

# Rollover Request

## Section I Plan Information

### SPECIAL NOTES

- Carefully read the **rollover notice you received from your distributing plan** before you complete the following sections on the **Rollover Request**. The choices you make will affect the taxes you owe.
- If you don't complete Section II of this form, your rollover will be moved to the default investment option designated by your employer.

### Step 1: Tell us about yourself

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: What was your former plan (Please complete all of Step 2.)

Amount of rollover:  \$ \_\_\_\_\_ or  \_\_\_\_\_ %

I am requesting a **rollover** of:

- |   |  |
|---|--|
| <input type="checkbox"/> pre-tax contributions from a 401(k) plan | <input type="checkbox"/> pre-tax contributions from a 401(a) plan              |
| <input type="checkbox"/> pre-tax contributions from a 403(b) plan | <input type="checkbox"/> pre-tax contributions from a 457(b) governmental plan |
| <input type="checkbox"/> pre-tax contributions from an IRA        |  |

**Note: After-tax Rollovers are not allowed for this plan.**

Former employer's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Previous Account number: \_\_\_\_\_

The account I want to roll over is with (check one):  Lincoln Life  Other

Name of annuity provider, custodian or trustee: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**You must provide one of the following forms of documentation in order to process your rollover:**

- Copy of most recent statement from the prior plan  
*(Documentation must clearly confirm type of plan, i.e., 401(k), 403(b), 457(b) governmental plan or IRA)*
- Letter from prior plan sponsor indicating the type of plan where rollover originated
- Copy of prior plan sponsor's IRS determination letter

**Failure to provide one of the above forms of supporting information will delay the processing of your rollover request until such supporting information is received.**

*(Please see reverse side)*

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### Step 3: Signatures

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- I verify that this transaction contains only eligible rollover dollars. I have read the above information and authorize the investment of my rollover contribution solely for my benefit, based on my investment elections in Section II of this form. I have read and I understand the **rollover notice I received from my distributing plan**. I request to have this transaction processed immediately.
- I understand that my participation, including my rollover contribution and any associated earnings, will be governed by the provisions contained in the receiving retirement plan.
- I verify that this rollover was transferred within 60 days after I received such payment, if applicable.

X \_\_\_\_\_ Date \_\_\_\_\_  
Participant's signature

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### Trustee acceptance

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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*<sup>®</sup> program.

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### Return this form to:

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Diocese of Winona  
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 Diocese of Winona Lay Employees Retirement Plan, (participant's name), (participant's Social Security number).

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*(Please see next page)*

# Rollover Request

## Section II Investment Allocation

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First Middle

### Step 4: Where should your rollover go

Amount of rollover:  \$ \_\_\_\_\_ *or*  \_\_\_\_\_ %

**INVESTMENT ELECTIONS:** I authorize my rollover check 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 rollover 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 a *LifeSpan*<sup>®</sup> model with a 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 according to your current investment selection.

<b>Option 1: Use <i>LifeSpan</i><sup>®</sup> Asset Allocation Models.</b>	<b>Select One</b>
2010 Model	<input type="checkbox"/> 100%
2020 Model	<input type="checkbox"/> 100%
2030 Model	<input type="checkbox"/> 100%
2040 Model	<input type="checkbox"/> 100%
2050 Model	<input type="checkbox"/> 100%
<b><i>If you completed Option 1, Do Not complete Option 2.</i></b>	
<b>Option 2: Determine your own asset allocation percentages.</b>	<b>Percentages</b>
Fill in your own investment percentages. Your percentages must add up to 100% in increments of 1%.	
<b>Stable-Value Investments.</b>	
Lincoln Stable Value Account	%
<b>Bond Focused.</b>	
Ave Maria Bond R	%
PIMCO Real Return Admin	%
PIMCO Total Return Admin	%
T. Rowe Price High-Yield	%
<b>Stock Focused.</b>	
AIM International Growth A	%
American Funds Growth Fund of Amer R3	%
Ave Maria Catholic Values	%
Ave Maria Growth	%
Ave Maria Opportunity	%
Ave Maria Rising Dividend	%
Baron Small Cap	%
Columbia Acorn International Z	%
Columbia Acorn Z	%
Columbia Large Cap Index A	%
Davis NY Venture A	%
Dodge & Cox Stock	%
Harbor International Inv	%
Perkins Mid Cap Value J	%
T. Rowe Price Real Estate	%
T. Rowe Price Small-Cap Value	%
<b><i>If you completed Option 2, Do Not complete Option 1</i></b>	<b>Total 100%</b>

### Step 5: Sign your name

X \_\_\_\_\_ Date \_\_\_\_\_  
Participant's signature

**Return this form to:** Diocese of Winona, c/o Lincoln Retirement Services Co., PO Box 7876, Fort Wayne, IN 46801-7876

