



The Lincoln National Life Insurance Company

ENROLLMENT FORM

For use with:
*Lincoln Director*SM
(Non-New York only product)

Use this form only to enroll. If you are already enrolled visit www.LincolnFinancial.com to make changes or call 800.510.4015.

MEP Information

Client Information

Client Name _____ Customer ID _____

Employee Information

Employee Name _____ Male Married
 Female Not Married

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Date of birth (mm, dd, year)* _____ Date of hire (mm, dd, year) _____

Social Security Number _____ Facility Location _____

* If the date of birth is not provided, then your account will be invested in the Stadion Money Management Inc. Capital Preservation Managed Account, the most conservative Stadion option available in your plan.

Do you or any relatives own any interest in this company or any related companies? Yes No

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 a DOLLAR amount to the Plan, per pay period: \$ _____
- I elect to defer a PERCENTAGE amount to the Plan, per pay period: _____ %
- I elect not to defer at this time.

Qualified Default Investment Account Information

QDIA: Stadion Money Management

If you intend to take the responsibility for choosing and managing your own investments, you must make your investment allocations online at www.LincolnFinancial.com or by phone at 800 510-4015. You understand that if you do not make an investment selection or the investment selection information is inaccurate or incomplete (e.g. the investment selection does not total 100%, you choose an option not available in the plan), or if you do not sign this form at the bottom, 100% of the contributions will be invested in the plan's default investment option selected by your employer.

Employee certification

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 for the investment options that I have selected.
2. All personal information including my Social Security number is correct.
3. I understand that if I do not make an investment selection, if my investment selection is inaccurate or incomplete, does not equal 100%, or if I do not sign this form, all contributions will be invested in the Plan's default investment option selected by my employer.

Employee Name (print) _____

Employee Signature _____ Date (mm, dd, year) _____

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.
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Investment Allocations

- Visit www.LincolnFinancial.com or call 800 510-4015 to make your investment allocations.
- If you do not contact The Lincoln National Life Insurance Company, all contributions will be automatically invested in an age-based Stadion Money Management Inc. Managed Account. Please see the section titled Stadion Money Management for age-based default ranges.
- When your employer has notified you that your account has been established, please refer to the enrollment materials provided to you to select your specific investment allocation percentages. Investment elections must be made in 1% increments.
- Please be sure to promptly notify your plan administrator if you make any address changes from what is listed on this form. You may also make address changes using www.LincolnFinancial.com or Toll-free Access.

*Lincoln Director*SM, a group variable annuity contract, is issued on contract form # 19476 and state variations by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc. Radnor, PA, a broker/dealer. Contractual obligations are backed by the claims-paying ability of The Lincoln National Life Insurance Company.

Stadion investment advice and account management services are provided by Stadion Money Management, Inc. Stadion Money Management, Inc. is an independent registered investment advisor for Stadion. Stadion Money Management, Inc. is neither an affiliate nor a member of the Lincoln Financial Group. Participants are responsible for their own due diligence and can obtain information from their plan sponsor and Stadion Money Management, Inc.

Products and features subject to state availability. Limitations and exclusions may apply.

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