

Please send completed form to Financial Institution listed in Item #1

REQUEST FOR INDIVIDUAL RETIREMENT ACCOUNT TRANSFER/DIRECT ROLLOVER

This form should be used for individual transfers only. Please use the form located in the RFD or PDIQ to request the transfer of takeover assets for an entire plan.
 Instructions: A. Please type or print. B. Owner's/Trustee's signature is required on this form.

I. Transferring Financial Institution Account Information

Financial Institution Name _____ Telephone number _____

Address _____ City _____ State _____ Zip _____

Name of participant/annuitant _____ Social Security Number _____ Policy/account # _____

Transfer/Rollover FROM type of account: 401(k) Profit Sharing Money Purchase SEP-IRA Traditional IRA
 403(b) Other (specify) _____

Transfer/Rollover TO type of account: 401(k) Profit Sharing Money Purchase

If the proceeds include after-tax dollars please provide the cost basis _____

II. Qualified Transfer/Direct Rollover Instructions

Transfer the proceeds: Immediately When indicated (within 30 days) _____

Check one for each of the following three selections:

1. The amount requested and directed for payment represents a: Full transfer or Partial transfer of \$ _____

Note: Age 70½ restrictions apply to an individual retirement account transfer: If you are age 70½ or older this year, you may not transfer or roll over required minimum distribution amounts. If necessary, instruct your present trustee/custodian, prior to affecting this transfer, to either (1) pay your required minimum distribution to you now or (2) Retain that amount to distribute to you later.

2. Apply proceeds to a new contract (contract # has not yet been assigned)
 Apply proceeds to existing contract number GP- _____ Cert- _____ Plan Name _____

If Applicable

3. I have enclosed the annuity contract. I certify that the annuity contract has been lost or destroyed. After due search and inquiry, to the best of my knowledge, it is not in the possession or control of any other person.

III. Signatures

I, the undersigned Owner/Trustee of the above-named contract/account(s), request that you directly transfer the amount specified above to Lincoln Retirement Financial Services. Please do not withhold any taxes from the proceeds.

It is my intention that this surrender and payment shall not constitute either actual or constructive receipt of income for federal income tax purposes and would therefore qualify as a transfer/rollover of assets.

I request that my name not appear as a joint payee on the check nor shall any endorsement thereon be necessary for transfer or deposit. I request that the funds be made payable to Lincoln Retirement Financial Services. If any name is to be used, it must be preceded by the term FBO or "for the benefit of".

Owner/Trustee Signature/Title _____ Date _____ Participant Signature (if different) _____ Date _____

This is to certify that Lincoln Retirement Financial Services has established or is in the process of establishing a qualified retirement account for the above named participant. Please liquidate the above referenced policy/account. Do not withhold taxes from the proceeds. See attached for mailing/wire instructions.

Linda Fairbanks
 Lincoln RFS Authorized Signature

Assistant Vice President
 Title

Accepting Plan Sponsor/Trustee _____ Date _____

MAILING/WIRE INSTRUCTIONS FOR FUNDS

By mail:

Lincoln Retirement Financial Services Inc
401(k) Operations
FBO: *Participant Name*
P.O. Box 2248
Fort Wayne IN 46801-2248

By Wire:

Wells Fargo Bank, San Francisco, NA
ABA routing transit#: 121000248
Account #: 0085911525
Lincoln Retirement Financial Services Inc
GP # - _____

By ACH:

Wells Fargo Bank, Minnesota, NA.
ABA 074900275
Fort Wayne Branch
Reference: GP#-_____
Deposit to Account 0085911525

To contact Lincoln RFS by phone: 1-800-248-0838