

Distribution request form - TPA Serviced

Important information

- Retain Special tax notice, then complete and submit all pages of this form, as incomplete information will cause processing delays.
- The Lincoln National Life Insurance Company and/or Lincoln Life & Annuity Company of New York are herein separately and collectively referred to as ("Lincoln").
- This authorization form is to be submitted by fax to 260-455-6122 or via email to DirectorForms@LFG.com or for Death claims send to DeathClaimForms@LFG.com.

1. Participant information

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

Plan name _____ Contract number _____

Account number _____ Plan ID _____

Participant's name (first, MI, last, suffix) _____

Address _____

City _____ State _____ Zip _____

Email _____

Social Security number _____ - _____ - _____ Date of birth _____ / _____ / _____ (mm, dd, yyyy)

Day phone _____ - _____ - _____ Date of hire _____ / _____ / _____ (mm, dd, yyyy)

2. Distribution eligibility - Select the options that apply.

Under the Internal Revenue Code, an employee is only eligible to make a partial withdrawal or full withdrawal if a reason listed below is applicable. (Check plan document for eligibility of options below.)

- No longer working for employer, Termination date _____ / _____ / _____ Age at termination: _____ (Complete Sections 4, 5, 6, 7, and 8.)
- Retirement as of: _____ / _____ / _____ (Complete Sections 4, 5, 6, 7, and 8.)
- Total and permanent disability as of: _____ (A copy of the Social Security disability letter must be attached to be exempt from the 10% penalty) (Complete Sections 4, 5, 6, 7, and 8.)
- Death of participant as of: _____ / _____ / _____ (**REQUIRED** - a copy of the Death Certificate showing the participant's manner of death) (Complete Sections 3, 4, 5, 6, 7, and 8.) If electing a new account under the plan owned by a beneficiary, please select "Establish a beneficiary account" in Section 3 of this form and see the details. In addition, please complete Section 12 of this form. If inherited balance is less than \$5,000, you may only take a lump sum distribution or rollover.
- In-service withdrawal - pre-age 59½ of vested employer money only (Contract surrender charges and/or market value adjustment may apply to withdraw from the Guaranteed Account, Guaranteed Stable Value Account, or the Managed Principal Protection Portfolio*.) (Complete Sections 4, 5, 6, 7, and 8.)
- In-service withdrawal - age 59½ or older (Active employees only, market value adjustment may apply to withdraw from the Guaranteed Account, Guaranteed Stable Value Account, or the Managed Principal Protection Portfolio*.) (Complete Sections 4, 5, 6, 7, and 8.)
- Hardship (active employees only) (Complete attached Hardship Distribution Checklist, along with any supporting documentation to Plan Sponsor/TPA for review) (Complete Sections 4, 5, 6, 7, 8, and 11.)
- Required Minimum Distribution (RMD) (only applicable if you are age 70½, if you were born before July 1, 1949, or age 72, if you were born after June 30, 1949 and no longer employed, unless you are a 5% or more owner) (Complete Sections 4, 6, 7, and 8.)
- Qualified Domestic Relations Order (QDRO) (Provide a copy of QDRO to Plan Sponsor/TPA for review) (Complete Sections 3, 4, 5, 6, 7, and 8.) If electing a new account under the plan owned by alternate payee, please select "Establish an alternate payee account" in Section 3 of this form and see the details. In addition, please complete Section 12 of this form.
- Plan termination initiated by employer (Contract surrender charges and/or market value adjustment may apply to withdraw from the Guaranteed Account, Guaranteed Stable Value Account, or the Managed Principal Protection Portfolio*.) (Complete Sections 4, 6, 7, and 8.)
- Qualified military reservist distribution: Active duty date _____ / _____ / _____ (Complete Sections 4, 5, 6, 7, and 8.) (This type of distribution is not subject to the 10% tax penalty provided the participant is currently on active duty and has served more than 179 days.)

*Available through Stadion's Managed Account Service. Stadion account management services are provided by Stadion Money Management, LLC. Please contact Stadion directly with any questions.

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.

