



# St. Johns County Board of County Commissioners 457(b) Plan Enrollment form

STJC-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 \_\_\_\_\_

## Step B: Decide how to invest

### Make It Easy

Choose only one Make It Easy option at 100%. Do not complete any other section in **Decide how to invest**.

#### Target-date funds

- 100% T. Rowe Price Retirement 2010 R
- 100% T. Rowe Price Retirement 2015 R
- 100% T. Rowe Price Retirement 2020 R
- 100% T. Rowe Price Retirement 2025 R
- 100% T. Rowe Price Retirement 2030 R
- 100% T. Rowe Price Retirement 2035 R
- 100% T. Rowe Price Retirement 2040 R
- 100% T. Rowe Price Retirement 2045 R
- 100% T. Rowe Price Retirement 2050 R
- 100% T. Rowe Price Retirement 2055 R
- 100% T. Rowe Price Retirement Balanced R

### Work With a Professional

Do not complete any other section in **Decide how to invest**.

I want my investment options professionally managed by:

Morningstar® Retirement Manager<sup>SM</sup> - Please read the Morningstar® Investment Advisory Agreement later in the enrollment kit. Until your managed account is activated, your contributions will be held in the plan's default option.

Continue to the next page for "Do It Yourself"

**Step B: Decide how to invest *continued***

 **Do It Yourself**

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
<b>Bonds</b>		<b>U.S. Stocks</b>	
_____ %	AllianceBern High Income K	_____ %	American Century Value R
_____ %	Nationwide Bond Index A	_____ %	American Funds Invmt Co of Amer R3
_____ %	Voya Intermediate Bond R	_____ %	ClearBridge Mid Cap Core R
<b>Balanced/Asset Allocation</b>		_____ %	Delaware Small Cap Core R
_____ %	T. Rowe Price Retirement 2010 R	_____ %	Nationwide S&P 500 Index A
_____ %	T. Rowe Price Retirement 2015 R	_____ %	Neuberger Berman Socially Rspns A
_____ %	T. Rowe Price Retirement 2020 R	_____ %	T. Rowe Price Growth Stock R
_____ %	T. Rowe Price Retirement 2025 R	<b>International Stocks</b>	
_____ %	T. Rowe Price Retirement 2030 R	_____ %	Lazard International Strategic Eq Open
_____ %	T. Rowe Price Retirement 2035 R	_____ %	Nationwide International Index A
_____ %	T. Rowe Price Retirement 2040 R	_____ %	Oppenheimer Global A
_____ %	T. Rowe Price Retirement 2045 R		
_____ %	T. Rowe Price Retirement 2050 R		
_____ %	T. Rowe Price Retirement 2055 R		
_____ %	T. Rowe Price Retirement Balanced R		

**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 C: 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 D: 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.
• 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 organization 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:** St. Johns County Board of County Commissioners, c/o Lincoln Retirement Services Co, PO Box 7876, Fort Wayne, IN 46801-7876

Or

**Fax this form to:** St. Johns County Board of County Commissioners, c/o Lincoln Retirement Services Co at 260-455-9975

**Important information**

Mutual funds in the *Lincoln Alliance*<sup>®</sup> program are sold by prospectus. An investor should carefully consider the investment objectives, risks, and charges and expenses of the investment company before investing. The prospectus, and if available, the summary prospectus, contains 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*<sup>®</sup> program are available at 800-234-3500.

The program includes certain services provided by Lincoln Financial Advisors Corp. (LFA), a broker-dealer (member FINRA) and an affiliate of Lincoln Financial Group, 1300 S. Clinton St., Fort Wayne, IN 46802. Unaffiliated broker-dealers also may provide services to customers.

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