

Loan request form  
 - TPA-serviced

**Important information**

- Complete and submit all pages of this form, as incomplete information will cause processing delays.
- The Lincoln National Life Insurance Company and/or Lincoln Life & Annuity Company of New York are herein separately and collectively referred to as (“Lincoln”).
- This form cannot be processed until completed and signed by the Plan Sponsor/Trustee on page 4.
- This authorization form is to be submitted by fax to 260-455-6122.
- For questions about completing this form, please call 800-510-4015.

**1. Participant information**

Our records will be updated to reflect the address given here.

Plan name \_\_\_\_\_ Contract number \_\_\_\_\_

Account number \_\_\_\_\_ Plan ID \_\_\_\_\_

Participant’s name (first, MI, last, suffix) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of hire \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**2. Amount and purpose of loan**

Loan amount requested \$ \_\_\_\_\_

Purpose of loan:

- General purpose
- Purchase of primary residence
- Hardship event loan (complete if plan limits loans to hardship events only) \_\_\_\_\_

To be completed by Plan Sponsor/third party administrator (TPA):

Please indicate the amount to be withdrawn from each source listed. If source selections are not indicated, we will attempt to take money from the salary deferral source first. If there are not sufficient funds in the salary deferral source, Lincoln will seek verbal verification from the TPA of record. Lincoln will automatically prorate the loan disbursement from all investment options.

Salary deferral	\$ _____	Rollover	\$ _____
Employer contribution	\$ _____	ER safe harbor simple match	\$ _____
Employer discretionary	\$ _____	ER safe harbor non-elective	\$ _____
Employer match	\$ _____	Qualified safe harbor match*	\$ _____
Employer secondary match	\$ _____	Qualified safe harbor non-elective*	\$ _____
Roth	\$ _____		

\*These sources are applicable to auto-enroll plans with a vesting schedule.

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### 3. Loan fees

Your loans may be tracked and administered by your plan's TPA or by Lincoln. **The following fees will be charged for loans tracked by Lincoln:**

- \$60.00 initial setup fee
- \$30.00 ongoing fee that will be deducted annually
- Additional loan fees from your plan's TPA may apply.

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### 4. Payment method

**Note: A check will be issued unless you provide other instructions.**

The requested method of payment should be:

**Check** – Mail funds via paper check to participant or Plan Sponsor/Trustee.

**ACH deposit** - Send funds electronically to my personal checking account.

**Note:** Please submit a copy of a voided check with the completed Loan Request Form.

Provide banking information below:

If incomplete or inaccurate information is received, a check will be mailed.

ABA number (nine-digit bank routing number) \_\_\_\_\_ Account number \_\_\_\_\_

Participant/account owner's name \_\_\_\_\_

Financial institution name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Note:** For funds sent via electronic transfer, the account must be in the account holder's name. Depending on the financial institution, it may take three or four days from our processing date to be received in the account.

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### 5. Important information

- Loan requests will be processed within three (3) business days after Lincoln receives the valid, fully completed Loan Request Form approved by the Plan Sponsor/Trustee of the plan.

**For loans tracked by Lincoln**, the following information is applicable:

- Once loan proceeds have been disbursed to participant via check or electronic funds, the participant can view the Loan Amortization Schedule, Truth in Lending and Promissory Note by visiting [LincolnFinancial.com](http://LincolnFinancial.com).

## 6. Participant / spouse signatures

If you are married and the vested account balance is \$5,000 or more, your spouse's signature may be required. Please check with your Plan Sponsor/Trustee. **This form will be returned if appropriate signatures are not present.**

### Participant consent

By signing below, I certify that the information contained on this form is complete and accurate.

**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, 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 Washington residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

Check here if you are a participant and do not have a living spouse.

Check here if you have a living spouse. Spouse's date of birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

Participant signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Spouse consent (if required by plan document provisions)

By signing below, I, the spouse, agree and consent to the loan requested and/or the election by my spouse to waive the qualified joint and survivor annuity (QJSA) form of payment. I further acknowledge that the qualified joint and survivor annuity has been explained to me, and I understand the effect of such election and that signing here will cause me to give up important rights to which I may otherwise be entitled.

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(if required)

Witness signature  
(Plan Sponsor or notary public) \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Notary's commission expires \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

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**To be completed by TPA (third party administrators)**

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**7. Loan payment**Duration of loan (years)  1 year  2 years  3 years  4 years  5 years Other (applicable only for purchase of primary residence) \_\_\_\_\_

To be completed by Plan Sponsor/TPA:

Rate of interest \_\_\_\_\_%

Date of first payment \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be within a 30-day period and should coincide with an actual payroll date.)

**Payment frequency:**  Weekly  Biweekly  Semimonthly\*  Monthly

\* If semimonthly, the loan start date must be the 15th or the 30th day of the month.

Payment of the loan may not exceed five years, unless the loan is for the purchase of a principal residence. **Loan payments will be made via payroll deduction.**

Loans not paid as scheduled may be subject to default and tax consequences.

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**8. Signature / authorization - required****This form will be returned if appropriate signatures are not present.**

By signing below, I, the Plan Sponsor/Trustee, certify that the information on this form is complete and accurate. I also direct Lincoln to process the loan requested on this form.

Plan Sponsor/  
Trustee name (print/type) \_\_\_\_\_Plan Sponsor/  
Trustee signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**9. Third party administrators****This form should be forwarded to your third party administrator (TPA) for review unless other arrangements have been made.**

TPA name \_\_\_\_\_ TPA representative name \_\_\_\_\_

Phone number \_\_\_\_\_ Extension \_\_\_\_\_

TPA authorization code \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Loan initiation/service fee of \$ \_\_\_\_\_ to be paid to the TPA. (check one)

 deducted from the proceeds in addition to the withdrawal amount

Fees should be sent to the TPA via:

 ACH (if Lincoln has previously received ACH instructions) Check

Lincoln Financial Group® affiliates, their distributors, and their respective employees, representatives and/or insurance agents do not provide tax, accounting or legal advice. Clients should consult their own independent advisor as to any tax, accounting or legal statements made herein.

*Lincoln Director<sup>SM</sup> and Lincoln American Legacy Retirement®*, a group variable annuity contract, is issued on variations of contract form 19476 and state variations and amendment forms AR-450A and AR-451A 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.**Contracts sold in New York are issued on variations of contract form 19476NY and amendment forms AR-450A and AR-451A by Lincoln Life & Annuity Company of New York, Syracuse, NY. **Contractual obligations are subject to the claims-paying ability of Lincoln Life & Annuity Company of New York.**

Products and features are subject to state availability. Limitations and exclusions may apply.

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