

ENROLLMENT AND CHANGE FORM

MARKET

 Choose one: 403(b) 457(b) 401(a) 401(k)

ANNUITANT/PARTICIPANT INFORMATION

Name	SS/Tax ID#
Mailing Address	City State ZIP
Street Address (if different)	City State ZIP
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Not married
Date of Hire/Rehire	E-mail Address
Daytime Phone Number	Evening Phone Number
Plan Sponsor Name Portland Schools	Contract Number 893924+001
Group/Employer ID Number	

New enrollment **OR** Change of:
 Name*
 Beneficiary
 Future Allocation Elections
 Address/Telephone
 Salary Reduction

* Proof is required for name changes. Submit a copy of a marriage license, divorce decree, or other court document.

SUITABILITY

Annuitant/Participant investment objective is: (select one objective)

Preservation of Capital
 Income
 Growth & Income
 Long Term Growth
 Maximum Capital Appreciation
 Flexible Allocation

Annuitant/Participant financial status is: (complete all fields unless declining suitability information)

Number of Dependents	Occupation
Total Family Income \$	Estimated Net Worth \$

I understand the representative must inquire about my financial status for the purpose of determining if the allocations selected are suitable; however, I wish to decline to provide suitability information.

SALARY REDUCTION INFORMATION

Check with your payroll department to determine which option they use per pay period.

Salary reduction \$ _____ or _____ % of pay Date of reduction _____

ALLOCATION OF CONTRIBUTIONS - (Percentages must be whole numbers and equal 100%. Enrollment will not be processed until allocations are in good order.)

Preservation of Capital

_____ % Fixed Account (FIXED ACCT)
_____ % LVIP Government Money Market (LN GOV MM)

Income

_____ % LVIP BlackRock Inflation Protected Bond (BKRK INFPT)
_____ % LVIP Delaware Bond (LN BOND)
_____ % LVIP Delaware Diversified Floating Rate (LN DVRS FR)
_____ % LVIP Delaware Diversified Income (DLW DVRSIN)
_____ % LVIP Delaware High Yield (DLW HI YLD)
_____ % LVIP Mondrian Global Income Fund (GLOBAL INC)
_____ % LVIP SSGA Bond Index (BOND IDX)
_____ % PIMCO VIT Total Return (PIMCO VIT)

Growth & Income

_____ % American Funds Growth-Income (AMF GR&IN)
_____ % Fidelity® VIP Freedom 2020 PortfolioSM (FIDFRT2020)
_____ % Fidelity® VIP Freedom 2025 PortfolioSM (FIDFRT2025)
_____ % Fidelity® VIP Freedom 2030 PortfolioSM (FIDFRT2030)
_____ % Fidelity® VIP Freedom 2035 PortfolioSM (FIDFRT2035)
_____ % Fidelity® VIP Freedom 2040 PortfolioSM (FIDFRT2040)
_____ % Fidelity® VIP Freedom 2045 PortfolioSM (FIDFRT2045)
_____ % Fidelity® VIP Freedom 2050 PortfolioSM (FIDFRT2050)
_____ % Fidelity® VIP Freedom 2055 PortfolioSM (FIDFRT2055)
_____ % Fidelity® VIP Freedom 2060 PortfolioSM (FIDFRT2060)
_____ % LVIP BlackRock Dividend Value Managed Volatility (BKRK DIV)
_____ % LVIP BlackRock Global Allocation Fund (BLRK GL AL)
_____ % LVIP Delaware U.S. REIT Fund (DLW REIT)
_____ % LVIP Delaware Value (DLW VALUE)
_____ % LVIP Delaware Wealth Builder Fund (DLW WEL BD)
_____ % LVIP Global Conservative Allocation Managed Risk (LN GLB CON)
_____ % LVIP Global Growth Allocation Managed Risk (LN GLB GR)
_____ % LVIP Global Moderate Allocation Managed Risk (LN GLB MOD)
_____ % LVIP JPMorgan Retirement Income Fund (JPM RET IN)
_____ % LVIP SSGA Global Tactical Allocation Managed Volatility (SS GLB TAC)
_____ % LVIP T. Rowe Price 2020 Fund (TROWE 2020)
_____ % LVIP T. Rowe Price 2030 Fund (TROWE 2030)
_____ % LVIP T. Rowe Price 2040 Fund (TROWE 2040)
_____ % LVIP T. Rowe Price 2050 Fund (TROWE 2050)
_____ % LVIP T. Rowe Price 2060 Fund (TROWE 2060)

