



The Lincoln National Life Insurance Company

Placer County Deferred Compensation Plan

Salary reduction agreement

PLC-001

If you need assistance completing this form, please contact your retirement plan representative or the Lincoln Customer Contact Center at 800-234-3500.

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

Address _____

City _____ State _____ Zip _____

Birthdate ____ / ____ / ____ (mm/dd/yyyy) ☐ Married ☐ Not married Daytime phone _____

Date of hire/rehire ____ / ____ / ____ (mm/dd/yyyy) ☐ Male ☐ Female Evening phone _____

Step B: Decide how much to save

All percentages are required to be whole numbers (i.e., 3%, 5%).

Choose one:

- ☐ I elect to contribute this percentage Pretax _____% Roth _____%
- ☐ I elect to contribute this dollar amount Pretax \$_____ Roth \$_____
- ☐ I do not want to contribute through salary deferrals. Please complete the remainder of the form.

Step C: Employee acknowledgement

By signing this agreement below, you acknowledge and agree to the following:

- The employer will reduce your pay by the amount indicated (in Step B above) per pay period. The employer will send this amount to the provider as contributions.
- The first payroll deduction will take place as soon as administratively possible after we receive this form.
- While employment continues, this agreement legally binds both you and the employer for amounts deferred while it is in effect. A new agreement must be submitted to change your deferral amount.
- This agreement will apply only to amounts not yet currently available to you. It will not apply to any amounts earned after the agreement is terminated.
- If you do not provide investment choices, your contributions will be invested in the default fund chosen by your employer.
- The earliest the deferrals can begin is the calendar month after receipt of this form.

Step D: Signature

By signing below you certify that you have read, understand and agree to the terms on this form.

Participant signature _____ Date ____ / ____ / ____ (mm/dd/yyyy)

Mail this form to: Your employer's Human Resources department

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.

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.