



Diocese of Winona-Rochester Lay Employees Retirement Plan
Request for a Contract Exchange
Plan Information
DOW-001
PLEASE PRINT CLEARLY

Your contract exchange will be deposited into the investment elections you have on file. If you do not have investment elections on file, your contract exchange will be deposited into the default investment designated by your employer.

Step A: Participant Information

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

Name: First Middle Last Suffix (i.e., Jr., Sr.) SSN#:

Address: Street City State ZIP

Birth Date: Married Male Daytime Phone:
Date of hire: Not married Female Evening Phone:

Email address:

I elect to receive prospectuses, supplements and shareholder reports related to my account electronically. Notices will be provided to my email address above. If the email address I provide is not valid, or if I do not provide an email address, I will receive such documents in paper form by U.S. mail. I may also request documents in paper form at no charge by calling 800-234-3500, or change my delivery preference at LincolnFinancial.com.

Step B: Your current provider (Complete all of Step B)

My current 403(b) account that I would like to transfer over my money from is with (check one): Lincoln Other

Current/former employer's name: Daytime Phone:

Previous Account Number(s):

Name of annuity provider, custodian or trustee:

Contact person:

Daytime Phone: Email address:

Address: Street City State ZIP

NOTE: The contract exchange rules state that a full or partial transfer out of a 403(b) annuity or custodial account is a non-taxable event only if the transfer is made to another 403(b) account subject to the same or more stringent distribution restrictions.

Step C: How much do you want to transfer

Please transfer the amount listed below to Lincoln Financial Group Trust Company, Inc. as successor custodian.

Select one: Complete - Liquidate all of the above referenced account and transfer the assets.
Partial - Liquidate assets totaling \$ and transfer the assets.

NOTE: If you are currently receiving Required Minimum Distributions (RMDs) from your current provider, please contact Customer Service at 800-234-3500 to establish your ongoing RMD under the Lincoln Alliance program.

Step D: Break down the amount of the transfer from the existing plan provider

The existing plan provider must complete this section. Dollar amounts must be provided.

- *If Other Employer contributions are entered please indicate name of money type
**Roth contributions. Provide the year that the first contribution was made:
***After-Tax contributions (excluding Roth).

Continue on the next page for Step D: Break down the amount of the transfer from the existing plan provider

Step D: Break down the amount of the transfer from the existing plan provider *continued*

The check must be accompanied by information that reflects any grandfathered balances for withdrawal restrictions. Missing source information may delay processing your transaction and Lincoln may treat monies being transferred as elective deferral amounts which could limit the amount available for future distributions. Provide appropriate amounts in the boxes below:

	Employer			Employee		
	Matching	Non-Matching	*Other	Pre-Tax	**Roth	***After-Tax
403(b)(1) annuity contract						
Account balances as of 12/31/86	\$	\$	\$	\$		\$
Account balances as of 12/31/88	\$	\$	\$	\$		\$
Post-1998 salary reduction contributions	\$	\$	\$	\$	\$	\$
403(b)(7) custodial contract						
Account balances as of 12/31/86	\$	\$	\$	\$		\$
Account balances as of 12/31/88	\$	\$	\$	\$		\$
Post-1998 salary reduction contributions	\$	\$	\$	\$	\$	\$
Total transfer breakdown	\$	\$	\$	\$	\$	\$

Step E: Signatures**Participant****Information about the timing of your transfer**

- Use this form to request a Contract Exchange of your 403(b) annuity or custodial account assets to the 403(b)(7) custodial account in the *Lincoln Alliance*[®] program. Throughout this form, the term "transfer" is used to describe the tax-free total or partial exchange of one account for another based on the final 403(b) regulations published on July 26, 2007.
- Transfers from a Lincoln Financial Group (Lincoln)¹ annuity contract to the investment options offered through the *Lincoln Alliance*[®] program are liquidated on the date of receipt at Lincoln. Once Lincoln prices a redemption request, it may take an additional 3-5 business days to apply the investment options you have selected. During this process, your assets will not be subject to market gains or losses until the transfer is complete. You will receive a confirmation notice when your transfer has been processed out of your annuity contract and again when it has been processed into the fund selection offered through the *Lincoln Alliance*[®] program.
- Circumstances such as incomplete forms, trading deadlines or unusually high volumes may result in additional time to process your transfer.
- For questions regarding transfers from non-Lincoln contracts, contact your previous provider.

