



Texas Tech University Optional Retirement Program
Request for a Contract Exchange
Plan Information

TTU-002

PLEASE PRINT CLEARLY

Your contract exchange will be deposited into the investment elections you have on file. If you do not have investment elections on file, your contract exchange will be deposited into the default investment 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: 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:

Email 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.

Step B: Your current provider (Complete all of Step B)

My current 403(b) account that I would like to transfer over my money from is with (check one): Lincoln Other

Current/former employer's name: Daytime Phone:

Previous Account Number(s):

Name of annuity provider, custodian or trustee:

Contact person:

Daytime Phone: Email address:

Address: Street City State ZIP

NOTE: The contract exchange rules state that a full or partial transfer out of a 403(b) annuity or custodial account is a non-taxable event only if the transfer is made to another 403(b) account subject to the same or more stringent distribution restrictions.

Step C: How much do you want to transfer

Please transfer the amount listed below to Lincoln Financial Group Trust Company, Inc. as successor custodian.

Select one: Complete - Liquidate all of the above referenced account and transfer the assets.

Partial - Liquidate assets totaling \$ and transfer the assets.

NOTE: If you are currently receiving Required Minimum Distributions (RMDs) from your current provider, please contact Customer Service at 800-234-3500 to establish your ongoing RMD under the Lincoln Alliance program.

Step D: Break down the amount of the transfer from the existing plan provider

The existing plan provider must complete this section. Dollar amounts must be provided.

*If Other Employer contributions are entered please indicate name of money type

**Roth contributions. Provide the year that the first contribution was made:

***After-Tax contributions (excluding Roth).

Continue on the next page for Step D: Break down the amount of the transfer from the existing plan provider

Step D: Break down the amount of the transfer from the existing plan provider *continued*

The check must be accompanied by information that reflects any grandfathered balances for withdrawal restrictions. Missing source information may delay processing your transaction and Lincoln may treat monies being transferred as elective deferral amounts which could limit the amount available for future distributions. Provide appropriate amounts in the boxes below:

| | Employer | | | Employee | | |
|--|----------|--------------|--------|----------|--------|--------------|
| | Matching | Non-Matching | *Other | Pre-Tax | **Roth | ***After-Tax |
| 403(b)(1) annuity contract | | | | | | |
| Account balances as of 12/31/86 | \$ | \$ | \$ | \$ | | \$ |
| Account balances as of 12/31/88 | \$ | \$ | \$ | \$ | | \$ |
| Post-1998 salary reduction contributions | \$ | \$ | \$ | \$ | \$ | \$ |
| 403(b)(7) custodial contract | | | | | | |
| Account balances as of 12/31/86 | \$ | \$ | \$ | \$ | | \$ |
| Account balances as of 12/31/88 | \$ | \$ | \$ | \$ | | \$ |
| Post-1998 salary reduction contributions | \$ | \$ | \$ | \$ | \$ | \$ |
| Total transfer breakdown | \$ | \$ | \$ | \$ | \$ | \$ |

Step E: Signatures**Participant****Information about the timing of your transfer**

- Use this form to request a Contract Exchange of your 403(b) annuity or custodial account assets to the 403(b)(7) custodial account in the *Lincoln Alliance*[®] program. Throughout this form, the term "transfer" is used to describe the tax-free total or partial exchange of one account for another based on the final 403(b) regulations published on July 26, 2007.
- Transfers from a Lincoln Financial Group (Lincoln)¹ annuity contract to the investment options offered through the *Lincoln Alliance*[®] program are liquidated on the date of receipt at Lincoln. Once Lincoln prices a redemption request, it may take an additional 3-5 business days to apply the investment options you have selected. During this process, your assets will not be subject to market gains or losses until the transfer is complete. You will receive a confirmation notice when your transfer has been processed out of your annuity contract and again when it has been processed into the fund selection offered through the *Lincoln Alliance*[®] program.
- Circumstances such as incomplete forms, trading deadlines or unusually high volumes may result in additional time to process your transfer.
- For questions regarding transfers from non-Lincoln contracts, contact your previous provider.

¹ Affiliates of Lincoln National Corporation include The Lincoln National Life Insurance Company, Lincoln Life & Annuity Company of New York and Lincoln Retirement Services Company, LLC, 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.

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, 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.

Continue on the next page for **Step E: Signatures**

Step E: Signatures *continued*

- **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 Ohio residents only:** Any person who, with 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 is guilty of insurance fraud.
- **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.
- If my employer is currently sending contributions to Lincoln or if an Information Sharing Agreement is in place, Lincoln will accept contract exchanges without delay.
- If my employer is not currently sending contributions to Lincoln, Lincoln will hold the exchange and forward an Information Sharing Agreement to the employer that I identify.
- I should contact my employer to determine if Lincoln is an approved vendor or if an Information Sharing Agreement has been completed. If not, I will need to consider another contract exchange to a 403(b) provider approved by my employer or a direct rollover to an IRA or another retirement plan if I am eligible.
- I verify that this transfer contains only dollars from another 403(b) annuity contract or custodian account.
- I have read the above information and authorize the transfer solely for my benefit.
- I also understand that my participation, including my transfer and any associated earnings, will be governed by the provisions contained in the retirement plan.
- 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 my investment options at LincolnFinancial.com or by calling the *Lincoln Alliance*® program Customer Contact Center at 800-234-3500.

