

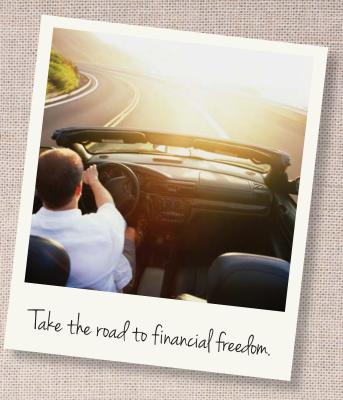




Welcome to your retirement plan!

It's a valuable benefit, so make the most of it. Saving now may help you get to where you want to be in the future.

Enrolling is fast and easy. Register online, and in just a few clicks, you're done. It's really that simple.



JOIN THE PLAN.

- Visit LincolnFinancial.com/Register to register for online account access.
- Follow the prompts, and after registration, you'll be directed to your account page to enroll in the plan.
- Choose your contribution rate and investment option and you're enrolled!

LincolnFinancial.com/Retirement



PLAN HIGHLIGHTS

MarinHealth Medical Center 403(b) Retirement Plan

Your employer-sponsored retirement plan is a powerful way to save for the future. Learn more about the benefits of your plan, and get the answers to any questions you have.

How can I contribute to my retirement plan?

You can control your contributions in the following ways:

- You can contribute up to 100% of your salary to your retirement savings, not to exceed the maximum allowed by the IRS.
- You can increase or decrease your contribution rate at any time.
- You can discontinue contributions to your retirement savings plan at any time. The effective date of the changes occurs as soon as administratively possible.
- The plan includes an automatic enrollment feature. Unless you opt-out by the first payroll occurring 60 days after your date of hire, MarinHealth Medical Center will withhold 2% of your salary to contribute to the Plan.
- You can enroll by logging in to LincolnFinancial.com/Retirement.

When am I fully vested in my retirement plan?

"Fully vested" means you have 100% ownership of the assets in your retirement account (your plan).

• You always have 100% ownership of any money you contribute to the plan, including any earnings and/or assets consolidated from another retirement plan.

What are my investment options?

You can choose from a wide variety of investment options to meet your retirement savings goal.

- MAKE AN ALL-IN-ONE CHOICE if you want one diversified portfolio managed for you.
- MANAGE IT YOURSELF and select your own portfolio of investments.
 - You may use a Self-Directed Brokerage Account (SDBA) and choose from thousands of investment options. Fees may apply.
- **STILL UNDECIDED?** If you participate in the plan without selecting investment options, your money will be directed to the Qualified Default Investment Alternative (QDIA) selected by your employer.



Can I consolidate accounts from my previous retirement plans?

You can consolidate assets from a previous retirement plan (or plans) to create an integrated savings strategy. With this option, you have the ability to:

- Manage all of your assets in one place.
- Get a single consolidated quarterly statement.
- Access account information with a single toll-free number or a single website.
- Get help and educational assistance for all of your accounts.
- Get a potentially broader array of investment choices and account types.

Contact your financial professional for assistance in determining the course of action appropriate to your situation.

Can I access balances in my retirement savings account prior to retirement?

Your retirement plan will have the greatest potential to grow if you stay invested for the long term, rather than with-drawing money from it. For that reason, the IRS limits what you can do with your account prior to retirement by imposing certain penalties for early distributions. However, you do have access to your savings—and may avoid penalties—under certain circumstances.

Loans

You can take a loan from certain account balances for:

- General purposes
- Purchase a primary residence

Check with your financial professional for information about loan fees, repayment, and the pros and cons of borrowing from your retirement plan.

Withdrawals of pretax balances

You may take a distribution from **certain available accounts** upon:

- Severance from employment
- Attainment of age 59 ½
- Financial hardship (Distribution may be subject to the premature 10% distribution penalty if taken prior to age 59 ½.)
- Disability
- Death
- Attainment of normal retirement age
- RMDs (Required Minimum Distributions)

Consult with your tax advisor before withdrawing any money from your account. You may wish to consult with your plan sponsor or review your plan's Summary Plan Description (SPD) to determine the distributions that are available under your plan.

How can I access my account?

You can access and manage your retirement account any time:

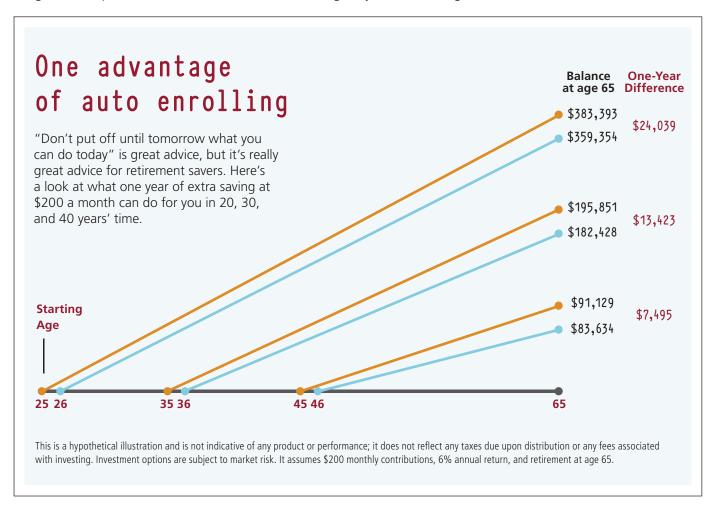
LincolnFinancial.com/Retirement 800-234-3500

These highlights are a brief overview of the MarinHealth Medical Center 403(b) Retirement Plan and not a legally binding document. Please read these materials carefully and contact your Human Resources department if you have further questions.

For any investment option in the plan, including an option that is part of an asset allocation portfolio, you may obtain a prospectus or a similar document by requesting one from your employer, visiting your plan's website, or calling a Lincoln Financial representative at 800-234-3500.

DECIDE HOW MUCH TO SAVE

The first decision to make regarding your retirement savings plan is simple but may be the most critical. You will need to decide how much money to save in the plan. To help you get started, MarinHealth Medical Center 403(b) Retirement Plan will automatically enroll you at a 2% contribution rate, unless you opt out of the plan or change your contribution rate. But you may want to consider setting your contributions at a higher rate. Here's why: Your contributions represent the main fuel that generates the growth of your savings. In 2021, the IRS allows you to contribute up to \$19,500 to your plan, \$26,000 if you're age 50 or older. (Amounts can vary by plan.) The more you save, the greater the potential accumulation over time. Starting early can make a big difference, too.



Keep in mind that boosting your pretax contribution has less impact on take-home pay than you may think because the amount you contribute lowers your taxable income for the year. For example, if you're in the 15% tax bracket, a \$5,000 annual contribution reduces your take-home pay by only \$4,250.

