

Investment Transfer for Lincoln Multi-Fund Only

Step 1: Tell us about yourself

Please check one location:

- APPL ASH ATS CHAP CHAR ECSU ECU
 FSU GREN NCCU NCSA NCSU PSU WCU
 WMGT WSSU

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: How to transfer 401(a) or 403(b) assets

By completing this form, you are authorizing a trustee to trustee transfer of all assets in your 401(a) and 403(b) ORP account to investment options in the *Lincoln Alliance® Program*.

- Please check this box if you are transferring 403(b) ORP assets (contributions made prior to July 1, 1985)
 Please check this box if you are transferring 401(a) ORP assets (contributions made after June 30, 1985)

Step 3: Where is the money coming from

The account I want to transfer is with (check one): Lincoln Life

Account number/Plan number: _____
(If more than one account, list all numbers.)

Please complete the information below:

Name of annuity provider, custodian or trustee: _____

Contact person: _____

Address: _____
Street

City State ZIP _____

Phone: () _____

Step 4: How much money do you want to transfer

Please transfer the amount listed below to Wilmington Trust Co. 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.

Please indicate which subaccounts you would like the withdrawal to be processed from. **If not indicated the withdrawal will be pro-rata from each vested subaccount balance.**

Subaccount Name	Choose on (Dollar amount or Percent) If percentages indicate a total of 100%.		
	\$	OR	%
	\$	OR	%
	\$	OR	%
	\$	OR	%

NOTE: If you are 70½ or older and are currently receiving Required Minimum Distributions, contact Customer Service at 800-234-3500 to establish your ongoing Required Minimum Distribution under the *Lincoln Alliance® Program*.

(Please see reverse side)

Step 5: 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.

The check should be accompanied by information that reflects the grandfathered balances for current withdrawal restrictions. Select all appropriate boxes.

	Employee		Employer
Account balances pre 1986 (403b)	\$		\$
After tax account balances pre 1986	\$		\$
Account balances post 1986 (401a)	\$		\$
Total transfer breakdown:	Employee: \$		Employer: \$

Step 6: Sign your name

- I have read the above information and authorize the investment of my transfer contribution solely for my benefit, based on my above investment elections. I request to have this transaction processed immediately.
- I understand that my participation, including my transfer contribution and any associated earnings will be governed by the provisions contained in the retirement plan.

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:

The University of North Carolina
c/o Lincoln Retirement Services Co., PO Box
7876, Fort Wayne, IN 46801-7876

Instructions for former provider:
Please make check payable to:
Wilmington Trust for the benefit of The University of North Carolina
Optional Retirement Program, (participant's name), (participant's
Social Security number).

(Please see next page)

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Name: _____ SS#: _____
Last First Middle

Step 7: Where should your transfer go

Amount of transfer: \$ _____ *or* _____%

INVESTMENT ELECTIONS: I authorize my transferred assets 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 transfer 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 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.

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
Cash and Stable Value Investments	
Lincoln Fixed Annuity	%
Vanguard Prime Money Market	%
Bonds	
PIMCO Total Return Admin	%
Allocation Investments	
T. Rowe Price Retirement 2010 Adv	%
T. Rowe Price Retirement 2020 Adv	%
T. Rowe Price Retirement 2030 Adv	%
T. Rowe Price Retirement 2040 Adv	%
T. Rowe Price Retirement Income Adv	%
Stocks	
American Beacon Lg Cap Value Plan	%
American Funds Capital World G/I R4	%
American Funds EuroPacific Gr R4	%
American Funds Grth Fund of Amer R4	%
Allianz NFJ Small Cap Value	%
BlackRock Inflation Protected Bond	%
Columbia Acorn USA Z	%
Columbia Mid Cap Value Z	%
Dreyfus MidCap Index	%
Dreyfus Premier S&P Stars Opp R	%
Dreyfus S&P 500 Index	%
Dreyfus Small Cap Stock Index	%
James Small Cap	%
Total:	100%

Step 8: Sign your name

Participant's signature **X** _____ Date _____ RC/Agent name: _____ Agent code: _____

Return this form to: The University of North Carolina, c/o Lincoln Retirement Services Co., PO Box 7876, Fort Wayne, IN 46801-7876