

# Enrollment form

For new participants only. Please return completed form to your employer and keep a copy for your files.

## Employer/plan information

Employer/plan name National Organizers Alliance Retirement Pension Plan Plan ID NOAD Contract number 36991

## Employee information

Employee name \_\_\_\_\_  Male  Married  
 Female  Not married  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Date of birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (mm, dd, year) Date of hire \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (mm, dd, year)  
 Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Facility location \_\_\_\_\_

## Salary deferral agreement

I agree that my pay will be reduced by the dollar amount or percentage I have indicated below, and that this dollar amount or percentage will be contributed to the Plan. This agreement will continue to be effective while I am employed, unless I change or terminate it. I acknowledge that I have read this entire agreement, understand it and agree to its terms.

Select one of the following:

- I elect to defer \_\_\_\_\_ % or \$ \_\_\_\_\_ of my compensation (do not complete both) per pay period.
- I elect not to defer at this time.

## Designation of beneficiary(ies)

The following individual(s) will be my beneficiary(ies). Please check Primary or Contingent for each individual beneficiary. If neither is checked, the individual will be deemed to be a primary beneficiary. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs will terminate completely, and the percentage share of any remaining beneficiary(ies) will be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) will acquire the designated share of my Qualified Plan balance.

**Note:** For additional beneficiaries, please attach additional copies of this form as needed.

Name \_\_\_\_\_  Primary  Contingent  
 Date of birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (mm, dd, year) Relationship \_\_\_\_\_ Share \_\_\_\_\_ %  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  Primary  Contingent  
 Date of birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (mm, dd, year) Relationship \_\_\_\_\_ Share \_\_\_\_\_ %  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Consent of spouse

*If nonspouse beneficiary(ies) is named as primary beneficiary(ies)*

I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

Participant's spouse signature \_\_\_\_\_ Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (mm, dd, year)

**Witness of spouse's consent** – The signature of the spouse must be witnessed by the plan administrator or a Notary Public.

Witness signature \_\_\_\_\_ Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (mm, dd, year)  
*(Plan administrator or Notary Public)*

My commission expires \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (mm, dd, year)

## Employee certification

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

By signing this form, I certify that:

1. I have read, and understand the investment information on the investment options that I have selected.
2. All personal information including my Social Security number is correct.

Employee name (please print) \_\_\_\_\_

Employee signature \_\_\_\_\_ Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (mm, dd, year)

## Investment selection

Please complete Investor A OR Investor B section in full (not both sections).

- If the asset allocation does not equal 100%, all contributions will be assigned to the default account.
- If you choose an option not available in the plan, that percentage will be assigned to the default account.
- Contributions and future allocations will be designated to the default fund if the Investment Selection section of this form is not completed.

### Investor A

If you want to put 100% of your money in a Lincoln Profile fund, check one of the funds below.

#### Time-based funds

- 100% (SAL1) LVIP Wilshire 2010 Profile
- 100% (SAL2) LVIP Wilshire 2020 Profile
- 100% (SAL3) LVIP Wilshire 2030 Profile
- 100% (SAL4) LVIP Wilshire 2040 Profile

#### Risk-based funds

- 100% (SA95) LVIP Wilshire Conservative Profile
- 100% (SA96) LVIP Wilshire Moderate Profile
- 100% (SA97) LVIP Wilshire Moderately Aggressive Profile
- 100% (SA98) LVIP Wilshire Aggressive Profile

**OR (complete the Investor B section below ONLY IF you did not select one of the Lincoln Profile funds above)**

### Investor B

Indicate how your contributions should be allocated.

(Any selections made without a whole percentage or those that do not equal 100% will result in all contributions being assigned to the default account.)