DECIDE HOW MUCH TO SAVE

Every little bit counts

Even a small increase in your workplace retirement plan deferral rate can make a big difference in the size of your savings. Say you're 30 years old, earn an annual salary of \$52,000, and get paid biweekly. Deferring 2% of your salary to your plan may reduce your take-home pay by \$28, but by age 65 you could potentially accumulate more than \$174,000 in retirement savings. Defer another 2% and you could gain another \$174,000. The chart below shows the impact saving 2% more can make.



Savings-rate assumptions include 3% annual raises and 6% annual investment returns, calculated using the "Retirement Contribution Effects on Your Paycheck" tool at bankrate.com.

As a rule of thumb, try to put 10% – 15% of your income toward your retirement. It's an easy-to-remember target, and the sooner you start to save, the likelier you may be to reach your financial goals. Check your progress by using the Contribution Planner at LincolnFinancial.com/ContributionPlanner.



Important investment information

Performance

When used as supplemental sales literature, investment information must be accompanied by this disclosure statement

The performance data quoted represents past performance; past performance does not guarantee future results. Investment returns and principal value will fluctuate so your account balance, when redeemed, may be worth more or less than your original cost.

Current performance may be lower or higher than the performance data quoted. Instances of high double-digit returns are highly unusual and cannot be sustained. Investors should be aware that returns vary due to market conditions.

Participation in a collective trust (designated as "Trust" in the name of the investment option) is governed by terms of the trust and participation materials. An investor should carefully consider the investment objectives, risks, and charges and expenses of the collective trusts before investing. The participation materials contain this and other important information and should be read carefully before investing or sending money. Participation materials for any of the collective trusts in the program are available at 877-533-9710.

You may obtain a prospectus or similar document for each investment option in the plan by requesting one from your employer, visiting your plan's website, or calling a Lincoln Financial representative at 800 234-3500.

When the fund's inception date is less than 10 years, historical performance may not be available. When this is the case, extended performance has been calculated based on the oldest share class of the fund, adjusted for fees.

Please obtain mutual fund performance data for the most recent month end by visiting www.morningstar.com and requesting a quote using the appropriate ticker symbol.

Fund data is provided here by Morningstar, Inc.

Morningstar Information

Expressed in percentage terms, Morningstar's calculation of total return is determined by taking the change in price, reinvesting, if applicable, all income and capital gains distributions during that month, and dividing by the starting price. Reinvestments are made using the actual reinvestment price, and daily payoffs are reinvested monthly.

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Issuing Company

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.

Fees and Expenses

Fees and expenses reduce the assets allocated to your investments under the Plan, ultimately lowering the net rate of return. In addition, the fees and expenses of the investment options in your Plan will negatively impact the net rate of return of those investments. Higher fees, of course, will impact the performance of your investments.

If the performance for an investment option reports a difference between the gross expense ratio and net expense ratio, please refer to the fund's prospectus (mutual funds) or disclosure statement (collective investment trust), which may provide an explanation of applicable fee waivers.

Fee and expense information is based on information available as of 12/31/2020.

Benchmarks

A benchmark index gives the investor a point of reference for evaluating a fund's performance. Each investment option in the Plan's lineup is compared with a secondary index, based on its Morningstar Category. For example, all funds in the large-growth category are compared with the Russell Top 200 Growth index.

Investment Risk

Foreign securities portfolios/emerging markets portfolios: Portfolios that invest in foreign securities involve special additional risks. These risks include, but are not limited to: currency risk, political risk, and risk associated with varying accounting standards. Investing in emerging markets can accentuate these risks.

Sector portfolios: Portfolios that invest exclusively in one sector or industry involve additional risks. The lack of industry diversification subjects the investor to increased industry-specific risks.

Nondiversified portfolios: Portfolios that invest assets in a single issuer or a few issuers involve additional risks, including share price fluctuations, because of the increased concentration of investment.

Small-cap portfolios:Portfolios that invest in stocks of small companies involve additional risks. Smaller companies typically have a higher risk of failure and are not as well established as larger blue-chip companies. Historically, smaller-company stocks have experienced a greater degree of market volatility than the overall market average and may be less liquid than larger companies.

Mid-cap portfolios: Portfolios that invest in companies with market capitalization below \$10 billion involve additional risks. The securities of these companies may be more volatile and less liquid than the securities of larger companies.

High-yield bond portfolios: Portfolios that invest in less-than-investment-grade-rated debt securities (commonly referred to as junk bonds) involve additional risks because of the lower credit quality of the securities in the portfolio. The investor should be aware of the possible higher level of volatility and increased risk of default.

REITs:The value of the shares of a REIT fund will fluctuate with the value of the underlying assets (real estate properties). There are special risk factors associated with REITs, such as interest rate risk and the illiquidity of the real estate market.

Fund Restrictions

Lincoln Stable Value Account -Z28D: 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.

Frequent trading policy: Transactions associated with market timing — such as frequent, large, or short-term transfers among investment options — can affect the underlying funds and their investments. Lincoln Financial therefore reviews the number of transfers that a participant makes within given periods of time to determine if any transfer attempts to capitalize upon short-term movements in the equity markets (Market Timing Policy). If so, the participant's transfer activity will be subject to further scrutiny. Potential market timing or frequent trading may result in future trading restrictions, up to and including temporary (or permanent) revocation of telephone exchange privileges.

Fund-specific restrictions: Fund companies may have their own policies and procedures with respect to frequent purchases and redemptions of their respective shares, which may be more or less restrictive than the frequent trading policies and procedures of other investment options and of the Lincoln Financial Market Timing Policy. For example, when funds adopt a purchase blocking policy and you transfer an amount in excess of the fund's imposed limit from that investment, you will be restricted from investing back into that investment for a specified period of time. For more information on frequent purchase and redemption policies, please refer to the fund's prospectus or similar document.

