

Trustee Directive for Benefit Payment Forced Distribution

Participant Information

Our records will be updated to reflect the address given here.

| | |
|----------------------------|------------------------|
| Contract number | |
| Plan name | |
| Participant name | |
| Address | |
| City, State | ZIP |
| Social Security number | Daytime phone number |
| Date of birth (mm/dd/yyyy) | Date of hire |
| Alternate contact name | Alternate phone number |
| Alternate address | |

Form and Type of Benefit Election

- Forced Distribution to the Lincoln Small Accounts IRA (For vested balances of \$5,000 or less).
- Forced Distribution to another traditional IRA. (For vested balances of \$5,000 or less).
- Forced Lump Sum (payment to the participant) Distribution (For vested balances of \$1,000 or less).

Forced Distribution to an IRA

Rollover to:

- Lincoln Small Accounts IRA with Wilmington Trust Company as custodian on behalf of the above named participant.
- Another Traditional IRA outside of Lincoln Financial Group (LFG).
Name of institution check should be made payable to:
Account # _____ Phone # _____
Address _____ Attn: _____
City, State _____ Zip _____

Reason for Distribution

To be completed by plan administrator/trustee.

- Employment termination as of _____ for employee who failed to elect a distribution choice and whose vested balance is \$5,000.00 or less.
- Employment termination as of _____ for employee who failed to elect a distribution choice and whose vested balance is \$1,000.00 or less.
- Other (please indicate reason) _____

Vesting

Must complete vesting or distribution will not be processed.

Indicate the number of hours worked in year of severance of employment _____

Does this distribution contain after tax dollars? Yes No

After tax account \$ _____

After tax basis \$ _____

Is there an outstanding loan? *Yes Outstanding balance: \$ _____
 No

***Accounts with an outstanding loan that has not been defaulted are not eligible for a forced distribution. Your plan may allow for loans to be defaulted in the event of an employee's termination (Please consult your plan's loan policy). A Form 1099R will be issued for the year in which the loan is defaulted.**

Loan Default Date _____ (Must be the same or prior to the forced distribution date).

Does this distribution contain 457(b) Governmental Plan money? Yes No
If yes, how much? _____

Indicate percentage vested by source below:

| Employer (A) | Employer Discretionary (C) | Employer Matching (D) | Bundled (L) (Employer & Employee) | Employer Secondary Match (U) | Prevailing Wages |
|--------------|----------------------------|-----------------------|--------------------------------------|------------------------------|------------------|
| | | | | | |

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Individual Life Insurance Policies

This form will only distribute assets from the Lincoln DirectorSM group variable annuity contract and does not include other assets or life insurance policies in the plan.

Signature/ Authorization

MANDATORY DISTRIBUTION OPTION 1 - Force-out Distribution Rollover to Lincoln Small Accounts IRA (do not use this form if this is not a "force out" distribution).

Plan administrator must check the appropriate box for the MANDATORY DISTRIBUTION OPTION that applies and sign to authorize the distribution. The form will be returned if the appropriate signature is not present.

- Check this box if you are a plan administrator and you are forcing out this participant because his/her vested balance is \$5,000.00 or less. Please read the following and sign below:
 - The vested balance of this individual is between \$0.01 and \$5,000.
 - The participant has not responded to the distribution form and 402(f) tax notice provided to him/her and has had at least 30 days (but less than 90) to consider his/her options with respect to this distribution.
 - The participant has been notified that he/she will be able to transfer this IRA to another investment provider without cost or penalty.
 - I have entered into a written agreement with Wilmington Trust Company as the custodian of the Lincoln Small Accounts IRA for my plan with respect to mandatory / force out distributions.
 - As the plan fiduciary I authorize Lincoln Retirement Services Company (LRSC) and Wilmington Trust Company (Wilmington) to establish an automatic IRA (with Wilmington Trust Company as the custodian, funded solely with a group fixed annuity contract issued to Wilmington by The Lincoln National Life Insurance Company) on behalf of this participant and to rollover his/her vested balance in the plan to a fixed account option in the Lincoln Small Accounts IRA - as soon as administratively possible.
 - I understand that this request may be held for up to 90 days and batch-processed with other similar automatic IRA rollover requests.

MANDATORY DISTRIBUTION OPTION 2 - Force-out Distribution to another traditional IRA outside of Lincoln Financial Group.

- Check this box if you are a plan administrator and you are forcing out this participant because his/her vested balance is \$5,000 or less. Please read and sign below:
 - The vested balance of this individual is between \$0.01 and \$5,000.
 - The participant has not responded to the distribution form and 402(f) tax notice provided to him/her and has had at least 30 days (but less than 90) to consider his/her options with respect to this distribution.
 - I authorize the distribution, to another traditional IRA outside of Lincoln Financial Group, on behalf of the participant indicated.

MANDATORY DISTRIBUTION OPTION 3 - Force-out Distribution in a lump sum (do not use this form if this is not a "force out" distribution).

- Check this box if you are a plan administrator and you are forcing out this participant because his/her vested balance is \$1,000.00 or less. Please read the following and sign below:
 - The vested balance of this individual is between \$0.01 and \$1,000.
 - The participant has not responded to the distribution form and 402(f) tax notice provided to him/her and has had at least 30 days (but less than 90) to consider his/her options with respect to this distribution.
 - I authorize the distribution, in lump sum form, on behalf of the participant indicated.

This distribution request is in compliance with our plan document and Internal Revenue Code 401(a)(31)(B).

| | | |
|------------------------------|----------|------|
| Plan Administrator signature | Date | |
| TPA Name | | |
| TPA Authorization code | Initials | Date |

I authorize \$ _____ to be deducted from the proceeds and paid to the TPA of record for service fees.

Fees should be sent to the TPA: ACH (If Retirement Financial Services has previously received ACH instructions) Check