Long Term Growth

_____ % American Funds Global Growth (AMF GL GR)
_____ % American Funds Growth (AMF GROW)
_____ % American Funds International (AMF INT'L)
_____ % Delaware VIP® Small Cap Value (DLW SMCP V)
_____ % Fidelity® VIP Contrafund® (FID CONTRA)
_____ % Fidelity® VIP Growth (FID VIP GR)
_____ % LVIP BlackRock Real Estate Fund (LN BR REIT)
_____ % LVIP Blended Large Cap Growth Managed Volatility (LN LGCP GR)
_____ % LVIP Delaware Mid Cap Value Fund (LN DLW MCV)
_____ % LVIP Delaware Social Awareness (LN SC AWRN)
_____ % LVIP Dimensional U.S. Core Equity 1 (DM CORE1)
_____ % LVIP Franklin Templeton Global Equity Managed Volatility (FT GLB EQ)
_____ % LVIP JPMorgan Select Mid Cap Value Managed Volatility (JPM MD VAL)
_____ % LVIP Mondrian International Value (LN INT'L)
_____ % LVIP SSGA International Index (INT'L IDX)
_____ % LVIP SSGA S&P 500 Index (S&P 500 IN)
_____ % LVIP Vanguard Domestic Equity ETF (LN VNG DE)
_____ % LVIP Vanguard International Equity ETF (LN VNG INT)
_____ % MFS® VIT Utilities (MFS UTILTS)

Maximum Capital Appreciation

_____ % AB VPS Global Thematic Growth Portfolio (AB VPS GL T)
_____ % DWS Alternative Asset Allocation VIP Portfolio (DEU ALT AL)
_____ % LVIP Baron Growth Opportunities (BRN GR OPP)
_____ % LVIP Blended Mid Cap Managed Volatility (LN MID CAP)
_____ % LVIP Delaware Smid Cap Core (DLW SMID)
_____ % LVIP Franklin Templeton Multi-Factor Emerging Markets Equity Fund (FT EM MKT)
_____ % LVIP SSGA International Managed Volatility (SSGA INTL)
_____ % LVIP SSGA Small-Cap Index (SM CAP IN)
_____ % LVIP T. Rowe Price Structured Mid-Cap Growth (TRP MIDCAP)

IMPORTANT INFORMATION - Please read

Participant Information

- Any changes to your beneficiary designation or name must be submitted on this enrollment form. If your plan is subject to ERISA, the plan administrator must sign this form authorizing the beneficiary designation.

Variable Annuity Information

- If contributions are received by The Lincoln National Life Insurance Company (Lincoln) without complete and accurate information, your contributions will be allocated to the Pending Allocation Account. Once complete information is received, Lincoln will allocate your contributions as indicated on the form. After the third monthly notice, if Lincoln has not received this necessary contributions information, the account value will be returned to the contract holder.
- If you transfer assets to Lincoln without a transfer form indicating an allocation selection, Lincoln will deposit these assets based on the most recent investment elections on file.

Salary Reduction

- The employer shall reduce your salary by the amount indicated per pay period. The employer shall forward this amount to Lincoln as a contribution toward a retirement account.
- Any change in allocation election will be effective with the next deposit after receiving this form in the Fort Wayne, IN office.
- Salary deferral amounts can change as permitted by the plan. Check with the employer regarding plan provisions.
- This agreement will apply only to amounts deferred after this agreement becomes effective. It will not apply to any amounts deferred after it is terminated.

Beneficiary Designation

- If additional space is needed, attach a separate sheet.
- If you are married, the primary beneficiary will be your spouse unless he/she completes and signs a waiver form provided by your employer.
- If you are designating a trust as beneficiary, provide the exact legal name of the trust and the date of the trust.
- If you are establishing a trust through a last will and testament, the beneficiary designation should read "Testamentary Trust created under the last Will and Testament of (participant's name,)" no date should be provided.
- Your primary beneficiary(ies) will be entitled to the entire value of the account. Multiple surviving primary beneficiaries will be entitled to equal portions of the account unless specified otherwise.
- Your secondary beneficiary(ies) will be entitled to the entire value of the account if no primary beneficiary is living. Multiple surviving secondary beneficiaries will be entitled to equal portions of the account unless specified otherwise.

