

# Enrollment meeting support request form

**Important:** Please complete this form in its entirety and fax to 260 455-5970 or email to ENROLLSUPPORT@LFG.COM. A separate Enrollment meeting support request form must be completed for each meeting site. To order enrollment kits, please complete the Enrollment Kit Order Form, EM60810-LDN-TB.

### Minimum requirements for enrollment support

- Startups – 20 eligible employees
- Takeovers – 10 active participants
- Meeting size – One meeting for every 75 eligible employees  
*Will work with agents on appropriate support for large groups (number of meetings, meeting size, etc.)*
- Re-enrollments – 20 employees in attendance

### Meeting information

Site location \_\_\_\_\_

- Meetings will be conducted in English\*  For Spanish enrollment support check here

*\*When providing English enrollment meetings for startup plans or takeovers that meet the minimum eligible employee requirements, we will provide Spanish enrollment support if there are 20 or more Spanish-speaking employees in attendance.*

- Number of eligible employees \_\_\_\_\_
- Number of enrollment meetings to be conducted at this site in: English \_\_\_\_\_ Spanish \_\_\_\_\_
- Number of Spanish speaking employees that will be attending \_\_\_\_\_
- List in order of preference three possible meeting dates (mm/dd/yyyy). Only one will be chosen.

Choice 1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Choice 2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Choice 3 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Note:** When selecting dates, please allow a minimum of 10 business days for preparation and shipment of enrollment materials. Also, when choosing multiple dates, one date must be in a different week.

- To finalize the meeting we are to contact the:  Agent  Client

### Requestor agent information

Agent name \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Client information

Company /PEO name \_\_\_\_\_

Company /PEO contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Plan information**

*(If this section is not complete, Lincoln Retirement Consultants will not discuss plan specific information during the enrollment meeting.)*

- Plan contract number \_\_\_\_\_
- Is this plan  Full serviced  TPA serviced
- Is this a  New enrollment  Re-enrollment  
 New plan  Takeover plan Effective date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Investment selection  Full lineup  Ibbotson  Trustee selected
- QDIA Selected?  Yes  No  
If Yes, which QDIA?  Managed Account Option (401k Toolbox® Manage It For Me®)\*  
 Life Cycle Option (Wilshire Target Date Maturity Profiles)  
 Balanced Option: \_\_\_\_ SA95 LVIP Wilshire Conservative Profile  
\_\_\_\_ SA96 LVIP Wilshire Moderate Profile  
\_\_\_\_ SA97 LVIP Wilshire Moderately Aggressive Profile  
\_\_\_\_ SA1B American Funds American Balanced  
\_\_\_\_ SA1F American Funds Capital Income Builder  
\_\_\_\_ SA1L American Funds Income Fund of America  
\_\_\_\_ SA2I FTVIPT Franklin Income Securities  
\_\_\_\_ SA2R MFS VIT Total Return

- 401k Toolbox participant choice?  Yes\*  No

*\*If selecting 401k Toolbox® either as a QDIA or Participant Choice, please make sure the Plan Sponsor has completed the 401k Toolbox® Agreement for Lincoln Director<sup>SM</sup> Contractowners.*

- Participant requirements

Number of years of service \_\_\_\_\_ Number of hours \_\_\_\_\_ Age \_\_\_\_\_

Waiver of service requirements \_\_\_\_\_

Entry dates \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd) or \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd) Other \_\_\_\_\_

- Fully vested after \_\_\_\_\_ years.

Plan vesting schedule % by year: Year 1 \_\_\_\_\_% Year 2 \_\_\_\_\_% Year 3 \_\_\_\_\_% Year 4 \_\_\_\_\_%  
Year 5 \_\_\_\_\_% Year 6 \_\_\_\_\_% Other \_\_\_\_\_

- Early retirement at age \_\_\_\_\_, with \_\_\_\_\_ years of service

- Salary deferral formula \_\_\_\_\_

Date(s) to modify deferral elections \_\_\_\_\_

- Match Formula \_\_\_\_\_

- Profit sharing formula  Yes  No If Yes, please identify profit sharing formula \_\_\_\_\_

- Loans  Yes  No

- Hardship withdrawals  Yes  No

- Roth  Yes  No

- Other criteria, be specific \_\_\_\_\_

- Return completed participant forms to: \_\_\_\_\_

By \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy).

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Lincoln Director<sup>SM</sup> is a group variable annuity contract issued on contract form # 19476NY-A 7/04 by Lincoln Life & Annuity Company of New York, Syracuse, NY, and offered by broker/dealers with an effective selling agreement.

**Contractual obligations are backed by the claims-paying ability of Lincoln Life & Annuity Company of New York.**



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