



The Foursquare Retirement Plan

Request for a Rollover

Section I Plan Information

CFG-001, CFG-002

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: Last First Middle SSN#

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:

- 401(k) IRA
401(a) Conduit IRA
403(b)(1) annuity contract 457(b) non-profit
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

**Step C: Signatures****Participant**

By signing below, I certify that:

- **Residents of all states except Maryland, Pennsylvania and New York, 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 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 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 New York residents only:** Pursuant to Section 3 of the federal Defense of Marriage Act ("DOMA"), same-sex marriages currently are not recognized for purposes of federal law. Therefore, the favorable income-deferral options afforded by federal tax law to an opposite-sex spouse under Internal Revenue Code sections 72(s) and 401(a)(9) are currently NOT available to a same-sex spouse. Same-sex spouses who own or are considering the purchase of annuity products that provide benefits based upon status as a spouse should consult a tax advisor. To the extent that an annuity contract or certificate accords to spouses other rights or benefits that are not affected by DOMA, same-sex spouses remain entitled to such rights or benefits to the same extent as any annuity holder's spouse.
- **For Illinois residents only:** The terms and requirements of the Illinois Religious Freedom Protection and Civil Union Act where incorporated into existing Illinois law, including the Illinois Insurance Code. Therefore, beginning June 1, 2011 all contracts of insurance, including renewals and existing contracts comply with that Act.
- **For Delaware residents only:** In compliance with The Civil Union and Equality Act, effective January 1, 2012, under all of The Lincoln National Life Insurance Company insurance contracts, certificates and riders covering Delaware residents, any benefit, coverage or right, governed by Delaware state law, provided to a person considered a spouse by marriage will also be provided to a party to a civil union and any benefit, coverage or right, governed by Delaware state law, provided to a child of a marriage will also be provided to a child of a civil union. Federal law may impact how certain spousal rights and benefits within some insurance products are treated. For example, federal tax laws that afford favorable income-deferral option to an opposite-sex spouse (e.g. the Federal Defense of Marriage Act). You should consult a tax advisor regarding the purchase of any life insurance policy or annuity contract that provides benefits based upon one's status as a "spouse."

\_\_\_\_\_  
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 Wilmington Trust, N.A. 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:** Wilmington Trust 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 Retirement Plan

## Request for a Rollover Section II Plan Information

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### Step D: Decide how to invest

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
Last First Middle

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 it easy - This election applies to all contribution types**

*Choose only one Make it easy option at 100%. Do not complete any other section in Decide how to invest.*

If you select a Model from **Make it easy**, your account balance and all future contributions will be reallocated to the Model you select upon rebalancing.

#### **Risk-based models**

- 100% 1 - Preservation of Capital
- 100% 2 - Conservative Income & Growth
- 100% 3 - Moderate Income & Growth
- 100% 4 - Growth & Income
- 100% 5 - Long-term Growth of Capital
- 100% 6 - Aggressive Growth of Capital

#### **Do it yourself. This election applies to all contribution types.**

*Do not complete Do it yourself if you completed another section in Choose where to invest.*

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

#### **Percentages Investment Options**

\_\_\_\_\_ % Lincoln Stable Value Account

#### **Bonds**

- \_\_\_\_\_ % American Funds American HI Inc Tr A
- \_\_\_\_\_ % Columbia Intermediate Bond Z
- \_\_\_\_\_ % PIMCO Total Return Admin
- \_\_\_\_\_ % Templeton Global Bond A

#### **Balanced/Asset Allocation**

- \_\_\_\_\_ % IVA Worldwide A
- \_\_\_\_\_ % Invesco Balanced-Risk Allc Y
- \_\_\_\_\_ % Ivy Asset Strategy I
- \_\_\_\_\_ % PIMCO All Asset All Authority A

#### **Percentages Investment Options**

#### **U.S. Stocks**

- \_\_\_\_\_ % American Century Real Estate Inv
- \_\_\_\_\_ % Columbia Acorn Z
- \_\_\_\_\_ % Harbor Large Cap Value Instl
- \_\_\_\_\_ % Ivy Mid Cap Growth Y
- \_\_\_\_\_ % JHancock3 Disciplined Value Mid Cap A
- \_\_\_\_\_ % RS Partners A
- \_\_\_\_\_ % Touchstone Growth Opportunities Y
- \_\_\_\_\_ % Vanguard 500 Index Signal

#### **International Stocks**

- \_\_\_\_\_ % American Funds EuroPacific Gr A
- \_\_\_\_\_ % Delaware Focus Global Growth Instl
- \_\_\_\_\_ % Oppenheimer Developing Markets Y

#### **Specialty**

- \_\_\_\_\_ % Prudential Jennison Natural Resources R

100% = Total

All investment percentages must equal 100%

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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.

Participant Signature

Date

## Instructions for former provider:

**Please make check payable to:** Wilmington Trust 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, 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

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## Important Information

Mutual funds in the *Lincoln Alliance*<sup>®</sup> program are sold by prospectus. An investor should carefully consider the investment objectives, risks, and charges and expenses of the investment company before investing. The prospectus contains 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*<sup>®</sup> 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.

Risk-based asset allocation models 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/Fixed Annuity is a group fixed annuity contract issued by Lincoln Life & Annuity Company of New York, Syracuse, NY, 13202 on Form AR 700 10/09 or Form 28866NY 05/04, respectively. **Guarantees for the Lincoln NY Fixed Annuity are based upon the claims-paying ability of the issuer.**

There is a 20% restriction on the amount that can be transferred from this investment option in a 12-month period.

Wilmington Trust, N. A. (WTNA), a national banking association based in Delaware which exercises trust powers, is a wholly owned subsidiary of M&T Bank Corporation. WTNA is not an affiliate of Lincoln Financial Group.

Lincoln Retirement Services Company, LLC is an affiliate of Lincoln National Corporation.  
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.