



For use with:
Lincoln Alliance® program

The Foursquare 403b Retirement Plan

Request for a Rollover

CFG-001

Section I Plan Information

PLEASE PRINT CLEARLY

Carefully read the rollover notice you received from your distributing plan before you complete the following sections on the Request for a Rollover. 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 option designated by your employer.

Step A: Participant Information

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

Name: _____ SSN#: _____
First Middle Last Suffix (i.e., Jr., Sr.)

Address: _____
Street City State ZIP

Birth Date: _____ ☐ Married ☐ Male Daytime Phone: _____

Date of hire: _____ ☐ Not married ☐ Female Evening Phone: _____

E-mail address: _____

☐ I elect to receive prospectuses, supplements and shareholder reports related to my account electronically. Notices will be provided to my email address above. If the email address I provide is not valid, or if I do not provide an email address, I will receive such documents in paper form by U.S. mail. I may also request documents in paper form at no charge by calling 800-234-3500, or change my delivery preference at LincolnFinancial.com.

Step B: What was your former plan (Complete all of Step B)

Amount of rollover: ☐ \$ _____ or ☐ _____ %

Is your rollover related to ministerial earnings? ☐ Yes ☐ No

According to the type of plan you have, choose only Section A or B to complete. (Note: Your plan may not allow all of the options mentioned in Sections A and B).

(A) I am requesting a rollover of my existing:

- | | |
|---|--|
| <input type="checkbox"/> 401(k) | <input type="checkbox"/> IRA |
| <input type="checkbox"/> 401(a) | <input type="checkbox"/> Conduit IRA |
| <input type="checkbox"/> 403(b)(1) annuity contract | <input type="checkbox"/> 457(b) non-profit |
| <input type="checkbox"/> 403(b)(7) custodial contract | |

My rollover is comprised of (choose one): ☐ Pretax contributions ☐ After-tax contributions

(B) I am doing a plan-to-plan transfer from: ☐ a 457(b) governmental plan to another 457(b) governmental plan

Note: Roth rollovers are not allowed for this plan.

My current account is with (check one): ☐ Lincoln ☐ Other

Former employer's name: _____ Daytime Phone: _____

Previous Account Number(s): _____

Name of annuity provider, custodian or trustee: _____

Contact person: _____

Daytime Phone: _____ E-mail address: _____

Address: _____
Street City State ZIP

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Step C: Signatures

Participant

By signing below, I certify that:

- Residents of all states except Alabama, Arkansas, Colorado, District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, 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 Arkansas, Colorado, Kentucky, Maine, New Mexico, Ohio, Rhode Island, 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 Alabama and Louisiana 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 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 and New Jersey 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 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 York 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- For Oklahoma and 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 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.
- I have read, understand and agree to the terms on this form, the disclosures outlined and the distribution restrictions contained in the enrollment booklet.
- This transaction contains only eligible rollover dollars. In addition, my investment choices are my own, and they were not recommended to me by Lincoln Financial Advisors or any other organizations affiliated with the *Lincoln Alliance*® program and are solely for my benefit, based on my investment elections in Step D of this form.
- I have read and 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.
- This rollover was transferred within 60 days after I received such payment, if applicable.

Your Signature

Date

Plan Administrator

- You hereby certify that the above participant's request for rollover into the retirement plan is authorized and is in compliance with all provisions of that retirement plan.

Plan Administrator's Signature

Date

Trustee Acceptance

Be advised that the Lincoln Financial Group Trust Company, Inc. 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.

Instructions for former provider:

Please make check payable to: Lincoln Financial Group Trust Company, LLC for the benefit of Foursquare Retirement Plan, (participant's name), (participant's Social Security Number)

Mail the check to: Foursquare, c/o Lincoln Retirement Services Co. LLC, PO Box 7876, Fort Wayne, IN 46801-7876

Mail this form to: International Church of the Foursquare Gospel, PO Box 26902, Los Angeles, CA 90026-0176

Fax this form to: International Church of the Foursquare Gospel at 213.989.4560



The Foursquare 403b Retirement Plan

Request for a Rollover

Section II Investment Information

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PLEASE PRINT CLEARLY

Step D: Decide how to invest

Name: _____ SSN#: _____
First Middle Last Suffix (i.e., Jr., Sr.)

INVESTMENT ELECTIONS:

NOTE: 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.

☐ I want to apply my transfer amount to my current investment elections on file.

Do not complete any other section in Decide how to invest.

Make an all-in-one choice - This election applies to all contribution types

Choose only one Make an all-in-one choice option at 100%. Do not complete any other section in Decide how to invest.