			Average Annual Total Returns as of 12/31/2020 Fees							es
	Fund ID	Incpt. Date	YTD	One Year	Three Years	Five Years	Ten Years	Since Incpt.	Gross	Net
International Stock										
American Funds Europacific Growth R4 ¹ Foreign Large Growth	REREX	06/02	24.81	24.81	10.35	12.08	7.77	8.57	0.81	0.81
MSCI ACWI Ex USA Growth NR USD			22.20	22.20	10.02	11.97	6.94			
DFA Emerging Markets I ^{4,7} Diversified Emerging Mkts MSCI EM NR USD	DFEMX	04/94	13.89	13.89	4.51 6.17	11.81	3.26	7.11	0.53	0.43
U.S. Stock										
American Funds Fundamental Invs R4 Large Blend	RFNEX	07/02	14.91	14.91	11.02	13.67	12.42	11.08	0.63	0.63
Russell 1000 TR USD	DCAEV	05/02	20.96	20.96	14.82	15.60	14.01	10.75	0.65	0.65
American Funds Growth Fund of Amer R4 Large Growth Russell 1000 Growth TR USD	RGAEX	05/02	37.79 38.49	37.79 38.49	19.65 22.99	18.55	15.26 17.21	10.75	0.65	0.65
Columbia Large Cap Index Inst ⁶	NINDX	12/93	18.13	18.13	13.93	14.98	13.66	9.93	0.20	0.20
Large Blend Russell 1000 TR USD			20.96	20.96	14.82	15.60	14.01			
Columbia Mid Cap Index Inst ^{3,6} Mid-Cap Blend	NMPAX	03/00	13.42	13.42	8.20	12.09	11.27	8.96	0.33	0.20
Russell Mid Cap TR USD		40/05	17.10	17.10	11.61	13.40	12.41	0.54		
Columbia Small Cap Index Inst ^{3,6} Small Blend Russell 2000 TR USD	NMSCX	10/96	11.20	11.20 19.96	7.57	12.19 13.26	11.70	9.64	0.20	0.20
Delaware Value [®] Inst	DDVIX	09/98	0.15	0.15	5.35	8.81	11.16	7.72	0.68	0.68
Large Value Russell 1000 Value TR USD			2.80	2.80	6.07	9.74	10.50			
Fidelity® Contrafund® Large Growth	FCNTX	05/67	32.50	32.50	19.01	18.16	15.39	12.92	0.85	0.85
Russell 1000 Growth TR USD			38.49	38.49	22.99	21.00	17.21			
JPMorgan Mid Cap Growth I ³ Mid-Cap Growth Russell Mid Cap Growth TR USD	HLGEX	03/89	48.26 35.59	48.26 35.59	25.23 20.50	20.57	16.29 15.04	13.26	1.00	0.93
Bond			33.33	33.33	20.30	10.00	13.01			
BlackRock High Yield Bond Instl ² High Yield Bond	ВНҮІХ	11/98	5.82	5.82	5.83	7.88	6.71	7.29	0.62	0.62
ICE BofA US High Yield TR USD			6.17	6.17	5.89	8.43	6.62			
Delaware Diversified Income Instl Intermediate Core-Plus Bond BBgBarc US Universal TR USD	DPFFX	10/02	10.90 7.58	10.90 7.58	6.43 5.45	5.74 4.87	4.53 4.16	6.42	0.63	0.45
Metropolitan West Total Return Bd M	MWTRX	03/97	8.79	8.79	5.80	4.56	4.49	6.20	0.68	0.68
Intermediate Core-Plus Bond BBgBarc US Universal TR USD	INIVALIAN	03/3/	7.58	7.58	5.45	4.87	4.16	0.20	0.00	0.00
PIMCO Real Return Admin ⁵ Inflation-Protected Bond BBgBarc US Treasury US TIPS TR USD	PARRX	04/00	11.81	11.81 10.99	5.78 5.92	5.15 5.08	3.54 3.81	5.58	0.78	0.78
PIMCO Total Return Admin Intermediate Core-Plus Bond	PTRAX	09/94	8.61	8.61	5.28	4.60	3.93	6.14	0.95	0.95
BBgBarc US Universal TR USD			7.58	7.58	5.45	4.87	4.16			

			Average Annual Total Returns as of 12/31/2020						Fees	
	Fund ID	Incpt. Date	YTD	One Year	Three Years	Five Years	Ten Years	Since Incpt.	Gross	Net
Bond (continued)										
Templeton Global Bond Adv ^{5,7} Nontraditional Bond ICE BofA USD 3M Dep OR CM TR USD	TGBAX	12/96	-4.19 1.08	-4.19 1.08	-0.65 1.92	1.41 1.50	2.00 0.90	5.97	0.74	0.67
Cash/Stable Value										
Lincoln Stable Value Account -Z28D ⁸ Current rate of return: 3.00% Term: Quarterly Guaranteed Minimum Interest Rate: 3.00%		05/83								

Target-risk Disclosures

- 1 Investing internationally involves risks not associated with investing solely in the United States, such as currency fluctuation, political risk, differences in accounting and the limited availability of information.
- 2 High yield portfolios may invest in high-yield or lower rated fixed-income securities (junk bonds), which may experience higher volatility and increased risk of nonpayment or default.
- 3 Funds that invest in small and/or mid-size company stocks typically involve greater risk,particularly in the short term,than those investing in larger,more established companies.
- 4 Investing in emerging markets can be riskier than investing in well-established foreign markets. International investing involves special risks not found in domestic investing,including increased political, social and economic instability.

- 5 The return of principal in bond portfolios is not guaranteed. Bond Portfolios have the same interest rate, inflation, credit, prepayment and market risks that are associated with the underlying bonds owned by the fund(or account).
- 6 An index is unmanaged, and one cannot invest directly in an index.
- 7 Social Awareness funds only invest in companies that meet socially responsible criteria, so exposure to certain industry sectors may be greater or less than similar funds or market indexes, and thereby may lead to performance differences.
- 8 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.

Automatic Deferral Notice (2020 Plan Year) MarinHealth Medical Center 403(b) Retirement Plan

If you are an eligible participant in the MarinHealth Medical Center 403(b) Retirement Plan (the "Plan"), you may make contributions (called "Salary Deferrals") directly from your paycheck into the Plan. The ability to make Salary Deferrals provides you with an easy method to save for retirement on a tax-deferred basis. If you make Salary Deferrals to the Plan, you generally will not be taxed on those deferrals or on any earnings on those contributions until you withdraw those amounts from the Plan.

If you have any questions regarding your eligibility to make Salary Deferrals under the Plan or any other questions regarding the Plan that are not addressed in this Notice, please review your Summary Plan Description. For example, Article 5 of the Summary Plan Description contains a discussion of the eligibility conditions applicable to Salary Deferrals. In addition, from time to time we may make changes to the Plan and/or Summary Plan Description, which are described in a Summary of Material Modifications supplementing the Summary Plan Description. Any reference to the Summary Plan Description in this Notice includes any Summary of Material Modifications we may have issued with respect to the Plan. If you do not have a copy of the Summary Plan Description or any Summary of Material Modifications, if applicable, please contact the Plan Administrator named below.

Automatic Deferral Feature

To assist you in your decision whether to make Salary Deferrals, we have established an automatic deferral feature under the Plan. Under this automatic deferral feature, if you do not specifically elect to make Salary Deferrals into the Plan, we will automatically withhold a designated percentage of your compensation from each paycheck and deposit such amount into the Plan in your name as a Salary Deferral. If you wish to defer a greater or lesser amount (including no deferral), you must complete a Salary Deferral election designating a different percentage of deferral.