BENEFICIARY INFORMATION

(Percentages must be in whole numbers only. The total of percentages for Primary beneficiaries and Secondary beneficiaries must each equal 100%. Enrollment will not be processed until beneficiary information is in good order.)

Please check Primary or Secondary for each individual beneficiary. If neither is checked, the individual(s) will be deemed to be a primary beneficiary.

Annuitant/Participant Marital Status: Married Not Married

Primary Secondary

Name	Relationship	Percentage	%
Home Phone No. - -	Soc Sec No.	Date of Birth	
Address	City	State	Zip

Primary Secondary

Name	Relationship	Percentage	%
Home Phone No. - -	Soc Sec No.	Date of Birth	
Address	City	State	Zip

Primary Secondary

Name	Relationship	Percentage	%
Home Phone No. - -	Soc Sec No.	Date of Birth	
Address	City	State	Zip

Primary Secondary

Name	Relationship	Percentage	%
Home Phone No. - -	Soc Sec No.	Date of Birth	
Address	City	State	Zip

TELEPHONE/INTERNET AUTHORIZATION

Note: Check with your employer first to find out if they allow the agent of record to perform non-discretionary telephone instructions under your Group Annuity Contract.

If you DO NOT want telephone/internet authorization check this box.

I authorize and direct Lincoln to accept non-discretionary instructions via telephone, internet or facsimile from the agent of record under the group annuity contract funding your plan who can furnish proper contract identification to exchange units from subaccount to subaccount and/or change the allocation of future investments. This also authorizes administrative changes as approved by Lincoln.

Transfers to a fixed account will result in a new guaranteed period for the amount being transferred. Any such guarantee period will begin on the effective date of transfers. I agree to hold harmless and indemnify Lincoln and affiliates for any losses arising from any transaction out of this authorization.

Automatic telephone transfers and internet requests require a separate registration process in addition to completion of this form. Request for exchanges in subaccount units will be made at their respective units values at the close of the business day the request is received provided the instructions are received before the close of the New York Stock Exchange. Instructions received after the close of the New York Stock Exchange are effective at the close of the following business day.

SIGNATURES

By signing below you certify that you have read and understand the Important Information Section and the prospectus which explains the investment fund options, and associated expenses and charges in your employer's retirement plan. You also understand that the underlying funds supporting Lincoln's variable annuity are not public funds, but are available only through insurance contracts. You agree to the salary reduction information, beneficiary designation and agree to the conditions provided in the Telephone/Internet Authorization section of the *Multi-Fund*[®] Group Variable Annuity Enrollment Form.

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.

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Participant's name (please print)

Participant's signature

Date

(If this plan is subject to ERISA). The signature of the plan administrator's/employer's authorized representative certifies that he/she agrees to the Salary Reduction Information and Beneficiary Designation.

Plan Administrator's/Employer's Authorized Representative's signature (if applicable)

Date

Mail to: The Lincoln National Life Insurance Company
Servicing Office - PO Box 2340
Fort Wayne, IN 46801-2340
Phone 800 341-0441
Fax 260 455-9411
www.LincolnFinancial.com

IF FAXING, do not mail in originals.

Multi-Fund[®] variable annuity is issued on contract form number 28883 and state variations by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc., Radnor, PA, a broker-dealer. **Contractual obligations are subject to the claims-paying ability of The Lincoln National Life Insurance Company.**

Product and features subject to state availability. Limitations and exclusions may apply.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



SALARY REDUCTION AGREEMENT

Part I: Employee Information	Please read information on form before completing and signing				Pay period effective date:
	Last Name	First Name	Middle Initial	Date of birth:	Social Security Number
	Employee Address			Date of hire:	Number of pay periods per year:
	Employee Email			Employer Name	

Part II: Contribution Information	<p>Plan Type: <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b)* <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> Other: _____</p> <p>I want to: <input type="checkbox"/> Start New Account <input type="checkbox"/> Change investment <input type="checkbox"/> Change amount <input type="checkbox"/> Discontinue</p>				
	<p>Employee agrees and acknowledges contributions are subject to annual limits determined under Internal Revenue Code (IRC) Section 402 (g) and 415 (c). Institutions may limit contributions in order to comply with federal law. Employee hereby directs that any contribution in excess of such limits be returned in accordance with the governing legal requirements.</p> <p style="text-align: center;">Please list all accounts to which salary reduction contribution should be allocated. Allocations listed below will supersede any previous allocations for salary reduction contributions.</p>				
	INVESTMENT/INSURANCE PROVIDER NAME AND ADDRESS	ACCOUNT/POLICY NUMBER	EMPLOYEE DEFERRAL DOLLAR AMOUNT	EMPLOYEE ROTH (POST-TAX) DOLLAR AMOUNT	EMPLOYER CONTRIBUTION DOLLAR AMOUNT
	Lincoln Financial Group	893924+001			
	TOTAL PER PAY PERIOD		\$ 0	\$ 0	\$ 0