¹ Affiliates of Lincoln National Corporation include The Lincoln National Life Insurance Company, Lincoln Life & Annuity Company of New York and Lincoln Retirement Services Company, LLC, separately and collectively referred to as ("Lincoln"). 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.

By signing below, I certify that:

- Residents of all states except Alabama, Arkansas, California, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia and Washington, please note:** Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.
- For Alabama residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
- For Arkansas, Louisiana, and Rhode Island residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- For California residents only:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- For Colorado, Kentucky, Maine, and Tennessee residents only:** Any person who, knowingly and with intent to injure, defraud or deceive 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 may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.
- For District of Columbia residents only:** WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- For Florida residents only:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- For Kansas residents only:** Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of fraud as determined by a court of law.
- For Maryland residents only:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- For New Jersey residents only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- For New Mexico residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Continue on the next page for **Step E: Signatures**

Step E: Signatures *continued*

- **For New York residents only:** 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- **For Ohio residents only:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- **For Oklahoma residents only:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- **For Oregon residents only:** Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which may be a crime and may be subject such person to criminal and civil penalties.
- **For Pennsylvania residents only:** 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.
- **For Vermont residents only:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- **For Virginia residents only:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.
- **For Washington residents only:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
- If my employer is currently sending contributions to Lincoln or if an Information Sharing Agreement is in place, Lincoln will accept contract exchanges without delay.
- If my employer is not currently sending contributions to Lincoln, Lincoln will hold the exchange and forward an Information Sharing Agreement to the employer that I identify.
- I should contact my employer to determine if Lincoln is an approved vendor or if an Information Sharing Agreement has been completed. If not, I will need to consider another contract exchange to a 403(b) provider approved by my employer or a direct rollover to an IRA or another retirement plan if I am eligible.
- I verify that this transfer contains only dollars from another 403(b) annuity contract or custodian account.
- I have read the above information and authorize the transfer solely for my benefit.
- I also understand that my participation, including my transfer and any associated earnings, will be governed by the provisions contained in the retirement plan.
- My investment choices are my own, and they were not recommended to me by the Lincoln Financial Group or any organizations affiliated with the *Lincoln Alliance*[®] program.
- I understand that I can make changes to my investment options at LincolnFinancial.com or by calling the *Lincoln Alliance*[®] program Customer Contact Center at 800-234-3500.

Your Signature

Date

Retirement Consultant name:

Agent Code (if any)

Trustee Acceptance

Be advised that the Lincoln Financial Group Trust Company, Inc. 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:

Diocese of Winona-Rochester
Lincoln Retirement Services Company, LLC
P.O. Box 7876
Fort Wayne, IN 46801-7876

Instructions for former provider
Please make check payable to:
Lincoln Financial Group Trust Company, Inc.
For the benefit of:
Participant Name/SSN
Please mail check to:
Diocese of Winona-Rochester
Lincoln Retirement Services Company, LLC
P.O. Box 7876
Fort Wayne, IN 46801-7876

Important Information

Mutual funds in the *Lincoln Alliance*[®] program are sold by prospectus. An investor should consider carefully the investment objectives, risks, and charges and expenses of the investment company before investing. The prospectus and, if available, the summary prospectus contain this and other important information and should be read carefully before investing or sending money. Investment values will fluctuate with changes in market conditions so that, upon withdrawal, your investment may be worth more or less than the amount originally invested. Prospectuses for any of the mutual funds in the *Lincoln Alliance*[®] program are available at 800-234-3500.

The program includes certain services provided by Lincoln Retirement Services Company, LLC and Lincoln Financial Group Trust Company, Inc. with wholesale marketing and distribution services provided by Lincoln Financial Distributors, Inc. (LFD), a wholesale broker-dealer (member FINRA). All entities listed are affiliates of Lincoln Financial Group, the marketing name for Lincoln National Corporation. Unaffiliated broker-dealers also may provide services to customers. Account values are subject to fluctuation, including loss of principal.

Lincoln Financial Group Trust Company, Inc. (a New Hampshire company) is a wholly owned subsidiary of Lincoln Retirement Services Company, LLC.

Affiliates of Lincoln National Corporation include, but are not limited to, The Lincoln National Life Insurance Company, Lincoln Life & Annuity Company of New York, Lincoln Retirement Services Company, LLC, and Lincoln Financial Distributors, Inc., herein separately and collectively referred to as ("Lincoln").

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.