This Notice provides important information regarding the Plan's automatic enrollment feature and describes:

- your right to make Salary Deferrals under the Plan;
- what amounts you may contribute to the Plan;
- how the automatic deferral feature applies to you;
- when you can change your Salary Deferral election;
- how your account will be invested; and
- other valuable information regarding your rights under the Plan.

For a full discussion of your benefits under the Plan, please review your Summary Plan Description.

Procedures for making Salary Deferrals under the Plan -- automatic deferral feature. As described above, the Plan provides for an automatic deferral feature. Thus, if you do not specifically elect an alternative deferral amount (including zero), we will automatically withhold 2% from your paycheck each pay period and deposit that amount into the Plan in your name as a Salary Deferral. This is called your **automatic contribution rate**. If you wish to defer a greater or lesser amount (including no deferral), you must specifically elect to defer a different amount. If you have any questions about how to change your automatic contribution rate, you should contact the Plan Administrator.

Application of automatic deferral feature. The current automatic deferral feature under the Plan applies to all eligible participants who become a participant on or after 1-1-2012 and who do not complete a Salary Deferral election designating an alternate deferral percentage (including an election not to defer).

Special rules. In addition, in applying the automatic deferral provisions described above, the following special rules apply: Effective 7-1-2019, in applying the automatic deferral provisions under the Plan, a rehired Participant is treated as a new Employee if the Participant is precluded from making automatic deferrals to the Plan for any period of time.

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Automatic Deferral Notice MarinHealth Medical Center 403(b) Retirement Plan

Taxation of Salary Deferrals. The amount that you defer into the Plan reduces your taxable income, meaning you do not pay income taxes on those amounts until you withdraw your deferrals from the Plan. Any gains or earnings made from the investment of these contributions within the Plan are also not subject to income tax until they are withdrawn from the Plan.

Change in deferral amount. You may increase or decrease the amount of your current Salary Deferrals or stop making Salary Deferrals altogether, as of any designated election date. For this purpose, the designated election date(s) for changing or modifying your Salary Deferrals will be set forth in the Salary Deferral election or other written procedures describing the time period for changing Salary Deferral elections. However, regardless of the Plan's normal deferral procedures, you will have a reasonable time after receipt of this notice and before the first amount is withheld from your paycheck under the automatic deferral feature to modify the automatic contribution rate. In addition, unless provided otherwise under the Plan, you may revoke an existing deferral election at any time. Any change you make to your Salary Deferrals will become effective as of the next designated election date, and will remain in effect until modified or canceled during a subsequent election period.

Vesting of contributions. You are always 100% vested in any Salary Deferrals you make to the Plan. This means that you have an immediate ownership right to such contributions and you will not lose that right if you should terminate from employment.

Withdrawal restrictions. Generally, you may withdraw amounts held on your behalf under the Plan upon death, disability or termination of employment. In addition, the following withdrawal options apply while you are still employed.

- Salary Deferrals. You may withdraw amounts attributable to Salary Deferrals from the Plan while you are still employed under the following circumstances:
 - You have reached age 59½.
 - You experience a hardship (as defined in the Plan). See the Summary Plan Description (or other communication) for a list of permissible hardship events.
 - > You are in certain qualified active military duty. Please contact your Plan Administrator if you have any questions regarding the availability of a distribution under this provision.

Note: No in-service distribution of Salary Deferrals will be permitted on account of an age earlier than 59½ except for a distribution on account of a hardship, to the extent allowed under the Plan or on account of qualified military service.

• Rollover contributions. You may withdraw any rollover contributions you make to the Plan at any time.

Note: The Bipartisan Budget Act of 2018 and subsequent IRS regulations changed the rules applicable to hardship withdrawals. For example, the Plan no longer will suspend your ability to make Salary Deferrals if you take a hardship withdrawal. The new rules may or may not have an impact on you. If necessary, the Plan Administrator will provide you with relevant information relating to these rules.

Plan investments. The amounts contributed to the Plan on your behalf will be invested in accordance with the Plan's investment procedures. Any earnings on the investment of your contributions under the Plan will be allocated to your Plan account.

The Plan allows you to direct the investment of your Plan account within the available investment options under the Plan. If you do not elect to invest your Plan account, such amounts will automatically be invested in the Plan's default investment fund. Even if your Plan account is invested in the Plan's default investment fund, you have the continuing right to change your default investment and elect to have your Plan account invested in any other available investment options under the Plan.

To learn more about the available investments under the Plan, you may contact the Plan Administrator.

Additional information. Please refer to the Summary Plan Description for additional information regarding Plan contributions, withdrawal restrictions, and other Plan features. You also may contact the Plan Administrator for more information. The following is the name, address and phone number of the Plan Administrator.

MarinHealth Medical Center 250 Bon Air Road Greenbrae, CA 94904-1702 415-925-7040



The Lincoln National Life Insurance Company

MarinHealth Medical Center 403(b) Retirement Plan Automatic enrollment opt out request

MGHL-003

Please complete this form if you wish to opt out of automatic enrollment. 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: Partic	ipant informati	on								
Information provided related to your plan.	Information provided on this form will be used exclusively for administering your account and sending financial documents and informatio related to your plan.									
NameFirst	Middle	Last	Cuffix	(i.e., Jr., Sr.)	SSN					
	Middle		Sullix	(i.e., Ji., Si.)						
				State	Zip					
	/ (mm/dd/		☐ Married		Daytime phone					
				☐ Female						
					5 V - 3					
By signing this agree I must return this salary deferral ele Any contribution on the eligible for If I do not choose Default Investmen MarinHealth Med form, I'll be enrowithheld each pay I can change my representative, can	ection opt out will become amounts withheld from a refund. (Please contained my own investment at Alternative chosen by ical Center 403(b) Retilled automatically in Myday and contributed to a contribution elections alling the Customer Contribution.	nd agree to the form in good one effective as some paycheck project your Human selections, future the plan sponsorement Plan incarinHealth Medimy plan account or begin contri	rider if I wish to oon as administion to the receil Resources deple contributions or. Iludes an autorical Center 40 it.	tratively feasible for the and timely process artment for addition to my retirement a matic enrollment fe B(b) Retirement Pl	tomatic enrollment. I understand that in the lowing return of the executed form. It is saint of this completed form may or mal information.) account will be invested in the Qualificature. Unless I complete and submit the an and 2% of my compensation will be contacting my Lincoln retirement plant at LincolnFinancial.com.					
Participant signature	ture certify I have read this for e our employer's Human				_ Date / / (mm/dd/yyy					

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.

