

Easter Seals New Hampshire Section 403(b) Plan Enrollment form

ESN-001

This form may be used for initial elections only. Change requests submitted on this form will not be accepted. If you need assistance completing this form, please contact your retirement plan representative or the Lincoln Customer Contact Center at 800-234-3500.

Information provided on this form will be use related to your plan.	ed exclusively for	administering y	our account and se	nding financial docur	ments and information
Name				SSN	-
	Last		e., Jr., Sr.)		
Address					
City			State	Zip)
Birthdate / / (mm/do	l/yyyy)	☐ Married	☐ Not married	Daytime phone	
Date of hire/rehire / /	(mm/dd/yyyy)	☐ Male	☐ Female	Evening phone	
Email address					
☐ I elect to receive prospectuses, supplen to my email address above. If the email a documents in paper form by U.S. Mail. I m my delivery preference at LincolnFinancial.	address I provid ay also request	e is not valid, documents in p	or if I do not provi aper form at no ch	de an email addres	s, I will receive such
Choose only one Make It Easy option at Target-date + risk models	100%. Do not co	omplete any oth	er section in Deci	de how to invest.	
100% 2015 Conservative	□ 10	0% 2015 Mode	rate	□ 10	0% 2015 Aggressive
☐ 100% 2025 Conservative	_	0% 2025 Mode		_	0% 2025 Aggressive
100% 2035 Conservative	□ 10	0% 2035 Mode	rate		0% 2035 Aggressive
100% 2045 Conservative	□ 10	0% 2045 Mode	rate	_ 10	0% 2045 Aggressive
100% 2055 Conservative	□ 10	0% 2055 Mode	rate	□ 10	0% 2055 Aggressive
Retirement allocation models					
☐ 100% Conservative Retirement					
100% Moderate Retirement					
100% Aggressive Retirement					
Rebalancing is handled for you. When you rebalancing process is based on the model				utomatically rebaland	ced periodically. The

Continue to the next page for "Do It Yourself"

Step B: Decide how to invest continued

_% JPMorgan Mid Cap Value A

All investment percentages must equal 100%.

_% MFS® Massachusetts Investors Gr Stk R3

Do It Yourse	lf				
,	other section in Decide how to invest.		4000/ in in any and of 40/		
Percentages	dicate your asset allocations. Your perce Investment options	Percentages	Investment options		
	Cash/Stable Value% Lincoln Stable Value Account -Z14 Bonds		International Stocks% American Funds Europacific Growth A% Oppenheimer Developing Markets A		
% American Century Infl Adj Bond A% BlackRock High Yield Bond Inv A% Metropolitan West Total Return Bond M% Oppenheimer International Bond A		Guaranteed Income% Secured Retirement Income SM			
% C % C % C	merican Funds Washington Mutual A ohen & Steers Real Estate Securities A olumbia Acorn Z olumbia Large Cap Enhanced Core A olumbia Large Cap Index A elaware Small Cap Core A				

Automatic rebalancing: If you want your assets automatically rebalanced, please select a frequency and start date below. (For a detailed explanation of this feature, please refer to your enrollment kit.) Please remember: Automatic rebalancing is not available for the Lincoln Secured Retirement IncomeSM option.

100% = Total

Rebalance my account

Quarterly Semiannually Annually Start date ____ / ____ / ____ (mm/dd/yyyy)

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Step C: 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. Percentages must be in whole numbers only. The total of percentages for primary beneficiaries and secondary beneficiaries, separately, must each equal 100%. **Primary** SSN ___ Name_ Suffix (i.e., Jr., Sr.) Middle Last ______ Spouse Non-spouse Birthdate ____ / ____ / ____ (mm/dd/yyyy) Home phone _____ Address _____ ☐ Primary☐ Secondary SSN Percentage % Name _ Home phone ______ Spouse Non-spouse Birthdate ____ / ____ / ____ (mm/dd/yyyy) Address _____ _____ State _____ Zip _____ City ____ ☐ Primary ☐ Secondary _____ Percentage _____ % Suffix (i.e., Jr., Sr.) Name _ Last Middle Home phone _____ Spouse Non-spouse Birthdate ____ / ____ / ____ (mm/dd/yyyy) _____ State _____ Zip _____ City ____ □ Primary □ Secondary _SSN ___ ______ Percentage ______ % Name _ Suffix (i.e., Jr., Sr.) Middle Last Home phone _____ ______ Spouse Non-spouse Birthdate ____ / ____ / ____ (mm/dd/yyyy) Address _

______ State ______ Zip _____

Step D: Participant signature

By signing below, I certify that:

My beneficiary designation on this form pertains only to assets held in the Lincoln Alliance® program under this/these plan(s) and does not supersede beneficiary designations made under this/these plan(s) for investment held in non-Lincoln Alliance® program investment products.

