

# 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

**Please check one location:**

- APPL    ASH    ATS    CHAP    CHAR    ECSU    ECU  
 FSU    GREN    NCCU    NCSA    NCSU    PSU    WCU  
 WMGT    WSSU

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: (    )	
<input type="checkbox"/> Married	Occupation: _____	e-mail address: _____			
<input type="checkbox"/> Not married	Work hours: _____	<input type="checkbox"/> I elect to receive future communications regarding fund data, including prospectus and fund reports, sent to my e-mail address above.			

## STEP 2: 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)		<input type="checkbox"/> Spouse	<input type="checkbox"/> Daughter/Son	<input type="checkbox"/> Parent	<input type="checkbox"/> Other

**CHECK ONE:**    Primary beneficiary    Secondary beneficiary

Name:			SS#:		Share: %	
Last	First	Middle				
Address:						
Street	City	State	Zip			
Date of birth:	Relationship: (choose one)		<input type="checkbox"/> Spouse	<input type="checkbox"/> Daughter/Son	<input type="checkbox"/> Parent	<input type="checkbox"/> Other

**CHECK ONE:**    Primary beneficiary    Secondary beneficiary

Name:			SS#:		Share: %	
Last	First	Middle				
Address:						
Street	City	State	Zip			
Date of birth:	Relationship: (choose one)		<input type="checkbox"/> Spouse	<input type="checkbox"/> Daughter/Son	<input type="checkbox"/> Parent	<input type="checkbox"/> Other

*(Please see reverse side)*

### STEP 3: Choose your investment options

**Determine your own asset allocation percentages.** Fill in your own investment percentages. Your percentages must add up to 100%.

Investment options	Contributions
<b>Cash and Stable Value Investments</b>	
Lincoln Fixed Annuity	%
Vanguard Prime Money Market	%
<b>Bonds</b>	
PIMCO Total Return Admin	%
<b>Allocation Investments</b>	
T. Rowe Price Retirement 2010 Adv	%
T. Rowe Price Retirement 2020 Adv	%
T. Rowe Price Retirement 2030 Adv	%
T. Rowe Price Retirement 2040 Adv	%
T. Rowe Price Retirement Income Adv	%
<b>Stocks</b>	
American Beacon Lg Cap Value Plan	%
American Funds Capital World G/I R4	%
American Funds EuroPacific Gr R4	%
American Funds Grth Fund of Amer R4	%
Columbia Acorn USA Z	%
Columbia Mid Cap Value Z	%
Dreyfus MidCap Index	%
Dreyfus Premier S&P Stars Opp R	%
Dreyfus S&P 500 Index	%
Dreyfus Small Cap Stock Index	%
James Small Cap	%
<b>Total:</b>	<b>100%</b>

**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 4: 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](http://www.LincolnAlliance.com) or by calling the *Lincoln Alliance® Program* Customer Service line at 800-234-3500.

Participant's signature **X** Date RC/Agent name: Agent code:

### Authorization

- By signing below, I give authorization to the RC/Agent named above to perform transactions on my behalf.

Participant's signature **X** Date

**Return this form to:** The University of North Carolina, c/o Lincoln Retirement Services Co., 3800 N. Wilke Road, Suite 250, Arlington Heights, IL 60004