PAD-1055312-110714 RPS81800-AL-MGHL-003



Plan Information

MarinHealth Medical Center 403(b) Retirement Plan Request for a Contract Exchange

MGHL-003
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: Particip	ant Informatio	on .	· · ·			
Information provided or related to your plan.	n this form will be us	ed exclusively for ad	ministering your	account and sending	g financial docum	ents and information
Name:					SSN#:	<u> </u>
First	Middle	Last	Suffix (i.e.	, Jr., Sr.)		
Address:						
Stree			City	State		ZIP
Birth Date:		Married	∐ Male	Daytime Phone: _		
Date of hire:			Female	Evening Phone: _		
Email address:						
I elect to receive prospectu provide is not valid, or if I do no 800-234-3500, or change my d	ot provide an email address	s, I will receive such docume				
Step B: Your cu	rrent provide	* (Complete all of Ste	ер В)			
My current 403(b) acco	ount that I would like	e to transfer over is w	vith (check one)	: Lincoln Dother		
Former employer's nar	me:			Daytime Ph	one:	
Previous Account Num	nber(s):					
Name of annuity provide	der, custodian or tru	stee:				
Contact person:						
Daytime Phone:						
Address:						
Stree	•		City	State		ZIP
NOTE: The contract exchange account subject to the same or	rules state that a full or particular more stringent distribution	artial transfer out of a 403(b restrictions.) annuity or custodial	account is a non-taxable e	vent only if the transfer	is made to another 403(b)
Step C: How mu	ich do you wa	nt to transfer				
Please transfer the am	ount listed below to	Lincoln Financial Gr	roup Trust Com	pany, Inc. as succes	sor custodian.	
Select one: Comp	olete — Liquidate al	of the above referer	nced account ar	nd transfer the asset	S.	
	•	ets totaling \$				
NOTE: If you are curre 800-234-3500 to establish	ntly receiving Require	ed Minimum Distribution	ons (RMDs) fron		er, please contact	Customer Service at
Step D: Break d	own the amou	ınt of the trans	fer from th	e existing plar	n provider	
The existing plan provide	der must complete th	is section. Dollar amo	ounts must be pi	ovided.		
*If Other Employer cor	ntributions are entered	please indicate name	of money type			
**Roth contributions. F	Provide the year that th	e first contribution was	made:		·	
***After-Tax contribution	ons (excluding Roth).					
The check must be a information may delay pro amount available for future.	ocessing your transac	ction and Lincoln may t	treat monies bein	g transferred as electiv		

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.

	Employer				Employee			
403(b)(1) annuity contract	Matching	Non-Matching	*Other		Pre-Tax	**Roth	***After-	
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:

Continue on the next page for Step E: Signatures

Step E: Signatures continued

- 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
- 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, Ohio, 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
- 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
- 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.
- 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 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
- 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 m	y investment options	at LincolnFinancial.com or by	y calling the Lincoln Allianc	e® program Custom	er Contact Center at 800-234-3500.
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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.

PAD-3363382-120920 Page 3 of 4 RPS81729-AL-MGHL-003 2/21

Return this form to:

MarinHealth Medical Center, Jeff Better c/o Lincoln Financial Advisors 1510 Fashion Island Blvd., Suite 210 San Mateo, CA 94404 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:

MarinHealth Medical Center 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.

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").

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MarinHealth Medical Center 403(b) Retirement Plan

Request for a Rollover Plan Information

MGHL-003

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.

Your rollover will be deposited into the investment elections you have on file. If you do not have investment elections on file, your rollover will be deposited into the Qualified Default Investment Alternative 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.) Address: __ City ☐ Married Male Birth Date: __ Daytime Phone: ___ ☐ Not married Female Evening Phone: ___ E-mail address: _ I elect to receive account statements, 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: \$____ I am requesting a **rollover** of my existing: ☐ Pretax contributions from a 401(a) ☐ Pretax contributions from a 401(k) ☐ Pretax contributions from a 403(b) Pretax contributions from a 457(b) Gov ☐ Pretax contributions from an IRA 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:_ _____ Davtime Phone:___ Previous Account Number(s):_____ Name of annuity provider, custodian or trustee:_____ Contact person:__ Daytime Phone:___ _____ E-mail address:___ Address: . Street State 7IP 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.

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Step C: Signatures

Participant

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.
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- 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
- 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.
- 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 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.
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- 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
- 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.
- 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.
- 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.
- 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:

MarinHealth Medical Center, Jeff Better c/o Lincoln Financial Advisors 1510 Fashion Island Blvd., Suite 210 San Mateo, CA 94404 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:

MarinHealth Medical Center 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.

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").

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MarinHealth Medical Center 403(b) Retirement Plan Qualified Default Investment Alternative (QDIA) Employee Notice

Purpose of this notice

MarinHealth Medical Center maintains MarinHealth Medical Center 403(b) Retirement Plan to help you attain financial security during your retirement years. As a plan participant, you decide how your retirement plan dollars are invested in the investment alternatives available in the plan. If you do not make an investment election, your contributions are invested in the Qualified Default Investment Alternative (QDIA).

This QDIA employee notice:

- 1. Describes when the QDIA is used
- 2. Provides details regarding the selected QDIA
- 3. Outlines your right to direct the investment of your plan dollars to other investments available in the plan or to elect not to have contributions withheld from your pay, if applicable
- 4. Explains where additional information about those additional investment alternatives can be obtained

Keep this disclosure with your Summary Plan Description and other retirement plan documents.

When the default investment alternative will be used:

You can invest your plan dollars in any of the investment alternatives available in your plan. In the absence of an investment election, your future contributions will be invested in the plan's QDIA under any of the following circumstances:

- · You have made a salary reduction election without an investment election.
- The plan contains an automatic enrollment feature and you did not provide an investment election during the notice period. Therefore, 2% of your eligible compensation will be contributed to the plan as an elective contribution. You have the right to elect not to have such automatic contributions made to the plan on your behalf and the right to elect to have such automatic contributions made at a different percentage. Please contact the Plan Administrator for more information.
- You have made investment elections that do not equal 100% or you have elected an investment that is no longer available in the plan.

If assets in your plan account are invested in the plan's QDIA, you can direct the investment of those assets to any other investment alternative under the plan. Please see "Investment Elections" later in this notice for more information on making investment elections.

