For use with:
Lincoln Alliance® program

*HeroPlus*SM input document

Instructions Lincoln Retirement Services Company, LLC (LRSC) will use the information below to begin the implementation process for your retirement plan(s).

Plan sponsor information

Legal plan name ______________________________

Legal employer name (as it would appear on a tax return) ______________________________

Address ______________________________

City ______________________________ State ______________ Zip ____________

Contact name ______________________________ Title ______________________

Email ______________________________ Phone _____ - ______ - ______

Payroll contact name (if different than Contact Name) ______________________________

Payroll contact email ______________________________ Payroll contact phone _____ - ______ - ______

Employer ID (EIN) (9-digit) ______________________________

Authorized document signer (if different than Contact Name) ______________________________

Prior investment provider information (complete this section for existing plans only)

Prior investment provider name ______________________________

Contact name ______________________________

Email ______________________________ Phone _____ - ______ - ______

How are assets currently being held? ☐ Group plan ☐ Individual accounts ☐ Other ______________________

Amount of outside assets (if applicable) ______________________________

Service provider/TPA firm information (complete this section for TPA-serviced plans only)

☐ VFIS ☐ PENFLEX ☐ Other ______________________________

Financial representative information (complete this section only if a financial representative is involved)

Financial representative name ______________________________

Address ______________________________

City ______________________________ State ______________ Zip ____________

Email ______________________________ Phone _____ - ______ - ______

Role/paid as? ☐ RIA ☐ Broker-dealer ☐ Advisor

Branch ID ____________________ Territory code ____________________ Financial advisor number ____________________

Identify commission split name and bps (if applicable) ______________________________