

CARES Act distribution request

If you have questions or need assistance completing this form, call the Lincoln Customer Contact Center at 1-800-510-4015 or contact your retirement plan representative.

Is this the correct form?

This form can be used to take a distribution under the Coronavirus Aid, Relief, and Economic Security (CARES) Act or H.R. 748 that was signed into law on March 27, 2020.

- This form is not for use with 457(b) Top Hat plans.
- If you are unable to self-certify that you qualify for distribution under the CARES Act (see Step 5 on page 2), you can contact your employer/plan administrator to explore whether other distribution options are available under your retirement plan.
- This form is valid through December 30, 2020.

i Marital status: Please provide your marital status in order to ensure timely processing of your distribution.

i Maximum distribution amount requirement: It is your responsibility to ensure that the total of all CARES Act distributions from any retirement plan or individual retirement accounts does not exceed \$100,000 in aggregate.

i Federal tax withholding election: We are required to withhold Federal Income Tax at a minimum of 10% unless you elect to have no withholding apply.

1 Tell us about yourself.

Plan name	Contract number
Account number	Plan ID (refer to your statement)
Name (first, MI, last, suffix)	SSN - -
Mailing address	Date of birth (mm/dd/yyyy) / /
City State Zip	Mobile - -
Email	Phone - -
Marital status i	Date of hire (mm/dd/yyyy) / /
I do not have a living spouse.	
I have a living spouse.	

2 How much should we send you? **i**

Amounts will be distributed from your available vested balance and may be limited to certain contribution types. The total amount you receive may be less than the amount requested, depending on your available balance and tax withholding.

Send me a CARES Act distribution in the amount of \$ _____ (Dollar amount must be provided.)

3 How do taxes impact your distribution?

This distribution is not subject to the early distribution penalty provided that it, and all other CARES Act distributions, do not exceed the aggregate amount of \$100,000 from all plans and IRAs from which you receive(d) distributions. Lincoln will withhold taxes from your distribution at the rates detailed below and automatically send the withholding to the IRS on your behalf.

Taxes withheld from your distribution will include:

- **10% Federal tax (choose one)**

Please withhold federal taxes at the rate of (minimum 10%) _____ % **i**


Do not withhold taxes. I understand that I am responsible for any payment of federal taxes due on my distribution.

If you do not make a selection, Lincoln will automatically withhold 10%.


- **State tax (if applicable)**

State tax is automatically calculated and based on your residence on file.

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 **Direct Deposit: If your bank account information is illegible or incomplete, Lincoln will issue a check and mail to your address on file.**



Please note: We cannot direct deposit to reloadable bank cards.

 **If you direct deposit to a checking account:** To ensure accuracy, please include a photo copy of a voided check.

If you direct deposit to a savings account: To ensure accuracy, please include a verification of deposit from your financial institution.

4 How would you like to receive your payment?

I would like my payment to be sent as a (choose one)

Direct deposit to my personal bank account as described here:  

Select this box if this is a savings account:

Name as it appears on your account


Bank transit/ABA number (9-digits)

Financial institution

Account number

Check (mailed to participant, beneficiary, or alternate payee)

Check (mailed to Plan Sponsor or Trustee)

 **Self-certification:** Lincoln will rely upon your self-certification that you have met the requirements to be considered eligible for such a distribution. You will be responsible for documenting and retaining any and all information that the IRS may require to support this claim.

5 Verify you qualify for a CARES Act distribution.

I certify that my request is considered Coronavirus-related due to one or more of the following reasons:

- I (or my spouse or dependent) was diagnosed with the virus SARS-CoV-2 or with Coronavirus disease 2019 (referred to collectively as COVID-19), by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal, Food, Drug, and Cosmetic Act); or
- Due to COVID-19, adverse financial consequences have occurred as a result of one or more of the following events that apply to myself, my spouse, or a member of my household (defined as someone who lives with me at my principal residence):
 - Being quarantined, being furloughed or laid off or having work hours reduced;
 - Being unable to work due to lack of child care;
 - Being the owner or operator of a business that was forced to close or have its hours reduced;
 - Pay or self-employed income was reduced; or
 - A job offer was rescinded or start date for a job was delayed.

This list may be updated at a later date if additional guidance is issued.

 **Continue to the next page for additional instructions.**

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6 Sign and date this form.

By signing below, I certify that:

- My request is considered Coronavirus-related because I meet one of the qualifications set forth under Step 5.
- I have read and understand the Important Fraud Notice and Important Information sections on the last page of this form.
- I am responsible for meeting the federal tax law requirements to qualify for this distribution.
- If there are not enough funds in my retirement account for the amount requested, Lincoln will process the withdrawal from the amount available.
- If applicable to this plan, I have received the Qualified Joint and Survivor Annuity (QJSA) notice; waive the 30 day review period and normal QJSA form of payment; and instead; elect to receive this distribution as detailed on this form.
- I reviewed the above information and I hereby certify that my answers on this form, and the documents I have attached hereto, are true and correct and can be relied on. I hereby request a Coronavirus-related withdrawal.
- If I am a New York resident, I understand that 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.

Did you know?

If you move this year: Please update your address to receive your tax documents for use when you file your income taxes.