Your employer has chosen a target-date asset allocation portfolio, based on date of retirement, as the plan's QDIA:

The plan's QDIA is the appropriate target-date asset allocation portfolio. Morningstar Investment Management LLC acts as the Registered Investment Advisor (RIA) for these portfolios. Each portfolio contains a combination of bond-based and stock-based funds and targets a period that contains the year in which you attain the normal retirement age chosen by your employer. Each portfolio seeks the highest risk-adjusted total return with a shift to an emphasis on income and a secondary emphasis on capital appreciation over time as the portfolio approaches the target retirement date. The portfolio changes over time, becoming more conservative as you approach normal retirement age. The asset allocation portfolios are made up of the following funds and asset allocation:

		Reti	rement	2020	2025	2030	2035	2040	2045	2050	2055	2060	2065
		Year of Retirement	Prior to 2018	2018 to 2022	2023 to 2027	2028 to 2032	2033 to 2037	2038 to 2042	2043 to 2047	2048 to 2052	2053 to 2057	2058 to 2062	2063 & After
Investment Name	FundID	Asset Class	%	%	%	%	%	%	%	%	%	%	%
American Funds Europacific Growth R4	REREX	International Stock	5	5	7	9	14	18	23	26	29	30	30
American Funds Fundamental Invs R4	RFNEX	U.S. Stock	2	2	3	3	3	3	3	3	3	3	3
American Funds Growth Fund of Amer R4	RGAEX	U.S. Stock	0	0	0	0	0	1	2	3	3	3	3
BlackRock High Yield Bond Instl	BHYIX	Bond	6	6	6	5	5	4	3	3	2	2	2
Columbia Large Cap Index Inst	NINDX	U.S. Stock	5	5	7	8	10	11	11	11	11	11	11
Columbia Mid Cap Index Inst	NMPAX	U.S. Stock	1	1	2	3	3	5	6	6	6	6	6
Columbia Small Cap Index Inst	NMSCX	U.S. Stock	1	1	1	2	2	3	4	5	6	6	6
Delaware Diversified Income Instl	DPFFX	Bond	1	1	2	3	4	4	4	4	4	4	4
Delaware Value® Inst	DDVIX	U.S. Stock	3	3	4	5	7	9	10	10	10	10	10
DFA Emerging Markets I	DFEMX	International Stock	1	1	1	2	3	4	4	4	4	4	4
JPMorgan Mid Cap Growth I	HLGEX	U.S. Stock	3	3	3	3	3	3	3	3	3	3	3
Lincoln Stable Value Account -Z28D	Z28D	Cash/Stable Value	32	32	25	18	11	7	4	1	0	0	0
Metropolitan West Total Return Bd M	MWTRX	Bond	15	15	18	20	19	16	14	13	13	12	12
PIMCO Real Return Admin	PARRX	Bond	20	20	15	13	9	6	4	3	2	2	2
PIMCO Total Return Admin	PTRAX	Bond	1	1	2	2	3	2	2	2	2	2	2
Templeton Global Bond Adv	TGBAX	Bond	4	4	4	4	4	4	3	3	2	2	2
Weighted Net Fee	* percent	age as of 12/31/2020	.46	.46	.49	.52	.55	.56	.58	.59	.60	.60	.60

^{*}Weighted net fees represent the net expense ratio. The net expense ratio is the total annual operating expense minus any applicable fund company expense waivers or reimbursements.

By investing in a portfolio, you are investing directly in the underlying investments within the portfolio and therefore are subject to the same types of risks, either directly or indirectly, as investing in the stock- and bond-based funds and other investments included in the portfolio. For assets allocated to stocks, the primary risk is that the value of the stock will fluctuate. These fluctuations may cause the value of a portfolio's stock-based funds within the portfolio to fluctuate, and you may lose money.

For assets allocated to bonds, the primary risks are interest rate risk and credit risk. Interest rate risk is the risk that the value of the debt obligations held by the portfolio will fluctuate with changes in interest rates. Credit risk is the risk that the issuer of the debt obligation will be unable to make interest or principal payments on time. The value of the debt obligations held by a portfolio will fluctuate with the changes in the credit ratings of the debt obligations held.

Because the portfolio invests in the shares of funds, the portfolio indirectly invests in the same investments as listed for the various underlying funds. For a more detailed description of the various types of instruments in which the underlying funds may invest and their associated risks, please refer to the prospectus for each underlying fund.

Investment elections

You may direct the investment of your existing plan account balance and future contributions as follows:

- You may change investment elections for your future contributions.
- You may change investment elections for your existing account balances, including assets invested in the plan's QDIA.

If you default into the plan and subsequently change investment allocations for existing assets, your current assets and future contributions will both be redirected to the new investment options.

To direct the investment of plan account contributions or assets, make investment elections in the following manner:

For new participants: You may complete online enrollment at LincolnFinancial.com.*

For existing participants: You may make investment elections in either of these ways:

- Access the secure Lincoln website at LincolnFinancial.com*, 24 hours a day, 7 days a week.
- Call the Lincoln Customer Contact Center at 800-234-3500, Monday through Friday, between 8:00 a.m. and 8:00 p.m. Eastern.

The New York Stock Exchange closes for trading at 4:00 p.m. Eastern on most business days. Transactions received before market close will be assigned that day's closing unit price. Transactions received after market close, or on a weekend or holiday, will be assigned the closing unit price for the next business day.

Additional information

You may view additional information about other investment options available in the plan by logging in to your account at LincolnFinancial.com.

Asset allocation portfolios invest in other investments such as bond- and stock-based funds and are designed for investors who have a specific time horizon and/or risk profile. They offer the option to select from either time-based and/or risk-based portfolios. Asset allocation does not ensure a profit nor protect against loss. Asset allocation portfolios are not mutual funds. When you invest in an asset allocation portfolio, you own the underlying investments in the portfolio.

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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.

^{*}Access may be subject to system availability



Lincoln Financial Group® Privacy Practices Notice

The Lincoln Financial Group companies* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. We do not sell your personal information to third parties. This Notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. You do not need to take any action because of this Notice, but you do have certain rights as described below.

Information We May Collect And Use

We collect personal information about you to help us identify you as our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; to analyze in order to enhance our products and services; or to tell you about our products or services we believe you may want and use; and as otherwise permitted by law. The type of personal information we collect depends on the products or services you request and may include the following:

- **Information from you:** When you submit your application or other forms, you give us information such as your name, address, Social Security number; and your financial, health, and employment history.
- **Information about your transactions:** We maintain information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.
- Information from outside our family of companies: If you are purchasing insurance products, we may collect information from consumer reporting agencies such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information, such as medical information from other individuals or businesses.
- **Information from your employer**: If your employer purchases group products from us, we may obtain information about you from your employer in order to enroll you in the plan.

How We Use Your Personal Information

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you have requested; provide customer service; to analyze in order to enhance our products and services; and inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information we obtain from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, regulatory authorities and law enforcement officials, and to other non-affiliated or affiliated parties as permitted by law. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.

Security of Information

We have an important responsibility to keep your information safe. We use safeguards to protect your information from unauthorized disclosure. Our employees are authorized to access your information only when they need it to provide you with products, services, or to maintain your accounts. Employees who have access to your personal information are required to keep it confidential. Employees are required to complete privacy training annually.

