

Lincoln Investment Planning, Inc. * 218 Glenside Avenue * Wyncote, PA 19095 * www.lincolninvestment.com * 215 887-8111
Registered Investment Advisor * Broker/Dealer Member FINRA/SIPC

REP INFORMATION

Rep Name	Rep #	Branch #
/ / /	/ /	
Date Rec'd in Good Order	Date Shipped to Branch	

INVESTOR INFORMATION

Investor Name: First	Investor Name: Middle	Investor Name: Last	SSN/TIN or Entity ID:
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RISK LEVEL

Conservative
 Moderately Conservative
 Moderate
 Moderately Aggressive
 Aggressive

ALLOCATION INSTRUCTIONS

Tax Type : _____

Instruction Type :

New Allocation Instructions for Salary Deferral
 Allocation Instructions for Termination Pay
 Allocation Change for Salary Deferral
 Allocation Change for Termination Pay Only
 New Employer (Include Employer Name): _____

Anticipated Holding Period of investments listed below: _____ years

Effective with Paycheck Dated _____

Employee	Amount % or \$			After-tax Payroll Saving	Account Type	Investment Name / Asset Management Program and Share Class <i>(If new advisory investor, complete & sign IA Agreement)</i>
	Pre-tax	Roth	Basic			
					<input type="checkbox"/> RS <input type="checkbox"/> RSP <input type="checkbox"/> Product Sponsored	<input type="checkbox"/> New <input type="checkbox"/> Existing
					<input type="checkbox"/> RS <input type="checkbox"/> RSP <input type="checkbox"/> Product Sponsored	<input type="checkbox"/> New <input type="checkbox"/> Existing
					<input type="checkbox"/> RS <input type="checkbox"/> RSP <input type="checkbox"/> Product Sponsored	<input type="checkbox"/> New <input type="checkbox"/> Existing
					<input type="checkbox"/> RS <input type="checkbox"/> RSP <input type="checkbox"/> Product Sponsored	<input type="checkbox"/> New <input type="checkbox"/> Existing
					<input type="checkbox"/> RS <input type="checkbox"/> RSP <input type="checkbox"/> Product Sponsored	<input type="checkbox"/> New <input type="checkbox"/> Existing

REDUCED SALES CHARGES

Your financial representative can explain the nature of the breakpoint/discount alternatives. **If eligible, complete a Request for Reduced Sales Charge (L-15) form for each fund family "A" share purchases.**

L-15 attached
 L-15 on file

I agree to the above allocations.



Investor Signature (Optional) _____ Date _____

Financial Representative Signature _____ Date _____