To update your address: If you are an active employee, contact your employer; if you are no longer employed, call Lincoln.

Your signature (Please sign with a pen. We cannot accept electronic signatures.)

Today's date (mm/dd/yyyy)

 / /

7 Your spouse's signature may be required.

In some instances, your spouse may be required to sign this form. Please contact Lincoln or your plan administrator/employer to determine if this is required for your plan.


By signing below, I certify that I am the spouse of the individual named above and that:

- If applicable to this plan, I have received the QJSA notice; consent to my spouse's election to waive the normal QJSA form of payment; and consent to my spouse's election to an immediate distribution as detailed on this form.

Spouse's signature (if required)

Today's date (mm/dd/yyyy)

 / /

Plan administrator's signature or notary's signature 


Today's date (mm/dd/yyyy)

 / /

Notary seal/stamp

Notary's commission expires (mm/dd/yyyy)

 / /

 **If spousal consent is required** and your plan administrator does not sign here as a witness to your spouse's signature, you must have a notary sign, seal, and date where noted to the right. If you are unable to reach a notary public, please contact your employer for guidance on spousal consent.

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Did you remember to:

- Print, sign and date this form?
- If faxing, include both the front and back of ALL pages of the form?

Questions?



VISIT

LincolnFinancial.com or



CALL

1-800-510-4015,
M - F, 8 am - 8 pm ET

Current, former, or non-employee - return all documents to:

Your employer's retirement plan sponsor/trustee.

What you can expect:

- **Log in to your account** at LincolnFinancial.com to verify when funds are removed from your retirement account.
- **For ACH deposits**, it takes up to two business days to see your payment posted to your bank account once the funds have left your retirement account.
- **For checks**, your payment will arrive depending on the United States Postal Service delivery schedule. This generally takes 2-5 business days once the funds have left your retirement account.

 **Continue to the next page for additional information.**

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Plan sponsor/trustee use only.

I authorize Lincoln to proceed with the elections made on this form.

Plan sponsor/trustee's name

Plan sponsor/trustee's signature

Today's date (mm/dd/yyyy)

/ /

Third party administrator (TPA) use only.

- Is the employee 100% vested in all sources? Yes No

- Hours worked in the current year Years of service

- Indicate percentage vested by source below:

Employer	%	Bundled Employer & Employee	%
Employer Discretionary	%	Qualified Safe Harbor Match	%
Employer Match	%	Qualified Safe Harbor Non-Elective	%
Employer Secondary Match	%	Other (describe below)	%
Prevailing Wages	%		

- If this distribution contains after-tax dollars, what is the cost basis? \$

- If this distribution contains Roth dollars, what is the cost basis? \$

- Date of first Roth contribution: / /

- Outstanding loan information 

- Outstanding loan balance, including accrued interest? \$

- Was the loan in good standing? Yes No

If no, treat loan as a deemed distribution? Yes No

Loan default date: / / 

- Does this distribution contain 457(b) Governmental Plan money? Yes No

If yes, how much? \$

I authorize Lincoln to proceed with the elections made on this form.

TPA's name

Phone

TPA's authorization code

Contact name

Service fee of \$ to be paid to the TPA. (choose one)

Deducted from the proceeds

In addition to the distribution amount

Fees should be sent to the TPA via (choose one)

ACH (if Lincoln has previously received ACH instructions)

Check



Participant information:

If participant information is incomplete, Lincoln will use the information currently on file.

Authorization: Lincoln will process this request based on TPA authorization only. Lincoln will not screen for plan administrator/ employer's signature or QDRO orders.

Loans will be offset in the event of termination from employment. A form 1099-R will be issued for the year in which the loan is offset.

Loan default date must be the same or prior to distribution date. Loan default cannot satisfy the RMD.

TPA distribution fees are established at plan setup, deducted automatically at the time of withdrawal, and included in the aggregated monthly fee sent to the TPA. For systematic distribution payments, the fee will be assessed only for the initial withdrawal.

Plan administrator or TPA return all documents to:

• **FAX**

Lincoln Financial Group
260-455-6122

• **MAIL**

Lincoln Financial Group
P.O. Box 2248
Fort Wayne, IN 46801-2248

• **EXPRESS MAIL**

Lincoln Financial Group
1301 S. Harrison St.
Fort Wayne, IN 46802-3506

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DISCLOSURE

The Lincoln National Life Insurance Company and/or Lincoln Life & Annuity Company of New York are herein separately and collectively referred to as ("Lincoln").

IMPORTANT FRAUD NOTICE

Residents of all states except Alabama, Arkansas, 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 Colorado, Kentucky, Maine, Ohio, 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.

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.

IMPORTANT INFORMATION

There are restrictions on the amount that can be withdrawn from the Lincoln Fixed Account/Lincoln Stable Value Account/Lincoln Stable Value Separate Account in a 12-month period. Transfers from the Lincoln Stable Value Account/Lincoln Stable Value Separate Account may be subject to a 90-day equity wash.

Lincoln Financial Group® affiliates, their distributors, and their respective employees, representatives, and/or insurance agents do not provide tax, accounting, or legal advice. Clients should consult their own independent advisor as to any tax, accounting or legal statements made herein. We recommend that you consult a tax advisor regarding the distribution rules as they pertain to your personal circumstances.