#### Conservative

- \_\_\_% (SA99) Guaranteed<sup>(1)</sup>
- \_\_\_% (SA14) Short Term

#### Moderately Conservative

- \_\_\_% (SA92) American Century VP Inflation Protection
- \_\_\_% (SA87) Delaware VIP Capital Reserves
- \_\_\_% (SA93) Delaware VIP Diversified Income
- \_\_\_% (SA12) Government/Corporate Bond
- \_\_\_% (SA20) High Yield Bond
- \_\_\_% (SA86) Templeton Global Income Securities

#### Moderate

- \_\_\_% (SA32) Aggressive Balanced
- \_\_\_% (SA19) AllianceBernstein VPS Growth and Income
- \_\_\_% (SA49) American Funds Ins Series Growth - Income
- \_\_\_% (SA21) Balanced
- \_\_\_% (SA80) BlackRock Large Cap Value
- \_\_\_% (SA30) Conservative Balanced
- \_\_\_% (SA61) Delaware Value
- \_\_\_% (SA57) Fidelity VIP Equity-Income
- \_\_\_% (SAL1) LVIP Wilshire 2010 Profile
- \_\_\_% (SAL2) LVIP Wilshire 2020 Profile
- \_\_\_% (SAL3) LVIP Wilshire 2030 Profile
- \_\_\_% (SA95) LVIP Wilshire Conservative Profile
- \_\_\_% (SA96) LVIP Wilshire Moderate Profile
- \_\_\_% (SA97) LVIP Wilshire Moderately Aggressive Profile
- \_\_\_% (SA28) Value Equity

#### Moderately Aggressive

- \_\_\_% (SA29) AllianceBernstein VPS Large Cap Growth
- \_\_\_% (SA39) AllianceBernstein VPS Small/Mid Cap Value
- \_\_\_% (SA34) American Funds Ins Series Global Growth
- \_\_\_% (SA48) American Funds Ins Series Growth
- \_\_\_% (SA54) American Funds Ins Series International
- \_\_\_% (SA81) BlackRock Capital Appreciation
- \_\_\_% (SA83) BlackRock Mid-Cap Value Equity

- \_\_\_% (SA11) Core Equity
- \_\_\_% (SA56) Delaware VIP Small Cap Value Series
- \_\_\_% (SA35) Fidelity VIP Contrafund®
- \_\_\_% (SA58) Fidelity VIP Growth
- \_\_\_% (SA59) Fidelity VIP Overseas
- \_\_\_% (SA22) International Equity
- \_\_\_% (SA70) Janus Aspen Series Large Cap Growth
- \_\_\_% (SA23) Large Capitalization Equity
- \_\_\_% (SA55) LVIP Cohen & Steers Global Real Estate
- \_\_\_% (SA33) LVIP Delaware Social Awareness
- \_\_\_% (SA27) LVIP S&P 500 Index
- \_\_\_% (SA62) LVIP Templeton Growth
- \_\_\_% (SAL4) LVIP Wilshire 2040 Profile
- \_\_\_% (SA98) LVIP Wilshire Aggressive Profile
- \_\_\_% (SA67) MFS VIT Utilities Series
- \_\_\_% (SA38) Neuberger Berman AMT Regency

#### Aggressive

- \_\_\_% (SA31) AllianceBernstein VPS Global Technology
- \_\_\_% (SA46) American Funds Ins Series Global Small Capitalization
- \_\_\_% (SA75) BlackRock Aurora
- \_\_\_% (SA77) BlackRock Global Resources
- \_\_\_% (SA76) BlackRock Small/Mid-Cap Growth
- \_\_\_% (SA94) Delaware VIP Emerging Markets
- \_\_\_% (SA84) Fidelity VIP Mid Cap
- \_\_\_% (SA63) Franklin Small-Mid Cap Growth Securities
- \_\_\_% (SA64) Janus Aspen Series Mid Cap Growth
- \_\_\_% (SA36) LVIP Small-Cap Index
- \_\_\_% (SA17) Medium Capitalization Equity
- \_\_\_% (SA65) MFS VIT Emerging Growth Series
- \_\_\_% (SA37) Neuberger Berman AMT Mid-Cap Growth
- \_\_\_% (SA24) Small Capitalization Equity

100% = Total

<sup>(1)</sup> There are restrictions on the amount that can be transferred from the Guaranteed Account in a 12-month period. To change your investment allocations in the future, visit <https://webaccess.LFG.com> or call 800 510-4015. Change requests submitted on paper will not be processed.

Lincoln Director<sup>SM</sup> group variable annuity is a contract issued on policy form #19476 (and variations thereof) by The Lincoln National Life Insurance Company, Fort Wayne, IN, and is distributed by broker/dealers with selling agreements. Product and features subject to state availability. Not for use in New York.

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