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3. Alternate Payee of a QDRO/Beneficiary of a Death Claim

- Complete if you are an Alternate Payee of a QDRO or Beneficiary of a Death Claim.

Note: Each beneficiary must complete a separate form.

- For information regarding your investment election, please see below.
- Please complete Section 12, Beneficiary/alternate payee portion of this form if establishing an account.

Name (first, MI, last, suffix) _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone number _____ - _____ - _____

Social Security number _____ - _____ - _____ Date of birth ____ / ____ / ____ (mm, dd, yyyy)

Share _____ % (for death benefit only) Amount \$ _____ (for QDRO only)

Information regarding your investment election:

For beneficiary accounts: Your account will be invested in the same investment options as the participant's account was invested in at the time of the distribution.

- Leave assets in beneficiary account** - This option may be available due to the death of the participant.

For alternate payee accounts: Your account will be invested using the following hierarchy; 1. to the qualified default investment alternative (QDIA) option named by the plan, 2. the plan's default option, 3. the contractual default option.

- Establish an alternate payee account** - This option may be available in the event of a QDRO.

For beneficiary/alternate payee accounts: The proceeds will remain invested as such until you contact Lincoln and choose a new investment election.

4. Withdrawal options - This section must be completed for all distribution types.

- Refer to the important tax information section of this form for further withholding information.
- I acknowledge that I do not have sufficient cash or other liquid assets reasonably available to satisfy my hardship need. (Hardship requests only)
- Please choose from one of the options below:

Option 1: Distribution (Do not complete this section if electing a *direct rollover*.)

- Total lump sum distribution** payable to me for the full amount available (This is not available for hardship withdrawal requests.)

- Partial withdrawal** payable to me in the amount of \$ _____

- Required Minimum Distribution** (RMD) in the amount of \$ _____

(Only applicable if you are age 70½, if you were born before July 1, 1949, or age 72, if you were born after June 30, 1949 and no longer employed, unless you are a 5% or more owner. The \$ amount needs to meet the RMD requirements or penalties may apply.)

- Check this box and complete the information below if your beneficiary is your spouse and is more than 10 years younger than you.

Spouse's name (first, MI, last, suffix) _____

Address _____ City, State, Zip _____

Email _____ Phone number _____ - _____ - _____

Social Security number _____ - _____ - _____ Date of birth ____ / ____ / ____ (mm, dd, yyyy)

- Hardship withdrawal** (active employees only) requested withdrawal amount of \$ _____

If taxes are being withheld, do you want the check to equal the amount requested? Yes No

If you select yes, the withdrawal amount will be increased to cover the tax withholding elections made in Section 6 of the form (if you have sufficient funds to do so). If no, the payment amount will be reduced by the tax withholding elections.

The TPA will provide the amount(s) and source(s) below:

| | | | |
|-------------------------|----------|-------|----------|
| Salary Deferral | \$ _____ | Roth | \$ _____ |
| Employer Match | \$ _____ | QMAC | \$ _____ |
| Employer Profit Sharing | \$ _____ | QNEC | \$ _____ |
| Prevailing Wages | \$ _____ | Other | \$ _____ |

Option 2: Direct rollover and lump sum distribution combination for entire account balance

- Direct rollover as a portion** of my vested account balance \$ _____ and receive the remainder as a lump sum payable to myself.

- A lump sum payment payable to myself** in the amount of \$ _____ and the remainder payable as a direct rollover to the company provided in Section 7.

Option 3: Direct rollover

- Total vested account balance**

- Roll over a part of my vested account balance** in the amount of \$ _____ (Complete Section 7 to provide rollover instructions.)

5. Vesting/after-tax/Roth/loans

To be completed by Plan Sponsor/Trustee or Third Party Administrator (TPA), if applicable.

