

Change of deferral contribution status

Important information

- Use this form to notify your employer of a change in your deferral rate, suspend your contributions or resume your contributions.
- Your employer will keep this form to update payroll.

General information

Employer name _____

Plan name _____

Employee name (first, MI, last, suffix) _____

Address _____

City _____ State _____ Zip _____

Email address _____

Social Security number _____ Current phone number _____

Date of birth (mm, dd, year) _____ Date of hire (mm, dd, year) _____

Suspend

I want to reduce my contributions to zero. Please execute this request as soon as administratively possible.

Resume

Pretax salary deferral

I want to resume my participation in the plan and increase my employee salary deferral contributions from zero to _____% or \$ _____. Please execute this request as soon as administratively possible.

Roth after-tax

I want to resume my participation in the plan and increase my Roth contributions from zero to _____% or \$ _____. Please execute this request as soon as administratively possible.

Change

Pretax salary deferral

I want to change my employee salary deferral contribution rate to _____% or \$ _____. Please execute this request as soon as administratively possible.

Roth after-tax

I want to change my Roth contribution rate to _____% or \$ _____. Please execute this request as soon as administratively possible.

Signature

Employee signature _____ Date _____

Access your retirement plan information via:

- WebAccess, 24/7 – LincolnFinancial.com
- Automated telephone access service, 24/7 – 800-510-4015
- Customer service center – 800-510-4015, from 8 a.m. to 8 p.m., Eastern

You may use any of the above services to change the allocation of your future contributions or your existing account balance.

Lincoln DirectorSM or Lincoln American Legacy Retirement[®], a group variable annuity contract, is issued on variations of contract form 19476 and state variations and amendment forms AR-450A and AR-451A by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc., Radnor, PA, a broker-dealer. **Contractual obligations are subject to the claims-paying ability of The Lincoln National Life Insurance Company.**

Contracts sold in New York are issued on variations of contract form 19476NY and amendment forms AR-450A and AR-451A by Lincoln Life & Annuity Company of New York, Syracuse, NY. **Contractual obligations are subject to the claims-paying ability of Lincoln Life & Annuity Company of New York.**

Products and features are subject to state availability. Limitations and exclusions may apply.

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. PAD-1528658-062016