

Enrollment Form

This form may be used for initial allocation elections only. All future changes must be made by either phone or web. Attempted allocation changes using this form, other than your initial allocation, will not be accepted.

STEP 1: Tell us about yourself

Information provided on this form will be used exclusively for the administration of your account and sending financial documents and information related to your plan.

Choose the appropriate title: Mr. Mrs. Miss Ms. Dr. Other

Name: _____ SS#: _____
Last First Middle

Address: _____
Street City State Zip

Birth date: _____ Date of hire: _____ Daytime phone: () _____ Evening phone: () _____

Married Occupation: _____ e-mail address: _____
 Not married Work hours: _____ I elect to receive future communications regarding fund data, including prospectus and fund reports, sent to my e-mail address above.

STEP 2: Set your contribution amount (For details refer to "Important Information About Your Plan" in your Enrollment booklet)

I want to contribute through salary deferrals. Tell us what amount of your salary, per pay period, in whole numbers \$ _____

I do not want to contribute through salary deferrals. Please complete the remainder of the form.

STEP 3: Name your beneficiary(ies)

To name more beneficiaries than this space permits, list them on a separate sheet, sign and date it, then attach it to this form and check this box: More beneficiaries attached I'm making changes to my existing beneficiary

Primary beneficiary

Name: _____ SS#: _____ Share: _____ %
Last First Middle

Address: _____
Street City State Zip

Date of birth: _____ Relationship: (choose one) Spouse Daughter/Son Parent Other

CHECK ONE: Primary beneficiary Secondary beneficiary

Name: _____ SS#: _____ Share: _____ %
Last First Middle

Address: _____
Street City State Zip

Date of birth: _____ Relationship: (choose one) Spouse Daughter/Son Parent Other

CHECK ONE: Primary beneficiary Secondary beneficiary

Name: _____ SS#: _____ Share: _____ %
Last First Middle

Address: _____
Street City State Zip

Date of birth: _____ Relationship: (choose one) Spouse Daughter/Son Parent Other

(Please see reverse side)

STEP 4: Choose your investment options

Use <i>LifeSpan</i> [®] Asset Allocation Models (Select only one model for each contribution source shown.)			Contributions				
Risk-based Models		Time-based Models					
Conservative Model	<input type="checkbox"/> 100%	2010 Model	<input type="checkbox"/> 100%	2025 Model	<input type="checkbox"/> 100%	2040 Model	<input type="checkbox"/> 100%
Moderately Conservative Model	<input type="checkbox"/> 100%	2015 Model	<input type="checkbox"/> 100%	2030 Model	<input type="checkbox"/> 100%	2045 Model	<input type="checkbox"/> 100%
Moderate Model	<input type="checkbox"/> 100%	2020 Model	<input type="checkbox"/> 100%	2035 Model	<input type="checkbox"/> 100%	2050 Model	<input type="checkbox"/> 100%
Moderately Aggressive Model	<input type="checkbox"/> 100%						
Aggressive Model	<input type="checkbox"/> 100%						

Periodically, your account balances will be automatically rebalanced according to the *LifeSpan*[®] asset allocation model's investment mix; and you have agreed to participate in any changes in the investment mix for the *LifeSpan*[®] asset allocation models as the plan sponsor may deem appropriate from time to time keeping with the investment objectives of the selected model. The models will automatically rebalance semi-annually on January 5th & July 5th.

OR - (Complete this next section ONLY IF you did not select a *LifeSpan*[®] Asset Allocation Model above)

Determine your own asset allocation percentages.

Fill in your own investment percentages. Your percentages must add up to 100% in increments of 1%.

Investment options	Contributions
Cash and Stable Value Investments	
Lincoln Stable Value Account	%
Bonds	
BlackRock Inflation Protected Bond A	%
Delaware Diversified Income A	%
Principal High Yield A	%
Vanguard Interm-Term Bond Index	%
Stocks	
Allianz NFJ Small Cap Value A	%
American Funds Capital World G/I R5	%
American Funds EuroPacific Gr R5	%
American Funds Fundamental Invs R5	%
American Funds Grth Fund of Amer R5	%
Calvert Social Investment Equity A	%
Columbia Mid Cap Value A	%
MFS Utilities R4	%
Vanguard 500 Index Investor	%
Vanguard Developed Markets Index	%
Vanguard International Value	%
Vanguard REIT Index	%
Vanguard Small Cap Index	%
Vanguard Total Stock Mkt Idx	%
Vanguard Windsor II	%
Total:	100%

If you determined your own asset allocation percentages, do you want your assets Automatically Rebalanced?

If YES, select a frequency for each source shown below. (For a detailed explanation regarding this feature, please refer to your Enrollment booklet.)

Account Balance Quarterly Semi-annually Annually Start Date: / /

STEP 5: Sign your name

- By signing below, I certify that:
- I have read, understand and agree to the terms on this form, the disclosures outlined in "Important information about your plan," and the distribution restrictions contained in the enrollment booklet.
- My investment choices are my own, and they were not recommended to me by Lincoln Financial Advisors or any other organization affiliated with the *Lincoln Alliance*[®] program.
- I understand that I can make changes to the data on this form on the Internet at www.LincolnAlliance.com or by calling the *Lincoln Alliance*[®] program Customer Service line at 800-234-3500.

Participant's signature **X**

Date

RC name:

Return this form to: Jeff Young, CRPC, Cannon Financial Strategists, Inc., 649-8 S. Milledge Ave., Athens, GA 30605