- Is the participant 100% vested in all sources? Yes No

If "No" indicate information below:

- Indicate the number of hours worked in current year _____
- Indicate the number of years of service _____
- Indicate percentage vested by source below:

| | | | |
|--------------------------|---------|---|-------------|
| Employer | _____ % | <input type="checkbox"/> Bundled Employer & Employee | _____ 100 % |
| Employer Discretionary | _____ % | <input type="checkbox"/> Qualified Safe Harbor Match | _____ 100 % |
| Employer Match | _____ % | <input type="checkbox"/> Qualified Safe Harbor Non-Elective | _____ 100 % |
| Employer Secondary Match | _____ % | | |
| Prevailing Wages | _____ % | | _____ % |

- Does this distribution contain after tax dollars? No Yes

If yes, what is the after tax cost basis? \$ _____

- Does this distribution contain Roth dollars? No Yes

If yes, what is the Roth cost basis? \$ _____ Date of first Roth contribution: ____/____/____ (mm, dd, yyyy)

- Outstanding loan information*:

What was the outstanding loan balance, including accrued interest? \$ _____

Was the loan in good standing? No Yes

If no, should the loan be treated as a deemed distribution? No Yes Default date** ____/____/____

*Loans will be offset in the event of termination from employment. A Form 1099-R will be issued for the year in which the loan is offset.

**Must be the same or prior to distribution date. Loan default cannot satisfy the RMD.

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

6. Important tax information

Lincoln will withhold taxes from your distribution at the rates detailed below and automatically send the withholding to the IRS on your behalf. The total amount of taxes withheld from your distribution will depend on the federal and state taxes withheld. Please refer to the Special Tax Notice for more information.

Taxes withheld from your distribution will include:

- State tax (if applicable; the rate is based on your state of residence on file and will be automatically calculated)
- Federal tax: 20% mandatory federal tax (if applicable; mandatory for distributions that are eligible for rollover). Hardship and RMD only: 10% mandatory federal tax or opt out below
 - Indicate here if you would like to withhold federal taxes at a higher rate than the mandatory 20% for distributions or 10% for RMD or Hardships.
 - Withhold federal taxes at the rate of _____ %
 - RMD/Hardship Only: Do not withhold taxes. I understand I am responsible for any payment of federal taxes due on my distribution.

Federal tax withholding election: If you do not provide a rate, or if you provide a federal tax withholding rate that is less than 20% for standard distributions or 10% for RMD or Hardship distributions, we are still required to withhold the minimum.

Please note: Your distribution may be subject to an additional 10% early distribution penalty tax. This penalty tax will be assessed when you file your tax returns as part of your tax liability and is not automatically included in your tax withholding for this distribution.

8. Participant/alternate payee/beneficiary/spouse signatures (cont'd.)

Spouse consent (if required by plan document provisions)

By signing below, I, the spouse, consent to the election by my spouse to waive the qualified joint and survivor annuity form of payment and/or the election of an immediate distribution of the benefit. I further acknowledge that the qualified joint and survivor annuity has been explained to me and I understand the effect of such election and that signing here will cause me to give up important rights to which I may otherwise be entitled.

Spouse signature _____ Date ____/____/_____
(if required)

Witness signature (Plan Sponsor or notary public) _____ Date ____/____/_____
(if required)

Notary's commission expires ____/____/____ (mm, dd, yyyy)

9. Signature/authorization - Required

Form will be returned if appropriate signatures are not present.

By signing below, you, the Plan Sponsor/Trustee:

- direct Lincoln to process the benefit election selected on this form; and
- for hardship withdrawal requests, certify that, you have no actual knowledge contrary to the participant's representation regarding their hardship request.

Plan Sponsor/Trustee name (print/type) _____

Plan Sponsor/Trustee signature _____ Date ____/____/_____
(if required)

10. Third Party Administrator

This form should be forwarded to your Third Party Administrator (TPA) for review unless other arrangements have been made.

TPA name _____ TPA representative name _____

TPA email _____

Phone number _____ Extension _____

TPA authorization code _____ Date ____/____/_____
(if required)

Service fee of \$ _____ to be paid to the TPA. (check one)

- deducted from the proceeds
 in addition to the withdrawal amount

Fees should be sent to the TPA via:

- ACH (if Lincoln has previously received ACH instructions)
 Check