

Section 1: Financial Representative, Branch and Investor Information				
Lincoln Rep #	Branch #	Representative Name	Date Rec'd in Good Order	Date Shipped to Branch

Section 2: Investor Information				
First Name	Middle Name/Initial	Last Name	<input type="checkbox"/> Social Security #	OR <input type="checkbox"/> Entity ID
<b>Risk Level</b> <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Aggressive <input type="checkbox"/> Aggressive				

Section 3: Allocation Instructions				
<b>Tax Type</b> <input type="checkbox"/> Pre-tax 403(b) <input type="checkbox"/> After-tax Roth 403(b) <input type="checkbox"/> Pre-tax 403(b) and After-tax Roth 403(b) <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Pre-tax 457 <input type="checkbox"/> After-tax Roth 457 <input type="checkbox"/> Pre-tax 457 and After-tax Roth 457 <input type="checkbox"/> After-tax savings (non-qualified)				
<b>Instruction Type</b> (select all that apply): <input type="checkbox"/> Salary Deferral <input type="checkbox"/> Termination Pay - Estimated Expected Amount: \$ _____ <input type="checkbox"/> New Instructions OR <input type="checkbox"/> Change to existing instructions <input type="checkbox"/> New Instructions OR <input type="checkbox"/> Change to existing instructions				
<input type="checkbox"/> New Employer (include Employer name): _____				
<b>Effective Date:</b> <input type="checkbox"/> Immediately <input type="checkbox"/> With Paycheck Dated: _____				
<b>Anticipated Holding Period</b> (required for Buy and Hold Only) : _____ years				

Indicate Amount \$ or % of Total Contribution					Account Type	Investment Name & Share Class or Ticker Symbol or Asset Management Program
EMPLOYEE		EMPLOYER		AFTER-TAX PAYROLL SAVINGS		
PRE-TAX	ROTH	BASIC OR TERM PAY	MATCH			
					<input type="checkbox"/> RS <input type="checkbox"/> RSP <input type="checkbox"/> Product Sponsored	<input type="checkbox"/> New <input type="checkbox"/> Existing Account # _____
					<input type="checkbox"/> RS <input type="checkbox"/> RSP <input type="checkbox"/> Product Sponsored	<input type="checkbox"/> New <input type="checkbox"/> Existing Account # _____
					<input type="checkbox"/> RS <input type="checkbox"/> RSP <input type="checkbox"/> Product Sponsored	<input type="checkbox"/> New <input type="checkbox"/> Existing Account # _____
					<input type="checkbox"/> RS <input type="checkbox"/> RSP <input type="checkbox"/> Product Sponsored	<input type="checkbox"/> New <input type="checkbox"/> Existing Account # _____
					<input type="checkbox"/> RS <input type="checkbox"/> RSP <input type="checkbox"/> Product Sponsored	<input type="checkbox"/> New <input type="checkbox"/> Existing Account # _____
					<input type="checkbox"/> RS <input type="checkbox"/> RSP <input type="checkbox"/> Product Sponsored	<input type="checkbox"/> New <input type="checkbox"/> Existing Account # _____

<b>Reduced Sales Charges</b>	<input checked="" type="checkbox"/> If eligible, complete a Request for Reduced Sales Charge for each fund family's "A" share purchases. <input type="checkbox"/> Request for Reduced Sales Charge attached <input type="checkbox"/> Request for Reduced Sales Charge on file
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Section 4: Signature	
Participant Signature (Optional)	Date

