



**Step 3: Consent to electronic delivery (If you have already consented to eDelivery, please skip this section.)**

Email address: \_\_\_\_\_

@ \_\_\_\_\_

. \_\_\_\_\_

For your convenience, prospectuses, supplements, shareholder reports, and other documents related to your account will be delivered to you electronically through your online account. Notices will be provided to your email address above. In addition, as other documents become available, you will receive them electronically instead of paper form by U.S. mail. If the email address you provide does not work, or if you do not provide an email address, you agree to receive such documents on CD, memory stick, or other similar device. You may also request documents in paper form at no charge or revoke your consent to electronic delivery by calling 800 234-3500 at any time.

**Step 4: Signatures**

- I verify that this transaction contains only eligible rollover dollars. I have read the above information and authorize the investment of my rollover contribution solely for my benefit, based on my investment elections in Section II of this form. I have read and I 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.
- I verify that this rollover was transferred within 60 days after I received such payment, if applicable.

X \_\_\_\_\_

Participant's signature

\_\_\_\_\_ Date

X \_\_\_\_\_

RC/Agent/Broker Name

\_\_\_\_\_ Agent Code (If Any)

**I 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 Co. 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*<sup>®</sup> 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

(Please see next page.)

## The Foursquare Retirement Plan

# Rollover Request

## Section II Investment Information

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I.

### Step 5: Where should your rollover go

**INVESTMENT ELECTIONS:** I authorize my transferred assets to be invested in the retirement plan in the following manner:

**NOTE:** Indicate investment elections in whole percentages. Total must equal 100%, in increments of 1%. 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.

If you select a *LifeSpan*<sup>®</sup> Model your existing balance and all future contributions will be allocated to the *LifeSpan*<sup>®</sup> Model you select.

I understand that transfers and/or withdrawals from the Lincoln Life Fixed Annuity may be restricted to 20% of the account balance during a 12-month period **OR** that certain withdrawals from the Lincoln Stable Value Account may be restricted by a 90-day equity wash.

**Continue to the following page to elect your Investment Allocations**

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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.

*LifeSpan*<sup>®</sup> is an example of an asset allocation model. 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 Stable Value Account is a fixed annuity issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, 46802 on Form 28866-SV and state variations thereof. Guarantees are based upon the claims-paying ability of the issuer.

Wilmington Trust Company 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.

The Foursquare Retirement Plan

# Rollover Request

## Section II Investment Allocation

**Option 1: Use Current Elections**  
 (If you complete Option 1, do not complete Option 2 or Option 3.)

Apply to current investment elections on file.

**Option 2: Use a LifeSpan<sup>®</sup> Asset Allocation Model. Please select only one model.**  
 (If you complete Option 2, do not complete Option 1 or Option 3.)

Select one risk-based model.

<input type="checkbox"/> 100% Model 1	<input type="checkbox"/> 100% Model 2	<input type="checkbox"/> 100% Model 3
<input type="checkbox"/> 100% Model 4	<input type="checkbox"/> 100% Model 5	<input type="checkbox"/> 100% Model 6

**Option 3: Determine your own asset allocation percentages.**  
 Fill in your own investment percentages. Your percentages must add up to 100% in increments of 1%.  
 (If you complete Option 3, do not complete Option 1 or Option 2.)

Percentage	Investment Option	Percentage	Investment Option
	<b>Cash and Stable Value Investments</b>		<b>Stock-based Investments, continued</b>
%	Lincoln Fixed Annuity	%	American Century Real Estate Inv
	<b>Bond-based Investments</b>	%	American Funds EuroPacific Gr A
%	American Funds American Hi Inc Tr A	%	American Funds Growth Fund of Amer A
%	Columbia Intermediate Bond Z	%	BlackRock Large Cap Value Inv A
%	PIMCO Total Return Admin	%	Columbia Acorn Z
%	Templeton Global Bond A	%	Columbia Marsico 21st Century Z
	<b>Balanced Investments</b>	%	Dreyfus S&P 500 Index
%	IVA Worldwide A	%	Lazard Emerging Markets Equity Open
%	Ivy Asset Strategy Y	%	Munder Mid-Cap Core Growth A
%	PIMCO All Asset All Authority A	%	Prudential Jennison Natural Resources R
	<b>Stock-based Investments</b>	%	RS Partners A
%	Allianz NFJ Dividend Value A	%	RS Value A
<i>All investment percentages must equal 100%.</i>		<b>100%</b>	<b>Total</b>

### Step 6: Sign your name

- I have read and understand the Investment Information as outlined in Step 5 on the previous page.
- I authorize my transferred assets to be invested in the retirement plan in the manner outlined above.

X Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to the address indicated on the previous page.