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:

Texas Tech University System
 Lincoln Retirement Services Company, LLC
 P.O. Box 7876
 Fort Wayne, IN 46801-7876
Or fax to: 260-455-9975

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:
 Texas Tech University System
 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, 1301 S. Harrison St., Fort Wayne, IN 46802. Unaffiliated broker-dealers also may provide services to customers.

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.



Texas Tech University Optional Retirement Program

Request for a Rollover

TTU-002

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. 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: 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. 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 %

I am requesting a rollover of my existing:

Contributions from a Texas ORP plan

Note: Roth and 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)
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, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, 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 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 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 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:

Texas Tech University System
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:
Texas Tech University System
c/o Lincoln Retirement Services Company, LLC
P.O. Box 7876
Fort Wayne, IN 46801-7876

Texas Tech University Optional Retirement Program

Request for a Rollover

TTU-002

Section II Investment Information

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.

Target-date + target-risk portfolios

- | | | |
|---|---|---|
| <input type="checkbox"/> 100% 2020 Conservative | <input type="checkbox"/> 100% 2020 Moderate | <input type="checkbox"/> 100% 2020 Aggressive |
| <input type="checkbox"/> 100% 2025 Conservative | <input type="checkbox"/> 100% 2025 Moderate | <input type="checkbox"/> 100% 2025 Aggressive |
| <input type="checkbox"/> 100% 2030 Conservative | <input type="checkbox"/> 100% 2030 Moderate | <input type="checkbox"/> 100% 2030 Aggressive |
| <input type="checkbox"/> 100% 2035 Conservative | <input type="checkbox"/> 100% 2035 Moderate | <input type="checkbox"/> 100% 2035 Aggressive |
| <input type="checkbox"/> 100% 2040 Conservative | <input type="checkbox"/> 100% 2040 Moderate | <input type="checkbox"/> 100% 2040 Aggressive |
| <input type="checkbox"/> 100% 2045 Conservative | <input type="checkbox"/> 100% 2045 Moderate | <input type="checkbox"/> 100% 2045 Aggressive |
| <input type="checkbox"/> 100% 2050 Conservative | <input type="checkbox"/> 100% 2050 Moderate | <input type="checkbox"/> 100% 2050 Aggressive |
| <input type="checkbox"/> 100% 2055 Conservative | <input type="checkbox"/> 100% 2055 Moderate | <input type="checkbox"/> 100% 2055 Aggressive |
| <input type="checkbox"/> 100% 2060 Conservative | <input type="checkbox"/> 100% 2060 Moderate | <input type="checkbox"/> 100% 2060 Aggressive |
| <input type="checkbox"/> 100% 2065 Conservative | <input type="checkbox"/> 100% 2065 Moderate | <input type="checkbox"/> 100% 2065 Aggressive |

Retirement allocation portfolios

- 100% Conservative Retirement
- 100% Moderate Retirement
- 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%. The Self Directed Brokerage Account investment option requires an additional Rollover Form, available by calling 800-234-3500.

Percentages Investment Options

Cash/Stable Value

_____ % Lincoln Stable Value Account -J65D

Bonds

_____ % BlackRock Inflation Protected Bond Inv A

_____ % Dreyfus Bond Market Index Inv

_____ % JPMorgan Core Bond A

_____ % PGIM High Yield A

_____ % Templeton Global Bond A

Balanced/Asset Allocation

_____ % MFS® Total Return R3

Percentages Investment Options

U.S. Stocks

_____ % American Funds American Mutual R4

_____ % American Funds Fundamental Invs R4

_____ % American Funds Growth Fund of Amer R4

_____ % BlackRock Advantage Small Cap Gr Inv A

_____ % Columbia Large Cap Index A

_____ % Columbia Mid Cap Index A

_____ % Columbia Small Cap Index A

_____ % JPMorgan US Equity A

_____ % Janus Henderson Enterprise S

_____ % Neuberger Berman Sustainable Eq Trust

_____ % T. Rowe Price Mid-Cap Value R

_____ % Wells Fargo Special Small Cap Value Adm

International Stocks

_____ % American Funds Capital World Gr&Inc R4

_____ % American Funds Europacific Growth R4

_____ % American Funds New World R4

_____ % Janus Henderson Intl Mgd Volatil S

Specialty

_____ % Nuveen Real Estate Securities A

_____ % **Self-Directed Brokerage Account***

All investment percentages must equal 100%

100% = Total

* Valid only by completing an individual account application. Additional fees may apply. Please call for details. For more information or an application, call 800-234-3500. If your application is not completed and in good order, these assets will be held in the default option determined by your employer. **Please remember: Automatic rebalancing is not available for the Self-Directed Brokerage Account.**

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:

Texas Tech University System 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 the 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.

Asset allocation portfolios are designed for investors planning to retire or to start withdrawing their money close to the year indicated in the name of the fund. 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. In addition, the manager provides a Conservative, Moderate, and Aggressive portfolio for each target maturity date to account for participants' risk tolerance.

Asset allocation portfolio's 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 principal value of the asset allocation portfolios will fluctuate with market conditions and is not guaranteed.

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.