

For residents of Delaware: In compliance with The Civil Union and Equality Act, effective January 1, 2012, under all of Lincoln insurance contracts, certificates and riders covering Delaware residents, any benefit, coverage or right, governed by Delaware state law, provided to a person considered a spouse by marriage will also be provided to a party to a civil union and any benefit, coverage or right, governed by Delaware state law, provided to a child of a marriage will also be provided to a child of a civil union.

For residents of Illinois: The terms and requirements of the Illinois Religious Freedom Protection and Civil Union Act were incorporated into existing Illinois law, including the Illinois Insurance Code. Therefore, beginning June 1, 2011 all contracts of insurance, including renewals and existing contracts comply with that Act.

Participant's name *(print/type)*_____

Participant's signature_____ Date_____

Employer/plan administrator's name *(print/type)*_____

Employer/plan administrator's signature_____ Date_____

Advisor's name *(print/type)* Christopher L. Bialke

Address 2031 Second Avenue East Ste. 200

City Hibbing State MN Zip 55746

Servicing Office
The Lincoln National Life Insurance Company
PO Box 2340
Fort Wayne, IN 46801-2340
Telephone number: 800-4LINCOLN OR 800-454-6265
Fax number: 260-455-1874

Multi-Fund® variable annuity is issued on contract form numbers 18829, 18831, 25982, 28645, 30070-B and state variations and Lincoln Life Group Fixed Annuity on contract form numbers 19346, 26378 and state variations by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc., Radnor, PA, a broker-dealer. **Contractual obligations are subject to the claims-paying ability of The Lincoln National Life Insurance Company.**

Product and features subject to state availability. Limitations and exclusions may apply.

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