Bi-State Development Agency 401(k) Retirement Savings Program

Rollover Request

PLEASE PRINT CLEARLY

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 have investment elections on file and do not correctly complete Section II of this form, your rollover will be deposited into the investment elections you have on file. If you do not have investment elections on file and do not correctly complete Section II of this form, your rollover will be deposited into the default investment option designated by your employer.

Step 1: Tell us about yourself

Information provided on this form will be used exclusively for administering your account and sending financial documents and information related to your plan.

Name: ______________________________
Last First M.I.

Address: ______________________________
Street City State Zip

SSN#: ________ - ________ - ________ Marital Status: ☐ Married ☐ Not married

Phone: ________ - ________ - ________ Date of birth: ____ / ____ / ________
(Daytime) M M D D Y Y Y Y

Phone: ________ - ________ - ________ Date of hire: ____ / ____ / ________
(Evening) M M D D Y Y Y Y

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

Amount of rollover: ☐ $____________________ or ☐ ___________%

I am requesting a **rollover** of:

☐ pre-tax contributions from a 401(k) plan
☐ pre-tax contributions from a 401(a) plan

Note: After-tax and Roth rollovers are not allowed for this plan.

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

Former employer's name: ______________________ Phone: ______ - ______ - ______

Previous Account number(s): ______________________

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)

Step 3: Signatures

- 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 ______________________________ ______________
Participant's signature Date

X ______________________________ ______________
RC/Agent/Broker Name Agent Code (If Any)

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:

Bi-State Development Agency 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 Bi-State Development Agency 401(k) Retirement Savings Program (participant's name), (participant's Social Security number) ***Please mail check to:*** Bi-State Development Agency Lincoln Retirement Services Co. PO Box 7876 Fort Wayne, IN 46801-7876

(Please see next page)

Bi-State Development Agency 401(k) Retirement Savings Program

Rollover Request

PLEASE PRINT CLEARLY

Section II Investment Information

Name: ____ **SS#:** ______-______-__________

Last First M.I.

Step 4: Where should your rollover go

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 have investment elections on file and do not correctly complete Section II of this form, your transfer will be deposited into the investment elections you have on file. If you do not have investment elections on file and do not correctly complete Section II of this form, your transfer will be deposited into the default investment option designated by your employer. You will then be able to move your assets out of that investment option.

Continue to the following page to elect your Investment Allocations

Return this form to:

Bi-State Development Agency, c/o Lincoln Retirement Services Co. LLC, PO Box 7876, Fort Wayne, IN 46801-7876

Bi-State Development Agency 401(k) Retirement Savings Program

Rollover Request
Section II Investment Allocation

Option 1: Use Current Elections
(If you complete Option 1, do not complete Option 2.)

☐ Apply to current investment elections on file.

Option 2: Determine your asset allocation percentages.
Fill in your own investment percentages. Your percentages must add up to 100% in increments of 1%.
(If you complete Option 2, do not complete Option 1)

Percentage	Investment Option	Percentage	Investment Option
	Cash and Stable Value Investments		**Balanced Investments, continued**
%	Goldman Sachs FS Money Market FST	%	T. Rowe Price Retirement 2045
%	T. Rowe Price Stable Value Fund	%	T. Rowe Price Retirement 2050
	Balanced Investments	%	T. Rowe Price Retirement 2055
%	Dodge & Cox Balanced	%	T. Rowe Price Retirement Income
%	T. Rowe Price Retirement 2005		**Stock-based Investments**
%	T. Rowe Price Retirement 2010	%	American Funds EuroPacific Gr A
%	T. Rowe Price Retirement 2015	%	Aston/Montag & Caldwell Growth I
%	T. Rowe Price Retirement 2020	%	Dodge & Cox Stock
%	T. Rowe Price Retirement 2025	%	Perkins Mid Cap Value T
%	T. Rowe Price Retirement 2030	%	Vanguard 500 Index Investor
%	T. Rowe Price Retirement 2035	%	William Blair Small-Mid Cap Gr I
%	T. Rowe Price Retirement 2040		
		%	**Self-Directed Brokerage Account***
All investment percentages must equal 100%.		**100%**	**Total**

*The Self-Directed Brokerage Account election is valid only by completing an individual account application. Additional fees may apply. For more information or an application, please call 800 234-3500. If your application is not completed and in good order, these assets will be held in the default fund determined by your employer. **Please remember: Automatic Rebalancing is not available for Self-Directed Brokerage Accounts.**

Step 5: Sign your name

- I have read and understand the Investment Information as outlined in Step 4 on the previous page.
- I authorize my transferred assets to be invested in the retirement plan in the manner outlined above.

X
Participant's signature ____________________ Date ____________________

Please return the completed form to the address indicated on the previous page.