

# Enrollment Form

For use with Lincoln Director™ which is a group variable annuity contract issued by the Lincoln National Life Insurance Company.

## PEO Information

PEO NAME

## Client Information

CLIENT NAME

CUSTOMER ID

## Employee Information

Male  Female

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

DATE OF HIRE

FACILITY LOCATION

## Salary Deferral Agreement

I agree that my pay will be reduced by the percentage I have indicated below, and that this percentage will be contributed to the Plan. This agreement will continue to be effective while I am employed, unless I change or terminate it. I acknowledge that I have read this entire agreement, understand it and agree to its terms.

Select one of the following:

I elect to defer \_\_\_\_\_%

I elect not to participate in the Plan at this time.

## Employee Certification

By signing this form I certify that:

All personal information including my Social Security number is correct.

EMPLOYEE SIGNATURE

DATE

- Please be sure to promptly notify your plan administrator if you make any address changes from what is listed above. You may also make address changes using the Internet Service Center or Toll-Free Access.
- When your employer has notified you that your account has been established at Lincoln Retirement Financial Services, please refer to the enrollment materials provided to you to select your specific investment allocation percentages. Investment elections must be made in 1% increments. You must contact Lincoln Retirement Financial Services at 800-248-0838 or via internet at <https://lincolnliferfs.iscaccount.com> to make your investment allocations. If you do not contact Lincoln, all funds will be automatically invested in the Short Term Account.