Your Rights Regarding Your Personal Information

Access: We want to make sure we have accurate information about you. Upon written request we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you request a copy of the information, we may charge you a fee for copying and mailing costs. In very limited circumstances, your request may be denied. You may then request that the denial be reviewed.

Accuracy of Information: If you feel the personal information we have about you is inaccurate or incomplete, you may ask us to amend the information. Your request must be in writing and must include the reason you are requesting the change. We will respond within 30 business days. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior 7 years. If your requested change is denied, we will provide you with reasons for the denial. You may write to request the denial be reviewed. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request.

Accounting of Disclosures: If applicable, you may request an accounting of disclosures made of your medical information, except for disclosures:

- For purposes of payment activities or company operations:
- To the individual who is the subject of the personal information or to that individual's personal representative;
- · To persons involved in your health care;
- For notification for disaster relief purposes;
- For national security or intelligence purposes;
- · To law enforcement officials or correctional institutions;
- · Included in a limited data set; or
- · For which an authorization is required.

You may request an accounting of disclosures for a time period of less than six years from the date of your request.

<u>Basis for Adverse Underwriting Decision</u>: You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate, or terminate your coverage.

Your state may provide for additional privacy protections under applicable laws. We will protect your information in accordance with these additional protections.

If you have questions about your personal information, please provide your full name, address and telephone number and either email your question to our Data Subject Access Request Team at DSAR@lfg.com or mail to:

Lincoln Financial Group ATTN: Corporate Privacy Office, 7C-01 1300 S. Clinton St. Fort Wayne, IN 46802

*This information applies to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company Lincoln Financial Distributors, Inc. Lincoln Financial Group Trust Company Lincoln Investment Advisors Corporation Lincoln Life & Annuity Company of New York Lincoln Life Assurance Company of Boston Lincoln Retirement Services Company, LLC Lincoln Variable Insurance Products Trust The Lincoln National Life Insurance Company

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Risk assessment questionnaire

Lincoln Alliance® program

Investment mix guidelines

Determining the type of investor you are may help you create an asset allocation strategy that's right for you. This quiz was designed to help you estimate your investment risk tolerance based on your ability and willingness to assume certain investment risks.

Circle your answers. Then add up your score to find out what type of investor you may be. Consider examining your asset allocation once a year to see if it still fits your personal situation.

Risk tolerance questionnaire

Ability to take risk

- 1. My current age is:
 - **a.** Over 70 (1 point)
 - **b.** 60 to 70 (3 points)

- **c.** 46 to 59 (7 points)
- d. 45 or younger (10 points)
- 2. I plan to withdraw money from my retirement plan account in:
 - **a.** Less than 5 years (1 point)
 - **b.** 5 to 9 years (3 points)

- **c.** 10 to 15 years (6 points)
- d. More than 15 years (8 points)
- 3. I should have enough savings and stable/guaranteed income (e.g., Social Security, pension, retirement plan, annuities) to maintain my planned standard of living in retirement:
 - **a.** Not confident (1 point)
 - **b.** Somewhat confident (2 points)
- c. Confident (4 points)
- d. Very Confident (6 points)

Willingness to take risk

- 4. The following statement best describes my willingness to take risk:
 - **a.** I'm more concerned with avoiding loss in my account value than with experiencing growth. (1 point)
 - **b.** I desire growth of my account value, but I'm more concerned with avoiding losses. (3 points)
- **c.** I'm concerned with avoiding losses, but this is outweighed by my desire to achieve growth. (5 points)
- **d.** To maximize the chance of experiencing high growth, I'm willing to accept losses. (7 points)
- If I invested \$100,000 and my portfolio value decreased to \$70,000 in just a few months, I would:
 - **a.** Be very concerned and sell my investments (1 point)
 - **b.** Be somewhat concerned and consider allocating to lower risk investments (2 points)
- **c.** Be unconcerned about the temporary fluctuations in my returns (4 points)
- **d.** Invest more in my current portfolio (5 points)

The risk assessment questionnaire is provided for educational and/or informational purposes only and does not constitute investment advice.

6. My assets (excluding home and car) are invested in:

- **a.** I don't know how my assets are invested (1 point)
- **b.** My pension, certificates of deposit (CDs), annuities, IRA, and savings accounts (2 points)
- **c.** A mix of stocks and bonds, including mutual funds (3 points)
- **d.** Stocks or stock mutual funds (4 points)

Risk tolerance scoring

Add up your total score from the six questions.

Score =

Potential investor types and fund selection

First, find your total score and the related potential investor type, then review the asset allocation breakdowns or investment style sections to help decide which funds may be right for you.

Potential investor type	Conservative	Moderately Conservative	Moderate	Moderately Aggressive	Aggressive
	6-12 points	13-20 points	21 - 28 points	29-34 points	35-40 points
Asset class allocati	ons				
U.S. Stock	15-30%	30-35%	35-50%	50 – 55%	55-60%
International Stock	5-10%	10-15%	15-20%	20-25%	25-30%
Fixed Income (Includes bonds and cash/stable value options)	60-80%	50 – 60%	30-50%	20-30%	10-20%

Please note: Specialty funds, including balanced/allocation, real estate, and commodities, should be added at the discretion of the participant and are not reflected in these asset allocations.

Investment styles					
Aggressive growth, growth, and growth and income	20%	40%	60%	70%	90%
Stability of principal and current income	80%	60%	40%	30%	10%

Please note: Company stock, asset allocation, and other funds should be added at the discretion of the participant and are not reflected in the investment styles listed above.

Fund selections can be based on asset class allocations or investment styles. Review breakdowns shown in the chart to see what works best for you.

The risk assessment questionnaire is provided for educational and/or informational purposes only and does not constitute investment advice.

Participation in an asset allocation program does not guarantee performance or protect against loss. These model portfolios are illustrations and investment education only. They are not intended as investment advice or recommendations for any individual.

Beneficiary designation and spousal waiver



If you have questions or need assistance completing this form, call the Lincoln Customer Contact Center at 1-800-234-3500 or contact your retirement plan representative.

Is this the correct form?

This form can be used to designate your primary and contingent

beneficiaries. Any existing beneficiary or beneficiaries on file will be replaced with the information on this form.

Under this retirement plan, if you are married, your spouse must be the sole beneficiary to your plan benefits unless your spouse has consented in writing to your alternative beneficiary designation(s). If you are married and you wish to name a trust or someone other than your spouse as primary beneficiary, you and your spouse must review and complete the information on this form.

0	Marital status: Please provide your martial				
	status in order to ensure				
timely processing of your					
beneficiary designations.					