*Age 50 and older catch-up election is not available for 457(b) Non-governmental Top Hat Plans.

Part III: Agreement and Important Information

By signing this Agreement, Employee agrees to modify his/her salary as indicated above and Employer agrees to contribute this amount on Employee's behalf into the applicable Plan investments selected by Employee with the proper identification of pre-tax contributions and after-tax contributions to aid in proper allocation to segregated accounts by the Provider(s). It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met.

The Employee understands and agrees that this Agreement:

Is legally binding and irrevocable with respect to amounts paid or available while it is in effect; 2. May be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new salary reduction agreement is submitted; 3. Is effective only for amounts not yet earned or made available in accordance with the Employer's administrative procedures.

Employee further agrees that:

He/she may be assessed fees associated with administering the Plan either directly by the product vendor or by payroll deduction. He/she is responsible for determining that his/her salary reduction amount does not exceed the limits of the applicable law and is further responsible for the requirement that any after-tax contributions to a Roth option be segregated into a separate account that is separately tracked and monitored.

He/she is responsible for the accuracy of the information provided by Employee, which is used in determining Employee's maximum annual contribution limit; and Employer has no liability for any losses suffered by Employee that result from his/her participation in the Plan.

Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness or tax consequences of the Plan investment(s) selected by the Employee. Nothing herein shall affect the terms of employment between Employer and Employee.

This agreement supersedes all prior salary reduction agreements and shall automatically terminate if your employment with the Employer is terminated.

Important Information

1. Employer does not choose any products in which contributions are invested nor does it endorse, promote or in any way guarantee any investments in the Plan.
2. Employees are responsible for setting up and signing the legal documents to establish the annuity contract or custodial account. However, in certain group annuity contracts, Employer may be required to establish the contract.
3. In order to receive the expected tax results, Employees are responsible for investing in appropriate products that meet the requirements of the applicable Sections of the Internal Revenue Code.
4. Employees are responsible for naming a death beneficiary under the applicable Plan. This is normally done at the time the investment vehicle is established. Beneficiary designations should be reviewed periodically.
5. Employees are responsible for all distributions and any other transactions with their service provider. All rights under the investment(s) are enforceable solely by Employee, Employee beneficiary or Employee's authorized representative. Employee must work directly with the service provider to transfer contract(s) or custodial account(s) to another service provider, begin distributions, make loans, or otherwise access Plan assets.
6. Employees are responsible for determining that salary reductions do not exceed the allowable contribution limits under Applicable Law. References herein to elective deferral limits are based on the current IRS Limits.

Part IV: Signatures	Employee Name:	
	I certify that I have read this complete Agreement and that my salary reductions do not exceed contribution limits as determined by Applicable Law. I also certify that I am eligible for the catch-up election(s), if selected, under Part 2 above. I understand my responsibilities as an Employee under the Plan, and I request Employer to take the action specified in this Agreement. I understand that all rights under the investment(s) established by me under the Plan are enforceable solely by me, my beneficiary or my authorized representative. FOR CONNECTICUT EMPLOYEES OF PUBLIC SCHOOL DISTRICTS: I acknowledge receipt of investment fee information at the point of sale from the investment provider agent/representative as required under CT Act 17-142.	
	Employee Signature	Date: (mm/dd/yyyy)
	Agent/Representative	
	I hereby acknowledge my responsibility to comply with Employer's written directives regarding solicitation of Employees. I also acknowledge my responsibility to assist the Employee in determining the maximum contribution limits. (Please Print)	
	Agent/Representative Name	Date: (mm/dd/yyyy)
Employer		
Employer hereby agrees to this Salary Reduction Agreement and further agrees to identify both the pre-tax contributions and the after-tax contributions at the time of remittance to the selected Investment or Insurance Provider(s).		
Signature of Employer Representative	Title	