If you select a portfolio from **Make an all-in-one choice**, your account balance and all future contributions will be allocated to the portfolio you select upon rebalancing.

Target-risk portfolios

- | | |
|--|--|
| <input type="checkbox"/> 100% 1 - Preservation of Capital | <input type="checkbox"/> 100% 4 - Growth & Income |
| <input type="checkbox"/> 100% 2 - Conservative Income & Growth | <input type="checkbox"/> 100% 5 - Long-term Growth of Capital |
| <input type="checkbox"/> 100% 3 - Moderate Income & Growth | <input type="checkbox"/> 100% 6 - Aggressive Growth of Capital |

Manage it yourself. This election applies to all contribution types.

Do not complete Manage it yourself if you completed another section in Decide how to invest.

Use this section to indicate your asset allocations. Your percentages must add up to 100% in increments of 1%.

Percentages Investment Options	Percentages Investment Options
Cash/Stable Value	U.S. Stocks
_____ % Lincoln Stable Value Account -J97	_____ % Goldman Sachs Small/Mid Cap Growth Instl
Bonds	_____ % Harbor Large Cap Value Instl
_____ % American Funds American High-Inc A	_____ % JHancock Disciplined Value Mid Cap A
_____ % Columbia Total Return Bond Z	_____ % Pax Small Cap Individual Investor
_____ % Metropolitan West Low Duration Bond I	_____ % Putnam Capital Spectrum Y
_____ % Metropolitan West Total Return Bd M	_____ % Touchstone Growth Opportunities Y
_____ % Templeton Global Bond A	_____ % Vanguard 500 Index Admiral
Balanced/Asset Allocation	International Stocks
_____ % AllianzGI Income & Growth D	_____ % American Funds Europacific Growth A
_____ % IVA Worldwide A	_____ % Oppenheimer Developing Markets Y
_____ % Invesco Balanced-Risk Allc Y	_____ % Vanguard Total World Stock Index Inv
	Specialty
	_____ % American Century Real Estate Inv
	_____ % Goldman Sachs MLP Energy Infras R
	_____ % Natixis ASG Global Alternatives Y

All investment percentages must equal 100%

100% = Total

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Participant signature

By signing below, I certify that:

- I have read and understand the Investment Elections in Step D.
- I authorize my transferred assets to be invested in the retirement plan in the manner indicated above.
- My investment choices are my own, and they were not recommended to me by Lincoln Financial Advisors or any other organizations affiliated with the *Lincoln Alliance*® program.
- I understand that I can make changes to my investment options at LincolnFinancial.com or by calling the *Lincoln Alliance*® program Customer Contact Center at 800-234-3500.

Participant Signature

Date

Important Information

Mutual funds in the *Lincoln Alliance*® program are sold by prospectus. An investor should consider carefully the investment objectives, risks, and charges and expenses of the investment company before investing. The prospectus and, if available, the summary prospectus contain this and other important information and should be read carefully before investing or sending money. Investment values will fluctuate with changes in market conditions so that, upon withdrawal, your investment may be worth more or less than the amount originally invested. Prospectuses for any of the mutual funds in the *Lincoln Alliance*® program are available at 800-234-3500.

The program includes certain services provided by Lincoln Financial Advisors Corp. (LFA), a broker-dealer (member FINRA) and an affiliate of Lincoln Financial Group, 1300 S. Clinton St., Fort Wayne, IN 46802. Unaffiliated broker-dealers also may provide services to customers.

Asset allocation portfolios use the investment options available in the retirement product or program and are designed to help an individual select the investment options that best align with their retirement goals. Asset allocation does not ensure a profit nor protect against loss.

The Lincoln Stable Value Account is a fixed annuity contract issued by The Lincoln National Life Insurance Company, Fort Wayne, IN 46802 on Form 28866-SV 01/01, 28866-SV20 05/04, 28866-SV90 05/04, AN 700 01/12, or AR 700 10/09. **Guarantees for the Lincoln Stable Value Account are subject to the claims-paying ability of the issuer.**

Transfers from this investment option to competing funds may be restricted. Transfers may be made to noncompeting funds if there are no subsequent transfers to competing funds within 90 days.

Lincoln Financial Group Trust Company, Inc. (a New Hampshire company) is a wholly owned subsidiary of Lincoln Retirement Services Company, LLC.

Affiliates of Lincoln National Corporation include, but are not limited to, The Lincoln National Life Insurance Company, Lincoln Life & Annuity Company of New York, Lincoln Retirement Services Company, LLC, and Lincoln Financial Advisors Corporation, herein separately and collectively referred to as ("Lincoln").

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