



Diocese of Winona-Rochester Lay Employees Retirement Plan
Request for a Rollover

DOW-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.

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.

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: First Middle Last Suffix (i.e., Jr., Sr.) 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.

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

Amount of rollover: \$ or %

I am requesting a rollover of my existing:

- Pretax contributions from a 401(a)
Roth contributions from a 401(k)
Pretax contributions from a 401(k)
Roth contributions from a 403(b)
Pretax contributions from a 403(b)
Roth contributions from a 457(b) Gov
Pretax contributions from a 457(b) Gov
Pretax contributions from an IRA

If your rollover includes Roth contributions, indicate total Roth contributions \$ and earnings \$

Year of first contribution

Note: After-tax 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

You must provide one of the following forms of documentation in order to process your rollover:

- Copy of most recent statement from the prior plan
(Documentation must clearly confirm type of plan, i.e., 401(k), 403(b), 457(b) governmental plan or IRA)

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- Letter from prior plan sponsor indicating the type of plan where rollover originated
- Copy of prior plan sponsor's IRS determination letter

Failure to provide one of the above forms of supporting information will delay the processing of your rollover request until such supporting information is received.

Step C: Signatures

Participant

By signing below, I certify that:

- **Residents of all states except Alabama, Arkansas, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, 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 Alabama 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 Arkansas, Louisiana, and Rhode Island residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **For Colorado, Kentucky, Maine, Ohio, and 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 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 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 Kansas residents only:** 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, may be guilty of fraud as determined by a court of law.
- **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 Jersey residents only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- **For New Mexico residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
- **For Oklahoma residents only:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- **For Oregon residents only:** 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, may commit a fraudulent insurance act, which may be a crime and may be 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 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 Virginia residents only:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the 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

Retirement Consultant name:

Agent Code (if any)

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.

Return this form to:

Diocese of Winona-Rochester
c/o Lincoln Retirement Services Company, LLC
P.O. Box 7876
Fort Wayne, IN 46801-7876

Instructions for former provider

Please make check payable to:
Lincoln Financial Group Trust Company, Inc.

For the benefit of: Participant Name/SSN

Please mail check to:
Diocese of Winona-Rochester
c/o Lincoln Retirement Services Company, LLC
P.O. Box 7876
Fort Wayne, IN 46801-7876



Diocese of Winona-Rochester Lay Employees Retirement Plan

Request for a Rollover

Section II Investment Information

DOW-001

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.

The following investment options are asset allocation portfolios primarily consisting of a combination of bond-based and stock-based funds that correspond to a specific time horizon and risk profile. The mix or asset allocations of funds and other investments making up the portfolio (and owned by you) will change over time, becoming more conservative as you approach or progress through retirement.

Target-date + target-risk portfolios

- | | | |
|---|---|---|
| <input type="checkbox"/> 100% 2025 Conservative | <input type="checkbox"/> 100% 2025 Moderate | <input type="checkbox"/> 100% 2025 Aggressive |
| <input type="checkbox"/> 100% 2035 Conservative | <input type="checkbox"/> 100% 2035 Moderate | <input type="checkbox"/> 100% 2035 Aggressive |
| <input type="checkbox"/> 100% 2045 Conservative | <input type="checkbox"/> 100% 2045 Moderate | <input type="checkbox"/> 100% 2045 Aggressive |
| <input type="checkbox"/> 100% 2055 Conservative | <input type="checkbox"/> 100% 2055 Moderate | <input type="checkbox"/> 100% 2055 Aggressive |
| <input type="checkbox"/> 100% 2065 Conservative | <input type="checkbox"/> 100% 2065 Moderate | <input type="checkbox"/> 100% 2065 Aggressive |

Retirement allocation portfolios

- | | | |
|---|---|---|
| <input type="checkbox"/> 100% Conservative Retirement | <input type="checkbox"/> 100% Moderate Retirement | <input type="checkbox"/> 100% Aggressive Retirement |
|---|---|---|

Rebalancing is handled for you. When you select a portfolio, your account balances will be automatically rebalanced periodically. The rebalancing process is based on the portfolio's investment mix and objectives. Please note: If your current investment elections include an auto-rebalance feature and you elect to roll over money into different investment elections, all of your investment options will be included in the next scheduled rebalance.