- If I do not name a beneficiary or if no beneficiary survives me, all death benefits will be paid according to the retirement plan document provisions or applicable state regulations.
- My primary beneficiary will receive the entire value of the account. If there are several surviving primary beneficiaries, the account value will be divided equally among them, unless specified otherwise.
- My contingency beneficiary will receive the entire value of the account if no primary beneficiary is living. If there are several surviving contingency beneficiaries, the account value will be divided equally among them, unless specified otherwise.
- Residents of all states except Alabama, Arkansas, Colorado, District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York,
 Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee 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 Arkansas, Colorado, Kentucky, Louisiana, Maine, New Mexico, Ohio, Rhode Island, 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 benefits.
- 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 of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
- 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 applicant
- For Florida and New Jersey 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 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 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 and 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 Washington residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.
- For Illinois residents only: The terms and requirements of the Illinois Religious Freedom Protection and Civil Union Act were incorporated into existing Illinois law, including the Illinois Insurance Code. Therefore, beginning June 1, 2011, all contracts of insurance, including renewals and existing contracts, comply with that Act.
- For Delaware residents only: In compliance with The Civil Union and Equality Act, effective January 1, 2012, under all of The Lincoln National Life Insurance Company insurance contracts, certificates and riders covering Delaware residents, any benefit, coverage or right, governed by Delaware state law, provided to a person considered a spouse by marriage will also be provided to a party to a civil union and any benefit, coverage or right, governed by Delaware state law, provided to a child of a marriage will also be provided to a child of a civil union.

Federal law may impact how certain spousal rights and benefits within some insurance products are treated. For example, federal tax laws that afford favorable income-deferral option to an opposite-sex spouse (e.g., the Federal Defense of Marriage Act). You should consult a tax advisor regarding the purchase of any life insurance policy or annuity contract that provides benefits based upon one's status as a "spouse."

- I have read, understand and agree to the terms on this form, the disclosures outlined 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 my investment options at LincolnFinancial.com or by calling the Lincoln Alliance® program customer contact center at 800-234-3500.

	pg			
Participant signature	Date _	/	/	(mm/dd/yyyy)
Mail this form to: Easter Seals, c/o Lincoln Retirement Services Co, PO Box 78	876, Fort Wayne, IN 4	6801-7	'876	
Or				
Fax this form to: Easter Seals, c/o Lincoln Retirement Services Co at 260-455-	-9975			

Important information

Mutual funds in the *Lincoln Alliance*® program are sold by prospectus. An investor should carefully consider the investment objectives, risks, and charges and expenses of the investment company before investing. The prospectus, and if available, the summary prospectus, contains this and other important information and should be read carefully before investing or sending money. Investment values will fluctuate with changes in market conditions, so that upon withdrawal, your investment may be worth more or less than the amount originally invested. Prospectuses for any of the mutual funds in the *Lincoln Alliance*® program are available at 800-234-3500.

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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 Secured Retirement IncomeSM, a group variable annuity contract, is issued on contract form AN-701 and state variations by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc. Radnor, PA, a broker-dealer. Contractual obligations are subject to the claims-paying ability of The Lincoln National Life Insurance Company.

All contract guarantees, including those for guaranteed income, or annuity payout rates, are subject to the claims-paying ability of the issuing insurance company. They are not backed by the broker-dealer or insurance agency from which this annuity is purchased, or any affiliates of those entities other than the issuing company affiliates, and none makes any representations or guarantees regarding the claims-paying ability of the issuer.

There is no additional tax-deferral benefit for an annuity contract purchased in an IRA or other tax-qualified plan.

The retirement allocation models are designed for investors who are retired or about to retire. Assets in time-based asset allocation models that reach maturity are automatically transferred to corresponding retirement allocation models.

The retirement allocation models' mixture of investments is designed 1) to generate retirement income and preservation of capital, and 2) for growth that outpaces inflation. The principal value of the retirement allocation models will fluctuate with market conditions and is not guaranteed.

There is no guarantee that the model will provide adequate income at and/or through retirement nor does it assume or require a participant to take retirement income while invested in the retirement allocation model. Retirement allocation models are not designed to provide for plan distributions/withdrawals over a set period or to guarantee return of principal. Plan distributions/withdrawals will reduce the investment balance and future returns are not earned on amounts withdrawn. The retirement allocation model may not be appropriate for all plan participants. As with any asset allocation model, there is no guarantee that a model will achieve its objective. A model's underlying funds' share prices fluctuate, which means you could lose money by investing in accordance with the model allocation. Past performance is not a guarantee of future results.

Asset allocation models are designed for investors planning to retire or to start withdrawing their money close to the year indicated in the name of the fund. The manager invests each asset allocation model in accordance with an asset allocation between stocks (equity) and bonds (fixed income), which will become more conservative over time as the target maturity date draws closer and following that date, as the investor moves further into retirement. In addition, the manager provides a Conservative, Moderate, and Aggressive Model for each target maturity date to account for participants' risk tolerance.

Asset allocation models' mixture of investments is designed to reduce the volatility of investment returns while still providing the potential for higher long-term total returns that are more likely to be achieved by including some exposure to stocks. The principal value of the asset allocation models will fluctuate with market conditions and is not guaranteed.

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.**

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.

Lincoln Retirement Services Company, LLC is an affiliate of Lincoln National Corporation.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.

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