Enrollment Form

This form may be used for initial allocation elections only. All future changes must be made by either phone or web. Attempted allocation changes using this form, other than your initial allocation, will not be accepted.

STEP 1: Tell us about yourself

Location: ____________

Information provided on this form will be used exclusively for the administration of your account and sending financial documents and information related to your plan.

Choose the appropriate title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Other ____________

Name: Last First Middle SS#:

Address: Street City State Zip

Birth date: Date of hire: Daytime phone: ( ) Evening phone: ( )

☐ Married Occupation:____________ E-mail address: ____________

☐ Not married Work hours:____________ ☐ I elect to receive future communications regarding fund data, including prospectus and fund reports, sent to my e-mail address above.

STEP 2: Set your contribution amount (For details refer to "Important information about your plan" in your Enrollment booklet)

☐ **I want to contribute through salary deferrals.**	Tell us what dollar amount or percent of your salary, per pay period, in whole numbers:	$	or	%
☐ **I do not want to contribute through salary deferrals.**	Please complete the remainder of the form.			

STEP 3: Name your beneficiary(ies)

To name more beneficiaries than this space permits, list them on a separate sheet, sign and date it, then attach it to this form and check this box: ☐ More beneficiaries attached ☐ I'm making changes to my existing beneficiary

Primary beneficiary

Name: Last First Middle SS#: Share: %

Address: Street City State Zip

Date of birth: Relationship: *(choose one)* ☐ Spouse ☐ Daughter/Son ☐ Parent ☐ Other

CHECK ONE: ☐ **Primary beneficiary** ☐ **Secondary beneficiary**

Name: Last First Middle SS#: Share: %

Address: Street City State Zip

Date of birth: Relationship: *(choose one)* ☐ Spouse ☐ Daughter/Son ☐ Parent ☐ Other

CHECK ONE: ☐ **Primary beneficiary** ☐ **Secondary beneficiary**

Name: Last First Middle SS#: Share: %

Address: Street City State Zip

Date of birth: Relationship: *(choose one)* ☐ Spouse ☐ Daughter/Son ☐ Parent ☐ Other

(Please see reverse side)

STEP 4: Choose your investment options

LifeSpan℠ **Asset Allocation Model** (Select only one model for each contribution source shown.) **Contributions**

2012 - Conservative Model	☐ 100%	2012 - Moderate Model	☐ 100%	2012 - Aggressive Model	☐ 100%
2022 - Conservative Model	☐ 100%	2022 - Moderate Model	☐ 100%	2022 - Aggressive Model	☐ 100%
2032 - Conservative Model	☐ 100%	2032 - Moderate Model	☐ 100%	2032 - Aggressive Model	☐ 100%

Periodically, your account balances will be automatically re-balanced according to the LifeSpan℠ asset allocation model's investment mix; and you have agreed to participate in any changes in the investment mix for the LifeSpan℠ asset allocation models as the plan sponsor may deem appropriate from time to time keeping with the investment objectives of the selected model. The models will be rebalanced annually on May 8th of each year.

***OR** - (Complete this next section ONLY IF you did not select a LifeSpan℠ Asset Allocation Model above)*

Determine your own asset allocation percentages. Fill in your own investment percentages. Your percentages must add up to 100%.

Investment options	Contributions
Cash and Stable Value Investments	
Lincoln Stable Value Account	%
Bonds	
American Funds Bond Fund of Amer R4	%
Delaware Corporate Bond A	%
Stocks	
American Funds EuroPacific Gr R4	%
American Funds Grth Fund of Amer R4	%
Baron Asset	%
Columbia Acorn USA Z	%
Columbia Small Cap Value I A	%
Davis NY Venture A	%
Dreyfus S&P 500 Index	%
Goldman Sachs Mid Cap Value A	%
Van Kampen Growth and Income R	%
Total:	**100%**

If you determined your own asset allocation percentages, do you want your assets Automatically Rebalanced? If YES, select a frequency for each source shown below. (For a detailed explanation regarding this feature, please refer to your Enrollment booklet.)

Account Balance	☐ **Quarterly**	☐ **Semi-annually**	☐ **Annually**	**Start Date: / /**

STEP 5: Sign your name

- By signing below, I certify that:
- I have read, understand and agree to the terms on this form, the disclosures outlined in "Important information about your plan," and the distribution restrictions contained in the enrollment booklet.
- My investment choices are my own, and they were not recommended to me by Lincoln Financial Advisors or any other organization affiliated with the *Lincoln Alliance® Program.*
- I understand that I can make changes to the data on this form on the Internet at www.LincolnAlliance.com or by calling the *Lincoln Alliance® Program* Customer Service line at 800-234-3500.

Participant's signature X   Date   RC name:

Return this form to: Harford County Public Schools, c o Lincoln Retirement Services Co., 3800 N. Wilke Road, Suite 250, Arlington Heights, IL 60004

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