



The Lincoln National Life Insurance Company
 PO Box 2340
 Fort Wayne IN 46801-2340
 Phone 800-4LINCOLN (800-454-6265)

Section 457 Deferred Compensation Plan Participation Agreement and Contract Change Form (also use for 457(e)(11) LOSAP)

* You may use this form for 457(b) and 457(e)(11) markets.

Plan Information

Plan name _____

Contract no. _____ Group no. _____

Initial enrollment Reenrollment Information change

Participant Information

Name _____

Social Security number _____ Date of birth _____

Address _____

City, State, ZIP _____

Deferral Amount

* The beginning date cannot be earlier than the calendar month following the date this form is signed by the participant.

Amount of deferral Dollar amount \$ _____ Percent of salary _____%

Annual salary \$ _____ Date deferral begins _____

Is the catch up provision applicable? Yes No

Allocation Information	<i>Future deferrals only</i>	<i>Reallocation of existing investments only</i>
	Amount per deferral _____	<i>Use whole percentages</i>
	Group Fixed Annuity \$ _____	
	Multi Fund® \$ _____	
<i>If reallocating existing investments, you must also complete the Future deferrals column.</i>	<i>Fund name</i>	<i>From</i>
	_____ %	_____ \$/%
	_____ %	_____ \$/%
	_____ %	_____ \$/%
	_____ %	_____ \$/%
	_____ %	_____ \$/%
	100 %	_____ \$/%
	Total	

Beneficiary Information

You designate the following beneficiaries in accordance with the plan document. If you wish to designate more than one beneficiary, provide the information on a separate sheet.

For employer/plan administrator use only.

Primary's name _____ Soc. Sec. no. _____

Relationship _____ %

Contingent's name _____ Soc. Sec. no. _____

Relationship _____ %

Signatures

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

Participant's signature _____ Date _____

Employer/Plan administrator's signature _____ Date _____

Representative's signature _____ Date _____