Continue to the next page for "Manage it yourself"

Step D: Decide how to invest *continued*



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 Continued...
_____ % Lincoln Stable Value Account -LNGPE	_____ % Columbia Large Cap Index A
Bonds	_____ % Delaware Small Cap Value Instl
_____ % Ave Maria Bond	_____ % Dodge & Cox Stock
_____ % BlackRock Inflation Protected Bond Instl	_____ % MFS Growth R3
_____ % JPMorgan Core Bond I	_____ % MFS Mid Cap Value R4
_____ % T. Rowe Price High Yield	_____ % Victory RS Mid Cap Growth Y
U.S. Stocks	International Stocks
_____ % Ave Maria Growth	_____ % American Funds Europacific Growth R4
_____ % Baron Small Cap Retail	_____ % T. Rowe Price International Discovery
_____ % Catholic Investor Large Cap Growth I	Specialty
_____ % Catholic Investor Large Cap Value I	_____ % T. Rowe Price Real Estate
_____ % Catholic Investor Small Cap I	
All investment percentages must equal 100%	100% = Total

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

Return this form to:

Diocese of Winona-Rochester c/o Lincoln Retirement Services Company, LLC, P.O. Box 7876, Fort Wayne, IN 46801-7876

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.

The retirement allocation portfolios are designed for investors who are retired or about to retire. Assets in time-based asset allocation portfolios that reach maturity are automatically transferred to corresponding retirement allocation portfolios.

The retirement allocation portfolios' mixture of investments is designed 1) to generate retirement income and preservation of capital, and 2) for growth that outpaces inflation. The principal value of the retirement allocation portfolios will fluctuate with market conditions and is not guaranteed.

There is no guarantee that a particular portfolio will provide adequate income at and/or through retirement, nor does it assume or require a participant to take retirement income while invested in the retirement allocation portfolio. Retirement allocation portfolios are not designed to provide for plan distributions/withdrawals over a set period or to guarantee return of principal. Plan distributions/withdrawals will reduce the investment balance, and future returns are not earned on amounts withdrawn. The retirement allocation portfolio may not be appropriate for all plan participants. As with any asset allocation portfolio, there is no guarantee that a portfolio will achieve its objective. A portfolio's underlying funds' share prices fluctuate, which means you could lose money by investing in accordance with the portfolio allocation. Past performance is not a guarantee of future results.

Target date asset allocation portfolios are designed for investors planning to retire close to the year indicated in the name of the fund portfolio. The manager invests each asset allocation portfolio in accordance with an asset allocation between stocks (equity) and bonds (fixed income), which will become more conservative over time as the target maturity date draws closer and, following that date, as the investor moves further into retirement.

Target risk asset allocation portfolios are designed for investors with a specific risk profile. The mix of asset allocation of the underlying investments within the portfolio will reflect the risk profile indicated in the name of the portfolio. The manager invests each asset allocation portfolio in accordance with an asset allocation between stocks (equity) and bonds (fixed income), which will become more conservative over time.

Asset allocation portfolios' mixture of investments is designed to reduce the volatility of investment returns while still providing the potential for higher long-term total returns that are more likely to be achieved by including some exposure to stocks. The principle value of the asset allocation portfolios will fluctuate with market conditions and is not guaranteed. Asset allocation does not ensure a profit nor protect against a loss. There is no guarantee that the portfolio will achieve its objective or provide adequate income at and/or through retirement, nor does it assume or require a participant to take retirement income while invested in the retirement allocation portfolio. Plan distributions/withdrawals will reduce the investment balance, and future returns are not earned on amounts withdrawn. Past performance is not a guarantee of future results.

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").

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.