



# Salary Deferral Allocation

Registered Investment Advisor \* Broker/Dealer Member FINRA/SIPC \* 218 Glenside Avenue, Wyncote, PA 19095 \* 215/887-8111 \* www.lincolninvestment.com

## PARTICIPANT

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Date of Hire \_\_\_\_\_

## ALLOCATION

New Employer: \_\_\_\_\_  Change of Allocation

Anticipated Holding Period of investments listed below: \_\_\_\_\_ years

Employee		Employer		After-tax Payroll Saving	Account Type	Tax Type PRE-TAX 403(b); POST-TAX (ROTH) 403(b)(7); ORP BOTH PRE & POST-TAX; 457; ORP SIMPLE IRA; OTHER	Investment Name / Asset Management Program <i>(If new advisory investor, complete &amp; sign IA Agreement)</i>	Share Class/ Model
Pre-tax	Roth	Basic	Match					
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## REDUCED SALES CHARGES AND FEES

Your financial representative can explain the nature of the breakpoint/discount alternatives. **If eligible, complete a Request for Reduced Sales Charge form for each fund family "A" share purchases.**

I agree to the above allocations.

Signature (optional) \_\_\_\_\_ Date \_\_\_\_\_

## REP OFFICE USE ONLY

Financial Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Rep Name: \_\_\_\_\_ FR# \_\_\_\_\_ BR # \_\_\_\_\_

