Rollover Request
Section I Plan Information

SPECIAL NOTES

- Carefully read the **rollover notice you received from your distributing plan** before you complete the following sections on the **Rollover Request**. The choices you make will affect the taxes you owe.
- If you don't complete Section II of this form, your rollover will be moved to the default investment option designated by your employer.

Step 1: Tell us about yourself

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

Name: SS#:

Last First Middle

Address:

Street City State Zip

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

☐ Married ☐ Not married | Occupation:______________________ Work hours:______________________

Step 2: What was your former plan (Please complete all of Step 2.)

Amount of rollover: ☐ $___________________ or ☐ __________%

I am requesting a **rollover** of:

☐ pre-tax contributions from a 401(k) plan
☐ pre-tax contributions from a 403(b) plan
☐ pre-tax contributions from an IRA
☐ pre-tax contributions from a 401(a) plan
☐ pre-tax contributions from a 457(b) governmental plan

Note: After-tax Rollovers are not allowed for this plan.

Former employer's name: Phone: ( )

Previous Account number:

The account I want to roll over is with (check one): ☐ Lincoln Life ☐ Other

Name of annuity provider, custodian or trustee:

Contact person: Phone: ( ) Email:

Address:

Street City State
ZIP

You must provide one of the following forms of documentation in order to process your rollover:

☐ Copy of most recent statement from the prior plan
(Documentation must clearly confirm type of plan, i.e., 401(k), 403(b), 457(b) governmental plan or IRA)
☐ Letter from prior plan sponsor indicating the type of plan where rollover originated
☐ Copy of prior plan sponsor's IRS determination letter

Failure to provide one of the above forms of supporting information will delay the processing of your rollover request until such supporting information is received.

(Please see reverse side)

Step 3: Signatures

- I verify that this transaction contains only eligible rollover dollars. I have read the above information and authorize the investment of my rollover contribution solely for my benefit, based on my investment elections in Section II of this form. I have read and I understand the **rollover notice I received from my distributing plan**. I request to have this transaction processed immediately.
- I understand that my participation, including my rollover contribution and any associated earnings, will be governed by the provisions contained in the receiving retirement plan.
- I verify that this rollover was transferred within 60 days after I received such payment, if applicable.

X ______________________________ ______________

Participant's signature Date

Trustee acceptance

Be advised that the Wilmington Trust Co. is acting as trustee/custodian and is willing to accept the proceeds from the above-referenced plan or account into the trust/custodial account, in the *Lincoln Alliance® Program*.

Return this form to:

Harford County Public Schools c/o Lincoln Retirement Services Co. 3800 N. Wilke Road, Suite 250 Arlington Heights, IL 60004-9915	Instructions for former provider: ***Please make check payable to:*** Wilmington Trust for the benefit of Harford County Public Schools 403(b) Plan, (participant's name), (participant's Social Security number).

(Please see next page)

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Rollover Request
Section II Investment Allocation

Name: ______________________________ **SS#:** ____________________
Last First Middle

Step 4: Where should your rollover go

Amount of rollover: ☐ $______________ *or* ☐ ____________%

INVESTMENT ELECTIONS: I authorize my rollover check to be invested in the retirement plan in the following manner:

NOTE: Indicate investment elections in whole percentages. Total must equal 100%, in increments of 1%. If you do not complete this section, your rollover will be moved to the default investment option designated by your employer. You will then be able to move your assets out of that investment option.

If you elected a *LifeSpan*SM model with a rebalancing feature or signed up to have your account automatically rebalanced, the assets from this transfer will be included with your current asset balance and will be rebalanced accordingly to your current investment selection.

Option1: Use *LifeSpan*SM Asset Allocation Models. **Select One**

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%

If you completed Option 1, Do Not complete Option 2.

Option 2: Determine your own asset allocation percentages. Fill in your own investment percentages. Your percentages must add up to 100% in increments of 1%.	**Percentages**
Stable-Value Investments.	
Lincoln Stable Value Account	%
Bond Focused.	
American Funds Bond Fund of Amer R4	%
Delaware Corporate Bond A	%
Stock Focused.	
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	%
If you completed Option 2, Do Not complete Option 1. **Total:**	**100%**

Step 5: Sign your name

X ______________________________ ____________________
Participant's signature Date

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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