1) Tell us about yourself.			
Name (first, MI, last, suffix)			SSN
Street address			Plan ID (refer to your statement)
City	State	Zip	Mobile
Email			Phone
Marital status I do not have a living spouse. I have a living spouse. (If your spouse is no primary beneficiary, your spouse must sign in St	Ü	,	Date of birth (mm/dd/yyyy)

2 Designate your beneficiaries.

PRIMARY BENEFICIARIES

Street address

Clty

Email

The following individual(s) will be my beneficiary or beneficiaries. If any primary or contingent beneficiary dies before me, their interest and the interest of their heirs will terminate completely. The percentage share of any remaining beneficiary or beneficiaries will acquire the designated share of my balance.

Primary beneficiary.				
Based on federal law, if				
you are married and you				
name a primary beneficiary other				
than your spouse, your spouse				
must consent in writing in Step 4				
of this form.				

Beneficiary percentages must be in whole numbers only. The total percentage of all primary beneficiaries must equal 100% and the total percentage of all contingent beneficiaries must equal 100%.

Trust as a beneficiary: If you designate a trust as a beneficiary, a copy of the signed trust is required. If the trust is amended in the future, any amendments must be provided to Lincoln.

Primary beneficiary	Spou	ise 🗌 Non-spouse	e 🕕 🔲 Trust 🖺	Other entity	
Name (first, MI, last, suffix)			SSN		
Street address			Phone		
Clty	State	Zip	Date of birth/trust (mm/dd/yyyy)		
Email				Percentage *	
2. Primary beneficiary		☐ Non-spouse	e 🚺 🔲 Trust 🖺	Other entity	
Name (first, MI, last, suffix)			SSN		

Zip

Phone

Date of birth/trust (mm/dd/yyyy)

Continue to the next page to designate additional beneficiaries.

State

Percentage *

Beneficiary designation and spousal waiver

	Designate your beni	enciaries (,	_			
Do you have additional	3. Primary beneficiary		☐ Non-spous		Other entity		
beneficiaries?	Name (first, MI, last, suffix)			SSN			
To name more beneficiaries than this space permits, please complete and sign an additional Beneficiary Designation and Spousal Waiver form.	Street address	Phone	Phone				
	Clty State Zip			Date of birth/trust (mm/dd/yyyy)			
	Email				Percentage *		
	Total of all prima	ary beneficiary	percentages must	add up to 100%.	0		
Contingent beneficiaries:	CONTINGENT BENEFICIARIES						
Contingent beneficiaries receive assets only if no primary	Contingent beneficiary	Spor	use 🗌 Non-spous	se 🛈 🔲 Trust 🎚	Other entity		
beneficiary survives you.	Name (first, MI, last, suffix)			SSN			
Do NOT list primary beneficiaries here.	Street address			Phone			
	Clty	State	Zip	Date of birth/trust (mm/dd/yyyy)		
	Email		1	I	Percentage *		
	2. Contingent beneficiary Non-spouse ① Trust ② Other entity						
	Name (first, MI, last, suffix)			SSN			
	Street address			Phone			
	Clty	State	Zip	Date of birth/trust (mm/dd/yyyy)		
	Email				Percentage *		
	3. Contingent beneficiary		☐ Non-spous	se 🕕 🔲 Trust 🎚	① Other entity		
	Name (first, MI, last, suffix)			SSN			
	Street address Phone						
	Clty	State	Zip	Date of birth/trust (mm/dd/yyyy)		
	Email	I	1		Percentage *		
	Total of all conting	gent beneficiar	y percentages mus	st add up to 100%	0		

Beneficiary designation and spousal waiver

3 Sign and date this form.

To make future changes to your beneficiaries do one of the following:

- If available to your plan, visit the Lincoln website and make changes to your online account
- Complete and submit a new Beneficiary Designation and Spousal Waiver form found on the Lincoln website.
- · Call Lincoln

By signing below, I certify that:

- I designate my primary and contingent beneficiary or beneficiaries as elected on this form as well as all accompanying documentation.
- If I am married and I do not name a beneficiary, all death benefits will be paid to my surviving spouse.
- If both of the following applies, all death benefits will be paid according to the retirement plan document provisions or applicable state regulations:
 - I am not married or do not have a surviving spouse
 - If no beneficiary survives or I do not name a beneficiary
- If I am married, I cannot change my primary beneficiary to someone other than my spouse unless my spouse consents to such change.
- · My answers on this form and any documents I have attached are true and accurate.

		Your signature			Today's date (mm/dd/yyyy)
		Your spouse's signa	iture may be require	ed.	
		By signing below, I certify that I a • As the spouse of the partice retirement plan after my spotential I consent to the election my payable under the plan.	cipant, I have the right for thouse dies.	ne total v	vested account balance in the
- Managada ana anti-		Spouse's signature (if required)			Today's date (mm/dd/yyyy)
If spousal consent is required and your plan administrator does not sign here as a witness to your spouse's signature, you must have	>	Plan administrator's signature or	notary's signature 🚺		Today's date (mm/dd/yyyy)
a notary sign, seal, and date where noted to the right.		Notary seal	Notary's	s commis	ssion expires (mm/dd/yyyy)
Did you remember to: ☐ Print, sign, and date this form? ☐ Attach any necessary					
documents? If faxing, include both the front and back of ALL pages	>	Return all documents	to:		
of the form? Questions? VISIT LincolnFinancial.com or CALL 1 900 224 2500		FAX Lincoln Retirement Services Company, LLC 260-455-9975	MAIL Lincoln Retirement Services Company, LLC P.O. Box 7876 Fort Wayne, IN 46801-7876	S L C 1	EXPRESS MAIL Lincoln Retirement Services Company, LLC 300 South Clinton St. Fort Wayne, IN 46802-3506

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M - F, 8 am - 8 pm ET



Helping you achieve better retirement outcomes

We've helped more than 1.4 million Americans save, plan and retire. We look forward to guiding you every step of the way—with resources and insight to help you enroll, decide how much to save, select investments, manage life events and transition into retirement. Because we're optimistic about your future, and we think you should be, too.

For more information, contact your financial representative or visit LincolnFinancial.com/Retirement.

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Variable annuities are long-term investment products designed particularly for retirement purposes and are subject to market fluctuation, investment risk and possible loss of principal. Variable annuities contain both investment and insurance components, and have fees and charges, including mortality and expense, administrative and advisory fees. Optional features are available for an additional charge. The annuity's value fluctuates with the market value of the underlying investment options, and all assets accumulate tax-deferred. Withdrawals of earnings are taxable as ordinary income and, if taken prior to age 59%, may be subject to a 10% federal tax penalty. Withdrawals will reduce the death benefit and cash surrender value. There is no additional tax-deferral benefit for an annuity contract purchased in an IRA or other tax-qualified plan.

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May go down in value

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