

Legacy Health 403(b) Plan and Matched Savings 401(a) Plan Beneficiary Designation LCY-001, LCY-004

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: _ SSN#: _ Middle Suffix (i.e., Jr., Sr.) Address: _ City Birth Date: _ Married Male Daytime Phone: _ Female ☐ Not married Date of hire:___ Evening Phone: ___ Step B: Name your beneficiary(ies) Updating beneficiary information Adding a beneficiary Removing a beneficiary 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: Percentages must be in whole numbers only. The total of percentages for primary beneficiaries and contingency beneficiaries, separately, must each equal 100% Primary Name Suffix(i.e., Jr., Sr.) Home Phone No. Spouse ☐ Non-Spouse Date of Birth City State Address ☐ Primary ☐ Contingency Suffix(i.e., Jr., Sr.) ☐ Non-Spouse Spouse Home Phone No. Date of Birth City State ZIP Address ☐ Primary ☐ Contingency Suffix(i.e., Jr., Sr.) Home Phone No. Spouse ☐ Non-Spouse Date of Birth ZIP State ☐ Primary ☐ Contingency SSN_ Percentage ___ Suffix(i.e., Jr., Sr.) First Middle Last

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.

☐ Non-Spouse

Date of Birth

ZIP

State

Spouse

Home Phone No.

Beneficiary Designation

LCY-001, LCY-004

Step C: Read these statements carefully

I agree that:

- My beneficiary designation on this form pertains only to assets held in the *Lincoln Alliance*® program under this/these plan(s) and does not supersede beneficiary designations made under this/these plan(s) for investment held in non-*Lincoln Alliance*® program investment products.
- If I do not name a beneficiary or if no beneficiary survives me, all death benefits will be paid according to the retirement plan document provisions or applicable state regulations.
- My primary beneficiary will receive the entire value of the account. If there are several surviving primary beneficiaries, the account value will be divided equally among them, unless specified otherwise.
- My contingency beneficiary will receive the entire value of the account if no primary beneficiary is living. If there are several surviving contingency beneficiaries, the account value will be divided equally among them, unless specified otherwise.

Step	D:	Sig	na	tu	re
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By signing below, I certify that:

- · I have read, understand and agree to the terms on this form, the disclosures outlined in Step C.
- I understand that I can make changes to my beneficiary at any time. Contact your financial professional for more information.

Participant's Signature	Date

Return this form to:

Your employer's Human Resources department

Mutual funds in the *Lincoln Alliance*® 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, and if available, the summary 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*® 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.

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