



Contribution election and Investment election card for CCPS 457(b) Deferred Compensation Plan



Saying yes to my future?

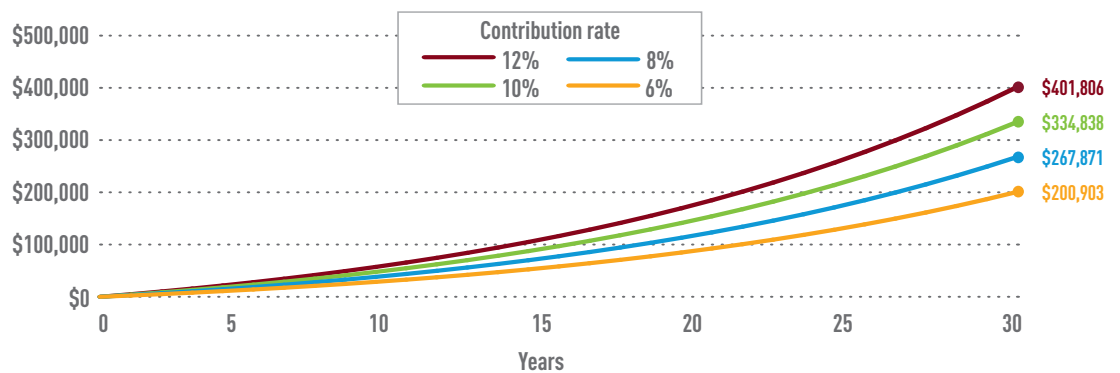
Works for me!

Cecil County Public Schools 457(b) Deferred Compensation Plan

When you enroll in your employer-sponsored retirement plan, you're investing in your financial future. And, the more you set aside, the more you can potentially grow your savings.

Begin with a rate that's comfortable for you, and try to increase over time.

Start now and watch your savings grow.



This graph assumes a \$40,000 annual salary and a 6% annual rate of return, compounded monthly, in a tax-deferred account. This is a hypothetical example. It is not indicative of any product or performance and does not reflect any expenses associated with investing. Taxes will be due upon distribution of the tax-deferred amount and, if shown, results will be lower. Actual investment results will fluctuate with the market so that, when you withdraw your investment, it may be worth more or less than the original amount invested. It is possible to lose money investing in securities.

Start saving today. Fill out the form below and return it to the Payroll Department (Attn: Christina Tunnell). For one-on-one retirement planning assistance please contact your Lincoln Financial representative, Shesly Gouraige, at Shesly.Gouraige@LFG.com or (443) 702-6331.

This material must be preceded or accompanied by fund prospectuses for the investment options. Prospectuses contain the investment objectives, risks, charges, and expenses of the investment company. Read carefully before investing or sending money.

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Start saving for your future today!

Yes! Starting as soon as possible, I want to begin making Pretax contributions of _____% per paycheck and/or

Roth contributions of _____% per paycheck.

I also want to increase my contributions annually by _____%, beginning on _____ MONTH/DAY/YEAR, until I reach _____%.

Increases are allowed in increments of 1%.

Please contact me to review a retirement account I have from another employer.

Name (please print) _____

Birthdate _____ Last 4 digits of SS# or Employee ID# _____

Phone _____ Email _____

By signing below, I acknowledge that I've received an enrollment kit, and any prospectuses specific to my plan have been made available to me by my employer or as part of my enrollment materials. I understand that I can make investment elections for my contributions, and that if I do not make elections, my contributions will be invested in the Moderate Target Date Portfolio that most closely matches the year in which I reach age 65. This is the default fund selected by my employer and that I can change my investments at any time.

Signature _____ Date _____

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.

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Plan: Cecil County Public Schools 457(b) Deferred Compensation Plan RC: Shesly Gouraige

Not a deposit
Not FDIC-insured
Not insured by any federal government agency
Not guaranteed by any bank or savings association
May go down in value

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