



The Lincoln National Life Insurance Company

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.

Location code _____

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 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-date funds

- 100% T. Rowe Price Retirement Balanced R
- 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

Work with a professional

If you choose this option, do not complete any other section in **Decide how to invest**.

I want my investment options professionally managed by:

Morningstar® Retirement ManagerSM - 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 "Manage it yourself"

Step B: Decide how to invest *continued*

 **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 -Z107	_____ %	American Century Value R
Bonds		_____ %	American Funds Invmt Co of Amer R2
_____ %	AB High Income K	_____ %	ClearBridge Mid Cap R
_____ %	Nationwide Bond Index A	_____ %	Delaware Small Cap Core R
_____ %	Voya Intermediate Bond R	_____ %	Nationwide S&P 500 Index A
Balanced/Asset Allocation		_____ %	T. Rowe Price Growth Stock R
_____ %	T. Rowe Price Retirement 2010 R	International Stocks	
_____ %	T. Rowe Price Retirement 2015 R	_____ %	Lazard International Strategic Eq Open
_____ %	T. Rowe Price Retirement 2020 R	_____ %	Nationwide International Index A
_____ %	T. Rowe Price Retirement 2025 R	_____ %	Oppenheimer Global A
_____ %	T. Rowe Price Retirement 2030 R		
_____ %	T. Rowe Price Retirement 2035 R		
_____ %	T. Rowe Price Retirement 2040 R		
_____ %	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.
- **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, 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 Arkansas, Colorado, Kentucky, 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 and Louisiana 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 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 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: 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*® 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.

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.

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.

Enrollment form

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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.